

Shining with ADHD by The Childhood Collective

Episode #155: Med shortages, melatonin and more: A pediatrician's perspective on ADHD with Dr. Mona

Dr. Mona: I like to be clear about this, because sometimes, not always, I get families in my office expecting us and the medical system to handle everything when that's not feasible. It's just like how we can't expect a school system to handle everything, right? It's a three-prong approach here. It's school, physician, parent, and family.

Katie: Hi there. We are The Childhood Collective, and we have helped thousands of overwhelmed parents find joy and confidence in raising their child with ADHD. I'm Katie, a speech language pathologist.

Lori: And I'm Lori.

Mallory: And I'm Mallory. And we're both child psychologists.

Lori: As busy mamas ourselves, we are on a mission to support ADHD parents on this beautiful and chaotic parenting journey.

Mallory: If you are looking for honest ADHD parenting stories, a dose of empathy with a side of humor and practical tools, you are in the right place.

Katie: Let's help your family shine with ADHD.

One of the hardest parts of parenting a child with ADHD is wondering, “how can I help my child succeed at school when I'm not even there?”

Mallory: We love hearing from families about the amazing outcomes they have experienced after taking our course, Shining at School.

Lori: Yes, like Allison, who said, “I want to thank you for taking the time and resources you poured into the Shining at School course. I've been an educator for ten years and my fourth-grade son has had an IEP since kindergarten. Your course is helping me feel more empowered and has made me feel like I can advocate so much better for my son. Truly the best money I've spent on any school related item.”

Mallory: And Aaron, who told us, “My son's 504 was approved today. It was a fantastic meeting and I'm so happy with the level of support the team agreed on. The principal said, ‘my son shines’, which made me think of your course. Thanks for all you do.”

Katie: We seriously love hearing stories like this. It actually gives me chills.

Lori: If you want your child to shine at school, our, course is here to help you do just that. Head to thechildhoodcollective.com to check out Shining at School and use the exclusive code PODCAST for 10% off. You can also find the link and code in the show notes.

Katie: Today, Lori and I are thrilled to talk with Dr. Mona Amin all about navigating treatments after your child's ADHD diagnosis. Dr. Mona is a board-certified general pediatrician, lactation educator, parenting coach, and mother. She has been featured in several news outlets and publications, including parents.com and Good Morning America.

Lori: Dr. Mona works in private practice and her passions include early childhood development, focusing on the impact of healthy sleep, a healthy relationship with food, and healthy coping skills in the first seven years of a child's life. She has parenting and how to courses to guide parents from birth to four years, including social media channels on Instagram and TikTok, a top 50 parenting podcast and a YouTube channel.

Katie: Through her brand, Peds Doc Talk, Dr. Mona's goal is to provide relatable and easy to digest education for the modern parent regarding the health, safety and wellness of their child so they can have a more confident and calm parenting journey. Her platform aims to guide parents in a mindful way to be the best version of themselves for their children. So, Dr. Mona, welcome. We are so excited to talk with you today. I know I've been a huge fan of yours a very long time.

Dr. Mona: Oh, well, thank you for that intro. I am so excited to be here. And likewise, I'm a huge fan of the work you do as well because I learn a lot about parenting ADHD from you all. So thank you so much for the work you do.

Katie: Oh, I love that. That means a lot. And yes, feeling is definitely mutual. I know when in the news there will be these splashy headlines and I always know that you're going to

comment and give really evidence based feedback about what's really going on. So as a mom, it's just, it's so reassuring.

Dr. Mona: Awesome. Yes. I love doing that. It's why I started my brand. There was so much anxiety out there, so much like, well, what about this? And I tried to explain that kind of gray area, but also the here's what we know, here's what we don't know, and here's how you can use that information to make the best choices for your family.

Katie: I love that. And I think that's really what so many of us are doing with parenting, right. We just have a lot of information coming at us. And so before we jump into questions all about ADHD and your role as a pediatrician, can you tell us just a little bit more about yourself? What led you to supporting parents in so many different ways across your platforms?

Dr. Mona: Yeah, and I alluded to it a little bit already, but I was just getting a lot of anxious parents in my office, and I saw them coming in confused with things that they were reading online. So maybe something on social media, the regular media, blogs, they were feeling like they were going down a rabbit hole of too much information. And there was an instance where I was explaining something, how I explain things on my channel and all my platforms, and a mom was like, Dr. Mona, where can I get what you just said online? And I said, it doesn't exist because there's no one like me. I mean, I'm only myself, right? Of course there's so many content creators, but in order for my information to get out there and the way that I explain things to my patients, I wanted to create this platform. So I went home one day, I told my husband, I'm like, I'm just going to get on Instagram. And I started, and this was in 2019, and it's grown into this beautiful platform. Like you mentioned so nicely, the podcast, the YouTube, social media channels, courses, and really, it's been an evolution of so much education and bringing back confidence to parenting, which I think a lot of our modern parents have lost. With all that over information, they kind of lose their intuition on how to best approach situations with their child that's in front of them.

Lori: Yes. And there's so many parenting accounts that are out there and it's nice to know, to have the confidence of I'm, getting information from a pediatrician, a well-respected doctor, and hearing their take on it and having more confidence in that.

Dr. Mona: Yeah. Oh, it's been a blessing. So thanks again for having me. And, you know, talking about this is going to be something so important because I see ADHD and manage it and I still have so much to learn, even though I'm ten years, eleven years into practicing. So this is going to be great.

Lori: We do too. We do too. Well, so many families we know see their pediatrician, really as their point person during that ADHD journey. You're really the first person a lot of times that they're going to talk to about that diagnosis. And, I know sometimes you're making that diagnosis, sometimes a family might go and get an evaluation outside of your office or in the school. What do you recommend as kind of that first step that families take with their pediatrician after they get a diagnosis?

Dr. Mona: Great question. And this may depend on state to state, country to country, but the first step in a diagnosis is to make sure the school system is tied in and understands that there is a diagnosis. And I'm sure you all can relate to how difficult this can potentially be in some school systems, but usually your pediatrician, usually we like I have to write a letter confirming the diagnosis that I agree that it is ADHD or something in terms of whatever we end up diagnosing, and that the schools make either an IEP or 504 plan, which I have a feeling there's someone better educated than me on what those plans look like. But, you know, what sort of accommodations, what sort of support are we giving that child with ADHD in the school system? And sometimes it may mean the pediatrician or clinician having to write that for the family. The other step with the pediatrician is to come up with a treatment plan. And this could look like if it's going to include behavioral therapy, which I hope it will, and medications, or just behavioral therapy or nothing. I have some families who come in whose child has ADHD, whose parents homeschool or they don't want anything. They're like, you know what, I know how to parent this. I know how to manage it. I don't need someone else to help me. I don't need medication. My child's not in school. I would love to just do this on my own. So it really is and should be a team discussion on what is this diagnosis, what do you think and how is it impacting your family life, school life, if the child is in a school system, and how can we best as a team, us, the school system and you as the parent of that child, work to make sure that we're getting the best interest of that child met, right? Because I often have times where parents will come in and I know there's a diagnosis, the parent knows there's a diagnosis, and they don't want to do anything and I believe that the child does need something. Whether it's behavioral therapy, whether it is medication. So then

I become the advocate saying, what are your reservations about behavioral therapy? What are your reservations about medication for getting to that route? And it's really important to have that insight, openness and those conversations, because as we all know, it can change, right? I have families whose children are on medication, and then they decide they can be off of it, things are better, and they're able to use therapy and again, behavioral therapy to better manage their ADHD in a neurotypical environment, right? So, it really comes down to what is it that the child needs at that moment in their ADHD journey.

Katie: I love how you said that that can change over time, and I can attest to that as a parent myself, and that's such a powerful thing. I think a lot of parents don't realize that their pediatrician many times is equipped and is very much interested to understand what are the nuances, what's going on, you know, and so sharing that can be really powerful because then it, like you said, that's an advocate and someone that can walk alongside you and help you figure out what those steps might be.

Dr. Mona: And I think we've all know that with ADHD, there can be comorbidities, right? So, I'll have a family, there's ADHD, we're managing the ADHD, but then the child is doing fine, starts a new school or a new school environment, and all of a sudden develops some anxiety. And so now, is this just ADHD? Is it anxiety with a new environment? What is it? So, again, it's detective work. It's a fluid situation. And so I think it's so important that we know that it's not going to be okay I get my meds, the meds are going to stay the same, or I have to just continue doing what I'm doing because it's ever evolving.

Lori: Yeah. And I love that one of your first recommendations was going to the school. Cause I think so many families don't realize that they can take that letter, from their pediatrician, or they need to get a letter from their pediatrician to get those supports at school. And schools really don't diagnose ADHD. So that letter, in many states, is necessary for them to access services. So that's like, such a critical piece following that evaluation.

Dr. Mona: Absolutely.

Katie: Yeah. And we know that it can be really difficult for families to navigate ADHD treatment in our current modern healthcare system, right. The good and the bad. So, what would you say are some of the challenges that you are seeing today in your practice with ADHD families?

Dr. Mona: I am living this every day. Okay. And to be honest, I'm not sure if it's like this in every state, but I practice in Florida. I'm happy to be transparent about that. And it consumes me. Meaning what I mean by that is there's a lot of access issues. Not only is there access to good behavioral therapy in some states, including Florida, that is affordable and who can properly manage ADHD. We have that issue. And then the second issue with accessibility is access to medications if the medication route is needed. So, the medication prescription route is very difficult here in Florida. I'm not sure how it is, where you all are or what you've heard, but my goodness. So, now we have to look at which medicine class is best. Can the child swallow pills? If not, is the pill breakable into yogurt or applesauce? And also, is there a liquid version? And then comes coverage. And unfortunately, the biggest barrier is in fact, that insurance coverages, especially for Medicaid populations, they sometimes require proof of failure of treatment with one med before we can go to another more preferred medicine, which is so frustrating because sometimes I, even with the best behavioral therapy, I need a child to be on a medication that I've seen work better, but then I have to put them on another one to show the insurance company, hey, guess what? Yeah, they failed it. Can you now approve the fact that I want to try this medication? And then we deal with, I don't know if parents know this and I'm really happy I can come on to chat about this. And then we deal with prior authorization, which is the most frustrating process, which is basically where I write a script and I don't know until they go to the pharmacy that if a prior authorization is going to be needed. So, what happens is I write a script, whether I send it or paper script, they end up taking it and then the pharmacy says, hey, guess what? We need a prior auth. So that means that they checked with the insurance company and basically the insurance company is saying, hey, doctor, are you sure you need this prescription? And I say, well, obviously I just wrote it. But then they're like, we're just double checking. Can you now do this other paperwork? And I'm like, but I wrote the prescription. Of course I need it. I'm not lying here. So that whole process can be very frustrating. And I always warn my families the moment we get a diagnosis, I like to prepare them and say, hey, look, all, I'm your team here, but I need you to be patient with me, and then I know we'll get into this, I need you to do some legwork too, but it's not going to be that, hey, get a diagnosis in two weeks, everything's going to be hunky dory their ADHD is going to be like roses. No, it's a long, it can potentially be a long process as we tie in all the factors, the school system, the therapy, if there's going to be medication involved and actually see changes in that child. Because I'll be honest, some of my family come in expecting they're going to get a prescription that day, they're going to start medication that day, and I don't work that way. I like to find out, well, are there

comorbidities? What's going on? If I start an ADHD medication for what's truly anxiety, it's not going to work. So, we need to figure out what it is, get the proper diagnosis, and then again go back to that holistic approach so that we're not treating the wrong thing and we're not doing a disservice to that child where they're not getting the management that they deserve or that they should get.

Katie: I think a lot of people kind of have in their mind the analogy of putting on glasses, right? You go in, you get your eye exam, a day or two later, you put on your glasses, and you can see. And as a speech pathologist, I work with a lot of families with hearing issues as well. And hearing and vision are totally different, right? When we think about glasses, you just put them on and it's so much easier. And where we're working with people with hearing aids, there's a very long process to tuning and changing lifestyle and these kinds of things. And the same, I think goes for what you're saying with ADHD, it's not like most kids aren't going to come in, start a med, and immediately the heavens have opened and everything is perfect. Although we wish that was that simple. Yes. And we obviously know on the parent behavior training side, this is what we do, right. And that's kind of the basis of our company, but it is very much a process. You're working on yourself, you're learning new skills, you're trying things out, you're tweaking as you go. And so, yes, I love setting that expectation. I think that's a great way to put it. I'm on your team, but we're on it for a pretty long ride. So, I love that. I think that's a great way to kind of set that expectation with them.

Dr. Mona: Absolutely.

Lori: What recommendations can you offer to help families who are working through that process of accessing treatments and medication to make it smoother other than a mindset shift around the process and how long that's going to take.

Dr. Mona: I wish that along would solve everything. And like you said, I wish there was a magic wand that I can do so that everything is hunky dory and like you said, the heavens open up. But you're right. So, I ask my families that they need to do some legwork, too, to make this happen. And I like to be clear about this, because sometimes, not always, I get families in my office expecting us and the medical system to handle everything when that's not feasible. It's just like how we can't expect a school system to handle everything, right? It's a three-prong approach here. It's school, physician, parent, and family, right? So, I also respect that many of my ADHD patients have parents who also likely have ADHD. So, it

seems even more frustrating because we're playing all these loophole games that require extreme organization and precision and checklists with families whose parents already struggle with that because of their own ADHD, right? So, I usually advise the following. So, I say, if you're looking for a diagnosis, if we're at that point, speak to a pediatrician, developmental pediatrician, psychiatrist can do it, psychologists, neurologists, as soon as possible to get the evaluation diagnosis as soon as possible. How this is done depends on the state and maybe your insurance. But your pediatrician can be a good starting point to figure out where to go to get the diagnosis. Then you have to get recs for behavioral therapy if you have a diagnosis. So, to me, this is even more important than meds because for anything regarding our brain, I'm talking depression, anxiety, OCD, therapy is so important. I speak from personal experience, having struggled with anxiety and depression myself, that all the meds in the world, fine, but you need the maintenance and the maintenance is the tools with therapy. So, who is going to be that person to help your child use their ADHD strengths, I call it strengths, how are they going to use this to actually be, you know, do what they need to do, get, you know, sit in class, whatever it is, you know? And you can get this list from your pediatrician, the school, or even calling your insurance. And then the last thing that parents will need to do is if they're going the med route, something very useful is before the first visit where you're going to possibly get prescribed meds, calling your insurance company and asking for a list of what medicines are covered in their insurance plan and associated copays, and get that list, have them email it to you, fax it, or go on their website and look, you know, there's portals for all these insurance companies. Once I can see that list and know, okay, here's what the insurance company is saying on this day they're covering, they may change it, that we know that's too true. But on this day, the day that I'm prescribing meds, they're saying that they're going to cover methylphenidate, they're going to cover Ritalin, Vyvanse, whatever, whatever it is. I can now say, well, here's what they're going to cover, what medication in this coverage may be the best for this child? And that has helped me a lot. Does it mean it's perfect and that it ends up being covered or free or whatever? Not always, but it helps that we're not doing so much of this. Hey, Dr. Mona, the pharmacy said that they're not going to fill that because they don't have it, or they don't you know, it's not covered. And then I have to write another one. They have to come back. And the hard thing is, is that a lot of these medications, because a lot of them are stimulants, they're restricted meds. So we can't, we have to have either paper scripts or we have to have this formal process to send it. And sometimes there's going to be barriers. So there's like, you have to have a 30 day, it has to say, don't feel for 60 days, don't feel for this. So there's a lot of behind the scenes that we're

working on, and it's, again, that team effort so that we're doing it. But you guys can't, obviously, handle the prior auth, but maybe you guys can handle getting that list from the insurance company that will really cut down on our time of, like, trying to play the game of what is going to be covered here.

Lori: Absolutely. Yeah.

Katie: Yeah. And I can share, I've shared previously, but with the 30-day issue, I was able to call my insurance and get kind of like a variance that said, hey, I'm waiting till 30 days and by the time 30 days hits, I had located the medicine that I needed. My doctor sent the prescription to that exact pharmacy and now you're out of it, right. Because we have this med shortage, and it's just terrible. And so I was actually able to get a variance, I think maybe to day 27 where they would theoretically put it through a little earlier so that I wouldn't lose my spot essentially at Walgreens or something. But again, that was like, a very specific situation where I had to call, and I went through many layers with the insurance to try to figure that out.

Lori: For my kids, the last thing they want to do when they get home from school is homework.

Katie: Totally and the last thing I want to do after a long day of work is deal with the stress of meal planning, grocery shopping, cooking, and cleaning up the kitchen.

Lori: Same here. We tried Hungryroot grocery service to help us eat balanced meals while saving time and money every week. It's been a game changer for our weekly meals and snacks, and I love that you can customize groceries based on your kids or your family's dietary restrictions.

Katie: Yes! My husband eats gluten free and I love that I can customize groceries based on our family's needs. And not only can I get complete meals delivered, but I can also order my weekly groceries through them. And I'm always amazed at how my kids will try new things just because they came out of our Hungryroot box.

Lori: Yes! It's easy to customize your box each week and you can skip weeks whenever you want. For a limited time, Hungryroot is offering our listeners 40% off your first box, which is

amazing. Just be sure to use the code: CHILDHOODCOLLECTIVE40 so you can get the discount.

Katie: We also have the link and the code in the show notes, so you can try Hungryroot today.

Lori: Over the past year, my oldest has really struggled with anxiety, especially at night. As soon as it was time for sleep, she'd be crying for me to stay and worrying about all the things. I was talking to another therapist about our bedtime battles and she said the Zenimal, a screen free meditation device, had been a game changer for her daughter with ADHD and anxiety. I immediately purchased the Zenimal and can confidently say it was the best tool to help my daughter get better sleep. She was able to fall asleep an hour earlier using it.

Katie: Yes, it's actually really helped my kids to be able to calm their busy bodies at night.

Mallory: What we love about the Zenimal is that it combines two of our favorite bedtime recommendations, using a relaxation strategy and removing screens from the bedroom.

Katie: The Zenimal is an adorable screen free turtle with nine guided meditations your kids can choose from. And our absolute favorite part of the Zenimal is that every meditation ends with the most important message, 'you're a good kid.'

Lori: To grab your own Zenimal and get your child and yourself some better sleep, head to Zenimals.com and use our code: TCC for a discount. You can also find the link in the show notes.

Katie: That really brings us to a very hot topic. We get questions about this all the time, which is the medication shortage, and tell us more about that, like, what's going on? What can families do?

Dr. Mona: If I had an answer, guys, I would be very happy to give that to you. But unfortunately, same thing like when I get asked about antibiotic shortages for, you know, we had some in the pandemic. It's really hard because I'm not, obviously, I'm not on that side, right? That's pharmaceutical companies, that's pharmacies. And they, I'm sure even our pharmacist colleagues don't even know the reality. So, you already brought up a great thing about calling insurance companies and seeing if there's going to be exceptions like that 27

day thing that you mentioned, that is huge as we navigate shortages. Talking to pediatricians in advance, or obviously your pediatrician, on what is an alternative med. I hate having to switch meds if things are working. It's like the least thing, the last thing I want to do. I hate it. I don't want to do it. But if in a setting of a shortage, we have to figure out, well, what is an alternative? And then that may mean the family having to call pharmacies and say, hey, you have this available? Do we have this? And I literally, at the time of this recording, have a mom that I'm working with because she doesn't have insurance. She's struggling to get a medication, find the best cost like, that's not gonna cost her an arm and a leg, and some of the pharmacies don't have it. And in Florida, we are dealing with an issue, which I don't know if everywhere else is dealing with this, where there's been a lot of illegal prescribing of stimulant medication. So now they're really getting very much cracking down for the people who actually need it. Like, she needs this medicine. They're telling her she doesn't have it. They don't have the medicine. I called the pharmacy. They're like, oh, we have it. I'm like, my patient brought in a prescription, and you guys said you didn't have it. And then they were like, oh, well, you know, we have to be very clear here. I'm like, then what do you want me to do? Because I don't have, weirdly, I don't have e-prescribing ability because of, again, stuff with my being part time or whatever, I can only give paper prescriptions at my practice. So it's weird, like, some doctors, like, because of, like, whatever, I never got the credentials to be able to e-prescribe restricted meds because of being on maternity leave, whatever. So, then I'm having to give a paper prescription, and then I'm like, well, what do I need to do? I'm like, what about if I have an e-prescribed? They're like, well, you know. And I'm like, you guys need to give me, like, people don't understand that there's so many layers here. So, we have to communicate with the pharmacy, ask them what they have in stock. That to them can look suspicious, which, you know, they're like, why is this person calling?

Katie: I'm just shopping. I would like to know what stimulants you do have.

Dr. Mona: I know oh my gosh, it sounds so bad, but it's like. So then I asked the mom, I was like, hey, mom, if you're running into an issue, let me know and I'll call them. And so I've had to call, and that's part of our role, too. But then it also can't always happen the moment it needs to happen. I think you guys need to understand that, that I'm seeing patients all day. I can't call at 10:00 a.m. when you need it. Like, I'll call at my lunch break or I'll call when needed, but it's a game. And then the pharmacist at lunch break, and I'm like, yeah, can we all just have, like, a team meeting with the insurance companies?

Katie: We just need, like, a 30 minutes buffer in our day where we can solve insurance problems. Yeah, it's interesting that you said that, though, because I'm thinking about so many families who maybe can't get their med the day they need it. They're waiting three, five days, which doesn't seem like a lot, but it feels like a lot. And I think that's such a great public service announcement for what you started with, which is talk to the school, because when your school knows, let's say, your child is medicated and they're doing pretty well, and you're like, I'm not going to tell the school anything because that's private. But then let's say you can't get your medication or your child is sick and they can't take that medication at the same time. So it's really helpful when you just have those conversations in advance with your teacher and with the school, because we can't just assume that our kids are always going to have access to their medication, especially now with the shortage. So I think it really comes full circle to where you started, which is start with the school, because getting those supports in place and your child might not need those supports every single day, and that's great. But knowing that that's an option and you can just shoot the teacher an email and be like, med shortage, it's not looking good. He's going to be off meds for a few days. Like, that's really powerful versus them looking and being like, what in the world is going on with this child?

Dr. Mona: And I think another point here is, you know, a lot of the times this, when there is a shortage, it kind of prompts parents to reevaluate the ADHD. And what I mean by that is sometimes it means having a conversation again with your pediatrician on do we, do we still need this medication? And also do we need it every day or can we go to only on weekdays or summer holidays, like where they're not taking it because then you can prolong the pills, right. Meaning you're not needing it every 30. So just an example. Not every patient is going to have that, but I have my older teenage patients who are now not needing it on non-school days, right. They are fine on weekends and it's really more for class work and schoolwork. So it really is a conversation on do we need to do more? Do we need to keep doing this med? Likely, yes, but can we take a break and holidays on weekends? And it depends, it really just depends on the child.

Lori: And I think so many families don't know that that's an option to take holidays with ADHD medication. It's very different sometimes than people think of it being like an anxiety medication where it's like in your system and you have to wean yourself off of it. And it's different in that sense that you can go the weekend and not take it. No, many parents might not want to do that and that might be really hard on, on them over the weekend, but some,

some parents want to. They like the option of having those holidays and breaks from the medication.

Dr. Mona: Yeah.

Katie: And that's going to be so specific to each individual kid and each individual medicine. Because I know when I had talked to my pediatrician, she was like, this med is not good for that, for going off and on, you know? So she was like, if that's your goal to only have your child have medication at school, then you're going to want to consider these other options. So again, that's something you need to really talk about with your individual provider. But yes, definitely that can be helpful, especially with the shortage and the unknown amount of time that it's going to happen. One more question on meds, too, is when, you know, you mentioned, like, sometimes kids might come in presenting with ADHD and then they start to develop anxiety. And I love that parents can use a pediatrician for managing medication cause it's just much easier to schedule, so much more accessible financially a lot of times. But are there situations where you would recommend a family go see a different provider? Perhaps maybe a psychiatrist or you mentioned a developmental pediatrician. What does that usually look like from your perspective?

Lori: And I think many parents too, just in communicating with them, their pediatrician doesn't feel comfortable doing medications. So that's another point of, like, what do families do if their pediatrician isn't comfortable managing ADHD?

Dr. Mona: I love that you brought that up because the ability of a pediatrician to manage ADHD is not the same across the board. And I'm going to use a personal example, like, I can manage basic ADHD issues, but once I start seeing a few things. So once I start seeing that there's comorbidity, such as anxiety, tics are getting worse because, a whole other side note that if a child has tics, they can start to get more tics with certain meds. So tics, OCD, or if there's major sleep issues that I cannot manage, I'm going to send them to either a neurologist, a psychologist, or sorry, a psychiatrist who's trained in ADHD, or a developmental behavioral pediatrician. Now, I give all three of those options because it depends on your area, what is the best option? So another advocacy thing is if you feel like your pediatrician is not managing your ADHD well or your pediatrician is telling you, I can't manage this, don't think anything less of them. Actually think very highly that they're knowing their limits. Like, I know I tell my families from day one, I'm like, I can walk you

through this, but if I'm ever feeling like I can't, I'm going to need to send you to someone who knows more than I do about ADHD. And I think that humility is really important so that we're not wasting everybody's time. And so be the advocate for your child and saying, okay, things are working, I'm going to stay. Or ask your pediatrician, I love you for other things, but do you have a recommendation for someone else for ADHD? Because I feel like maybe I'll need a little more. And a good pediatrician will say, you know what, you're right. I can't handle this well. I can handle other things you come here for everything else, but here's some recommendations for you.

Lori: Yeah, no, that's really, really helpful. And you touched on something that we get a lot of questions about and we really wanted to ask you about, which is the sleep issue for kids with ADHD. And we know that sleep is really challenging. I feel like we've had, like, multiple emails and DM's about it in the last week. What does the evidence say about melatonin use? Because that's not something we can really speak to. In kids. like, is that a safe option for families and what are the recommendations about that?

Dr. Mona: Love this question. We could do a whole episode on sleep and ADHD, but first, I want to normalize that if you feel like your child with ADHD can't sleep, it's not in your head. It's actually real, that there is absolute issues with circadian rhythm that we research. There's issues with being able to shut down their mind and sleep onset difficulties, night awaking. So it's a real thing. So if anyone tells you that, oh, just do sleep hygiene. Yes, sleep hygiene is important, but it's a layered thing in ADHD patients. Okay. I know this to be true. So there's not a lot of big studies, unfortunately. There is one study that was done, I know it's not a lot of patients in this study, but 105 children. And they did see that there was a benefit of children in this study. There's children who had ADHD diagnosed chronic sleep onset insomnia, so they couldn't fall asleep. They were set up in this randomized controlled trial, and they were given anywhere from three to six milligrams of melatonin, depending on the weight of the child. And then the other group was given a placebo, so nothing no melatonin. And they did see that there was a difference in the time it took to fall asleep, the total time being able to sleep and also they checked saliva, and they were able to check melatonin was higher in the saliva. So with that information, it was a small study. But how I approach this is how I approach any supplement industry. You're going to hear a lot of polarizing commentary about melatonin, especially right now. There's a lot of safety issues with melatonin gummies that a lot of children are overusing them or getting access to them. As

long as you're approaching this safely and talking to your clinician, the benefit, in my opinion, may outweigh the risk in terms of starting melatonin. What I mean by that is we don't have any data at all at this moment, research wise, to show the long-term safety and efficacy of melatonin. We have some short-term studies that, okay, someone took it for three months, six months, or time change or jet lag. But that doesn't mean that just because we do not have research studies that it's not an option. And what I mean by that is a lot of the times when we don't have research, a lot of your doctors will go by clinical experience. And I think this is really important to remember that if you are ever unsure, ask your doctor, hey, is this clinical or is this research based or is this clinical based? And they should be able to say, you know what, there's no research to support it, but from what I see with my patients that I manage, the benefit is there. Because at the end of the day, I rather have the benefit of a child getting sleep to a sleep deprived child than that can potentially make their ADHD worse. So it comes down to talking about it maybe starting low. Like, we may not start at three milligrams or six milligrams. We may start at 0.5 milligrams, 1 mg. But the answer to that question is, there is some data. It's not perfect, it's not a large study, which is not helpful, but it really comes down to, hey, talking to your clinician, knowing that it is an option and that asking your pediatrician. And this is one of those situations that I think being in a community with mothers and fathers and caregivers going through something similar and seeing what they're doing for sleep with their ADHD child, taking that information and then talking to your pediatrician is very useful. Hey, I heard someone talk to me about magnesium lotion. What do you guys think about magnesium lotion? Because I don't ever deny these things could potentially be helpful, but I want to have that benefit and risk discussion. I don't know anything about magnesium lotion because we don't have any studies. I'd be a little wary because your child's younger. And again, having those discussions is going to be so helpful. Also, when it comes to other medications, there's stuff like Clonidine that we sometimes do. But I don't usually recommend supplements across the board, including melatonin, unless it's cleared by the clinician, because sometimes parents will just start it willy nilly, and what are we treating, right?

Katie: Right.

Dr. Mona: In an ADHD child, I know that they have ADHD, I know that there is a sleep disturbance here. So then I feel more comfortable to say, you know what you have done the sleep hygiene, you have done everything else, I trust you because we have a relationship. You

are avoiding screens before bedtime, getting sunlight in the morning, trying to prioritize exercise, bedtime routine, considering white noise if you feel like it would help the child, or brown noise, a dark, cool room, a weighted blanket. These are all my holistic, non-medicated options for sleep. And if that's not working, and the family has tried to be consistent, then we think about, you know what, let's go the melatonin route. I may not have long term safety efficacy data, but I believe here with you that the benefit is going to outweigh the risk in this situation.

Lori: Yep. I love that. And we actually have a blog about sleep hygiene. And I can't remember, do we Katie, have a podcast on sleep hygiene?

Katie: I don't think we do, no. But we do have a blog. We need to.

Lori: But we can link the blog in the show notes, just if families are listening and they're like, well, what are those like, behavioral kind of environmental changes that would help with sleep? And we would always recommend that you troubleshoot with those first. But like you said, we always know that kids with ADHD often struggle, especially with sleep onset and melatonin can be a great supplement to talk with your pediatrician about. And many families are kind of doing it themselves, I think, and we kind of talk with people that are kind of just using that themselves without having that discussion. And sometimes I think dosages maybe aren't correct. So I think making sure that you're talking to a doctor about it is really important.

Dr. Mona: 100%. I am all for these things because they're available. But it comes down to just, again, the whole theme of this conversation is communication and the team that's involved in the best interest of the child. So it's so important. That comes down to the melatonin supplements as well.

Katie: Absolutely. So, Mona, this has been so helpful. I know that a lot of our listeners are definitely going to want to follow along and continue to learn from you. So, what is the best way for them to do that?

Dr. Mona: Well, thank you for having me. The best way to do that would be going to my Instagram @pedsdoctalk or going to my website. And I want to be transparent because I know a lot of your followers may have ADHD or have children with ADHD that I am, I said

this already, I myself am constantly learning about ADHD. I don't know how to manage it nearly as well as maybe again, a developmental pediatrician does. And so I wanted to thank you for your show and for having me on to share my perspective at the level that I know ADHD. It really means a lot to me, that you all wanted me to come on, because I do not, if someone were like, Dr. Mona, are you an ADHD expert? I'd say I know it, but I know someone out there knows it better than me. And so thank you. I hope people get a lot. You know, a lot of my content may be geared towards general parenting, health and stuff, so I really hope you get value out of mine. But if ever you see a content piece that doesn't resonate because maybe it doesn't work for the neuro atypical ADHD patient, I hope you know that there's so many different ways to approach parenting, and so I and I also understand that in all of my content, too.

Katie: I love that message. And I will say, having followed you for a long time, I do think that comes through really loud and clear. So thank you so much again. Thanks for your time today, we're really so grateful.

Lori: Yes, thank you so much.

Katie: Thanks for listening to Shining with ADHD by your hosts, Lori, Katie, and Mallory of The Childhood Collective.

Mallory: If you enjoyed this episode, please leave us a review and hit subscribe so you can be the first to know when a new episode airs.

Lori: If you are looking for links and resources mentioned in this episode, you can always find those in the show notes. See you next time!