

Shining with ADHD by The Childhood Collective

Episode #231: ADHD Medication Types, Side Effects, and Finding the Right Fit

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Katie: Hey, everyone. Katie here with a quick note before we jump into today's episode. So when we sat down to record this final episode, which is a Q&A episode on our ADHD medication series, we had a whole list of questions we wanted to get through. And you're actually about to hear us very optimistically tell you all of the things that we're going to cover today and best laid plans, right. We ended up having such a good conversation and so much to say about medication that the episode ended up being over 50 minutes long. So rather than giving you one giant episode, we decided to split it into two. So today you're going to hear the first half of our conversation where we talk about the different types of ADHD medications, how to know whether that medication is working or when it might be time to make a change, and common side effects. We're also talking about some strategies to mitigate those side effects and giving you a lot of real-life examples. And then we're going to pause, and in two weeks, we're going to pick that conversation right back up with all of those other things that we are going to so confidently promise you at the beginning of this episode. All right, let's jump in.

Hello, and welcome back to the Shining with ADHD podcast. Today, I'm here with Lori and Mallory, and we are excited to be jumping into part three of our series on ADHD medication. So how are you guys doing today?

Lori: I am tired. I had my youngest, she woke up in the middle of the night and was like, I'm just really hot and couldn't go back to sleep. And she was up for, like, a whole hour, and I tried everything and eventually, like, kicked my husband out of the bed. And I'm like, you

can just sleep in here so I didn't have to keep getting up. And she went back to sleep and I did not.

Katie: I know. I love that when they wake you up because they can't sleep and then they're back asleep and you're like. And now I'm staring at a ceiling.

Lori: And it's also like, you know, it's as if my husband's side of the bed, like there's no one in it because they only go to my side of the bed in the middle of the night. Like, why is that? He never gets woken in the middle of night. It's so frustrating.

Mallory: Yeah, Yeah, I can relate. I'm not feeling tired though. I feel very rested. I have this own little competition with myself to get the highest sleep score possible on my apple watch.

Katie: I love this.

Lori: That would cause me so much anxiety. Like, so much anxiety.

Mallory: There has been like two or three times that I've gotten a perfect 100%.

Katie: What?

Mallory: I know, I know.

Lori: That's annoying.

Mallory: I know, but I'm annoying. I'm just, you know, I'm like, I gotta go to bed. It's eight o'clock, I gotta try to get a perfect sleep score.

Katie: Oh, my goodness, Mal, I love this for you. And honestly, it really does track with, like, you know, everything that I know about you and love about you.

Mallory: Yeah, I know.

Katie: I don't think anyone's ever gotten 100 on a sleep score. You've literally set the bar.

Lori: I didn't know that was possible.

Mallory: It is.

Lori: Like, I'm really impressed. But if I made that goal for myself, it would be like reverse psychology and I wouldn't be able to fall asleep at all.

Mallory: Not all nights are that great, but I try.

Katie: Sometimes I'm like a 98 over here.

Mallory: Yeah, sometimes just 98. Still an A.

Katie: No. I had a friend who got the oura ring and she would text me every day. She's like, I'm a 54 today. And she's like, I'm not firing on all cylinders. So she had to stop wearing it at night because it was stressing her out. She would look every day and be like, oh, this is terrible, I'm only a 60. So it is kind of funny how those things can be helpful or not. Yeah, but we're really excited. I know, I'm kind of somewhere in between you two. I'm not as rested as Mallory, but I did sleep the whole night in my bed without any kids. So, you know, somewhere in the middle. But I think between the three of us, we've got it covered. But this has been a really popular series so far. And we, just talking to all you listeners, we've loved reading your responses, your emails. People have been reaching out telling us kind of how this has affected them and this series has been really designed to just eliminate a lot of the guilt and fears that parents have around meds. So if you've missed the first two episodes, you definitely want to check those out and we will link those in the show notes. We did go into what does the research tell us about ADHD medication and how that changes kids brains as they develop and something called neuroprotection. We also got into medication and addiction risk because so many parents are fearful that, you know, medication in childhood is going to cause more likelihood of addiction or substance use in adulthood. So we really got into that and what the true risks are and especially if you let ADHD go completely unsupported. So it's been a great series so far. Definitely want to catch yourself up if you've missed any of those episodes.

Lori: Yeah, and this one's going to be a really practical episode so I think it's going to be awesome. But just before we jump into it, just some quick reminders that there's a lot of fear, a lot of misinformation, strong opinions around medication. I just was with a family the other day that was considering it and they were like, they had listened to some of our past episodes and they were like this was so helpful. We sent these to family members because we were getting that same feedback. And again it's just like you hear one thing in the news or in the

media and that's sort of like what you know and that's your knowledge base on ADHD medication. But it's very nuanced and there's a lot of information out there, and people have very strong opinions based on just personal experiences and friends who have been on it or the kids have been on it and they've had great experiences, they're bad experiences. So you hear a lot. So the goal for our episodes is not to convince you to start medication. Like we really are not here to do that today. Our goal is to give you accurate research-based information so you can make the best decision for your child along with your healthcare provider. We aren't medical doctors. This is not medical advice. This is really just general information that we want to give you so that you can talk with your provider, to make these decisions and feel much more confident going into those. And again this is just such a hard area for parents to make these decisions and we just want to be here to support you. And it is, it really truly is the topic that we get asked about the most. Every time I put a question box up on Instagram, it's like there's five questions about medication. I mean, this is the most, you know, people ask the most questions around this. We know this is a hard topic.

Mallory: And I think part of that, Lori, comes back to one of the reasons why we started The Childhood Collective is parents get a diagnosis of ADHD for their child and then they're told they can medicate and that's the only option they're given. And so it makes sense why parents have a lot of questions about medication because usually that's really the only treatment option given. And that's part of the reason we started The Childhood Collective because we know that medication is an effective treatment option, but there's also a lot more, and that's why we do what we do. But like Lori said today, we're going to be giving you a lot more of the practical aspect of ADHD meds. So if you're considering, if you've ever considered medication for your child but you haven't started it, you're going to want to listen to this. If your child is just starting ADHD meds and you have questions and uncertainties, you're going to want to listen to this. Or maybe your child's been taking ADHD meds for a while, but you're not sure if it's working, you're not sure if you could find something better, you're not sure if to keep it up, this episode is for you, so keep listening. And we do have a quick request. If you are loving the podcast, if you are finding this helpful, please leave us a five-star review wherever you listen. It really helps us grow. It keeps us motivated to keep putting more episodes out there for you. Share this episode with someone who you think might need it. We really appreciate you doing that, thank you so much. Let's jump in.

Katie: All right, so we like to give a little bit of structure because this is such a broad topic, but you know, we're getting into the more practical aspects. So we wanted to break down today's episode into some smaller sections. So we're going to talk through what are the medication options, right, for ADHD. And we're going to keep it somewhat high level, but go a little more in depth to try to make that a little more clear. And then a big question we get is how do you know if these meds are working? When might you want to change medications? What would that look like? So that's gonna be a section and then we're diving into some of the more just really nitty gritty logistics like who can prescribe the meds, how do I deal with the pharmacy, what about insurance, you know, these types of questions. And then finally we want to bring it back to one of our core values, which is how do you bring your child into this conversation? We want our kids to feel empowered, like they can advocate for themselves and so we wanna just share some strategies and things to think about when it comes to helping our kids to understand the value of their treatment plan, whatever that looks like.

Mallory: Awesome. So let's start with what are the medication options when your child has ADHD? What is available to you? Or what are the first things the provider is going to bring to the table as an option for you? And broadly we're looking at two categories. We're looking at stimulants and we're looking at non stimulants. And so let's talk first about stimulants because these are usually the first line of treatment. It's what we have the most research on. And for most families, for many families, this is the first thing your child's pediatrician or healthcare provider is going to bring up to you. So stimulants are class medication that are fast acting. So what does that mean? They're in and out of your system in 24 hours. This is like I said, where we have the bulk of the research evidence support supporting the use of this medication. The strongest effect sizes the most evidence for these stimulant medications. The benefit of stimulant medications is they're in and out of your system in 24 hours. So if you, if your child is experiencing side effects, those tend to go away as soon as that medication is out of their system. But certainly there are side effects that come with stimulant medications. Two of the most common ones that you probably might be familiar with are appetite, it affects appetite, so suppresses appetite often, it can impact sleep. We are going to go into more about the side effects of stimulant medication. So I want to come back to something because when parents hear that the pediatrician, for example, wants to put their hyperactive and impulsive child on stimulant medication, that feels really counterintuitive, right? It feels like why, why am I giving my child who needs to kind of slow down and sit still and pause before acting. Why am I giving them a stimulant? Isn't that going to like hype them up, make

them more hyperactive? And when you understand that the ADHD brain is actually underactive, that parts of the brain are not firing when they're supposed to fire, then you understand why a stimulant medication is actually doing in the brain what we want it to do. So a stimulant is actually firing up those parts of the brain that tend to be underactive and it's then resulting in better focus, a calmer body, thinking before acting. So even though giving your child a stimulant seems counterintuitive, it's exactly what most ADHD brains need.

Katie: Yeah. And a lot of times you're not gonna see exactly what you said, Mal, you're not gonna see the child then act like there's so much more hyper, right. So we hear the word stimulant, but it's actually gonna many times calm them, slow them down just a little bit. Not to the point of changing their personality. If that was to happen, that's not the correct medication or the correct dose, but just giving them an extra second or two to process and formulate a plan and those types of things. So yeah, it, it says stimulant, but it's really, that's not what you'll see as most often the outcome of taking a stimulant.

Mallory: So like I said, that is usually the first line of treatment that your child's healthcare provider is going to talk to you about or recommend. But that's not always the case. So in some cases your child's prescribing doctor might be talking to you about non stimulant medications or other types of medication for various reasons. So if your child has multiple diagnoses, they have other things going on, if they're taking other medications, that might not work well with a stimulant medication, then they might start talking to you about other non stimulant options. In general, non stimulant medications are slower to show their full effect. So it's not in and out of the system in 24 hours. But they do provide because of that, because it builds up in your system, in most cases they provide more of that like around the clock coverage. You're not going to experience that, for some people the stimulant medication wears off in the evening. You're not going to see that with most of the non stimulant options. So this might be a better fit for some children. And depending, there's lots of different things that go into this non stimulant category, so when it comes to, like, side effects of those, it's very medication specific. There's not like, very broad ones that we see consistently with these non stimulants.

Lori: Yeah. And I think one of the main things is we wouldn't tell you to go in and ask for a specific medication. It's really important that you find a provider that you love, that you trust, whether that's your pediatrician or someone else, because they're going to be able to look at

your child's medical history, your family dynamic, your child's specific symptoms, and give you recommendation, the best recommendations to kind of start there, and you want to start there. So again, it's not like we would never tell you to start in a specific place, but there are different reasons as to why a professional would choose a stimulant versus a non stimulant. And, it depends on many different factors.

Katie: Yeah, like just as an example, non stimulants, it's much more, has a much bigger negative effect if you skip a day. So stimulant medication in general, if you miss it, which happens a lot, right, in ADHD families, it can be really hard to maintain that schedule. But the stimulant, again, is going to be in and out of the system where non stimulants a lot of times build up over time. So missing one day can cause a really negative effect. And that's something your provider would be able to explain to you and understand your family dynamics. And, you know, if a kid is, for example, going between houses constantly or things like that, these are just things that the provider would consider to try to make something that's the most efficient for your family.

Lori: So two common questions that we get a lot from families is how will we know if the medication is working and then what happens if the first medication doesn't work? So let's kind of break this down a little bit. How would you know if it's working? So again, like, you should be seeing some of those core ADHD symptoms improving during the day. So your child, you should be hearing from your teacher that your child is better able to regulate their attention and focus at school. They might be better able to regulate their body at school. So they might be able to, it might be easier to sit still for longer. They might not have as many impulsive behaviors on the playground. So they might be getting along with kids generally better. They might be able to regulate their emotions when something goes wrong at school during their school day. So those are all kind of things that you might see or the teacher might see during the school day. After school, same thing. They might be better able to kind of sit down and get their homework done or be able to, you know, follow through and get some of their things packed for the day or for practices and things like that. So you should see some improvement in those areas. Again, when you're starting, they're going to start on the lowest dose of a medication. So you, it would make a lot of sense that you might not see like a big difference in your child depending on their age. Again, if they're younger, you might see a bigger difference because they're going to be on a lower dose. If your child's older, you're going to have to work up to a dose that is actually going to be meaningful for them and for

their body. So it might take a little bit time to get to the right dose. But you, you know, we would encourage you to let your child's teachers know that you are kind of going through that process so that they can give you, actively give you feedback each day to kind of see, you know, if there are changes, if they're noticing anything, if they're noticing any like, negative side effects or things like that, that's really important to keep constant communication with anybody who's seeing your child during the day.

Mallory: And I would urge parents to avoid like leaning into a singular behavioral incident of evidence that the medication isn't working. I encourage parents to kind of look over time, over a trend of behavior. So look at, take a snapshot of a whole week overall, was this week, was there an improvement in remembering their things for sports after school, an improvement in how behavior was at school? So don't, you know, we're not expecting perfection from our kids as soon as we put them on medication. We're not going to expect meltdowns to all of a sudden go to zero. We're not going to then expect them to be able to sit down and do two hours of homework without complaint all of a sudden because they're medicated. So we kind of want to look at trends over, you know, over a week's time and not use singular incidents of an example of like, oh, it's not working, we got to give up.

Lori: Yeah, we always say, like, we always say anytime we do an intervention or encourage families to do an intervention, we talk about this all the time in our online course *Creating Calm* that, you know, progress is not linear. Like, you are not going to be making progress, little bits of progress every day. It's going to be two steps forward, one step back. Two steps forward, three steps back. Like, again, it just can depend on the day, but you want to see it trending in a positive direction.

Katie: Yeah, I was talking about this with a friend who, she had this exact experience where they started the medication, and they actually felt like it was making a really big impact and very positive. But then there was a day where there was a lot of meltdowns and just like, it was just a really rough day for her son. And she went back to the psychiatrist and said, I don't think it's working. You know, he had this, this and this happen. And the psychiatrist, you know, sat with her but explained, you know, he's still a kid. Like, we don't expect any kid to have no meltdowns and no regulation issues throughout the day. You know, so that's something to keep in mind is like, we're not, our goal isn't that our child becomes perfect from medication. This is really what it's going to do, is it's going to prepare their brain and

their body to be able to learn the skills now that you still need to teach. So meds in and of themselves aren't going to teach the skills. We're still setting up the environment. We're still teaching our kids how to do things. But I would, I also wanted to make a note because we were talking through what are the things you might see in your child when you start medication, like, positive outcomes. And I do think that's going to be really specific to each child based on also the type of ADHD that they present with. Because if you have that kid who's more impulsive and is, you know, running around, getting out of their seat, interrupting, then, yes, we're going to see hopefully less of that sort of impulsivity in those behaviors. But also you can have these inattentive kids who they maybe aren't making a scene in the classroom or causing a lot of challenges, but you see them struggling, like with starting, getting started on a task or staying on task once they're doing it, like staying with their math homework. And so thinking about, for your child, where are those challenges? And it's going to look different completely. And if you have more than one kid, they're going to be different. So that's again just something to keep in mind is that it's going to, it's amazing to me that a stimulant can work and help kids who have hyperactivity and also in a totally different way help kids who have inattention. And I can, I can really speak to that. It really does help on both sides.

Lori: Yeah. So the other question that we get a lot is what if the first medication isn't working? And I would just tell a lot of you that I would plan on that. I mean there are definitely some cases where a parent finds a medication. I will say that if you as a parent are on a medication yourself and it's been successful a lot of times just with your genetics, your child can start that medication and they might do better also with that medication. But I would say in many cases it's a journey and it does take a trial of a few different medication types, to find one that works for your child. But again, you do want to give it some time, but sometimes you'll have some like negative side effects and you're like, no, we're done after a couple of days and like, we don't want to pursue this and we're going to try something different. Optimally you want your child, you want to see a reduction in those core ADHD symptoms, but you also want to still see your child's personality. And, and I think that's a lot of concern that parents have is like, is my child not going to be like they're funny, silly, like happy self because they are the life of the party and we don't want to take that out of them. And so I think part of it is like finding something that works for them but also doesn't make them feel like a different kid or their personality changes. And if that is starting to happen again, that's usually because the dose is too high or it's just not a good medication fit.

Mallory: I think there's a stat that's like 80 to 90% of kids with ADHD will respond to stimulant medication. Like they will achieve a therapeutic medication dose that is good for them, but that is by like the second or third medication or dosage that they trial. So for a lot of kids, the first medication at their first dosage is not going to be the one with the most therapeutic benefit. So I think parents do need to go into it with the mindset of where we're starting here might not be the long-term solution, but we have to start somewhere to see how my child responds. And then from there you adjust dosage, you adjust the type of medication. So again, like, stimulants are so effective. Eighty to 90%, I think, is the percentage of kids with ADHD that are gonna respond to it, but that's by the second or third dose of medication that they're trying.

Lori: Yeah, at first, when you start on that medication, you're gonna be meeting with your doctor around every 30 days because they're closely monitoring the dose and making sure that that's appropriate. And then once you find a medication that works, you find a dose that's really working, they're gonna extend those appointments out longer where you're not gonna have to necessarily, like, you know, do that for an extended period of time. Sometimes parents will even, you know, again, like parents I've worked with have gone to a psychiatrist, those appointments are very expensive, sometimes not covered by insurance, where they'll have kind of an expert look at the medications and get them on something that is working, and then you can kind of transfer that prescription over to your pediatrician to make it a little bit more cost effective for you. So that's also an option.

Katie: Yeah, yeah. I think the main thing there is that they're going to be looking at, you know, just ongoing monitoring things like their height and weight, Are they falling off their growth curve? Are they staying on their growth curve? They'll check at those appointments, your child's heart rate, their blood pressure, just kind of asking you questions, asking them questions like, how's it going? How's this feeling to you? And so those are really important check-ins. It can feel a little bit cumbersome as a parent to have to do that, especially towards the beginning, but once you get it into, you know, the right dose, the right med, it does become a lot easier. So don't give up hope if you're like, this is annoying. it can be, it can take a minute to get it all squared away.

Now, I wanted to talk to you a little bit about side effects because I have talked with so many friends who are considering medication for their child and they have this really real concern

like, what are the side effects? And I think the word side effects just sounds kind of scary because it's very hard to define. So today we're going to focus mostly on stimulants because that is the most commonly prescribed medication for ADHD. So the big two issues, like Lori mentioned, are appetite and sleep. So with appetite, many times kids who take a stimulant are not hungry in the middle of the day. And so they might come home with their lunch not fully eaten or barely eating anything. And one of the big recommendations there is just to really focus and work with your child on the times when they do have a bigger appetite. So a lot of kids will wake up very, very hungry and eat a big breakfast. Really making sure that that's going to have, you know, protein and fiber and all the things that a nutritionist would want in there as much as possible. And then recognizing that they may not eat everything in their lunch, but maybe putting in a few things that are really motivating to make sure they do eat something. And then in terms of having those snacks after school, a lot of times the meds will start to wear off around 4 o' clock, depending on what time your child took their medication. So again, not being shocked if they're like, I eat two dinners now. And just really focusing on those more nutrient dense foods, things like that, because it is a little bit, it can, it can be a little bit shocking when you see, you know, your child actually loses a few pounds. Again, you want to monitor their growth and where they're at on their chart rather than being like, oh my gosh, they haven't eaten lunch, you know, the last two days, but they're eating a lot at breakfast and dinner. And that's where you want to touch base with your doctor, because also depending on your child and their size, there may be more of a window for that or less. And that's going to be so personalized.

Mallory: And you can also work with your child's teacher to allow your child to have more snack opportunities throughout the day. So maybe they have one snack a day, but they're allowed to, their teacher allows them to grab a snack during independent reading or whatever works with the schedule. But working with the child's teacher to give more snacking opportunities. And also talking with your child about how your brain is tricking you that you're not hungry, but your body actually is hungry. And I know that's really hard, but helping them understand that even if they're not feeling super hungry, that having a snack actually will help them feel better.

Katie: Yeah. And choosing that snack wisely, you know, like my kids love goldfish crackers, but they're not giving a ton of nutrition. So, you know, trying to balance out, like I mentioned, like a fruit that your child likes, maybe some protein, depending on what those

easier proteins are. But it is, it is tricky and it's something you kind of have to find that rhythm with.

Lori: Yeah. And sometimes they're gonna need like a meal at 4 and they're gonna need a meal again at dinner. So I think again, you know, they might still be getting all of their nutrition for the day, but just in different windows. And you might have to work kind of with their appetite too, a little bit differently. So it might not be, it might be a giant snack or two meals in the evening, like you were saying.

Mallory: Yeah. And then a really good big breakfast before the medication has set in. Although I know that's hard for a lot of kids who don't wake up hungry, but anyway, so doing the best you can, working with what you got. Yeah.

Katie: And I would say, just as a parent, it's being flexible, right. Like, I was raised and still I'm like, okay, three meals a day, two snacks. Like, it's still very structured in my mind. And so, yeah, if my child eats a giant snack at 4 o'clock, I'm like, there's no way you're gonna eat dinner. But I think it is important to, you know, find that flexibility where you can. And not maybe not having to stay to such a tight schedule, because that can be, that can be really helpful. The other area is sleep. So obviously stimulants, you know, we might worry, oh, they're going to make my child not fall asleep. And that can happen if they take the stimulant later in the day, that can be an issue for some kids. But I will say that a lot of kids who take a stimulant actually do better with things like the after school and bedtime routines and maybe even falling asleep. Like for some kids, that stimulant helps their brain be calm enough to stay in bed and fall asleep. So that's going to be something you're going to talk to your doctor about in terms of, you know, timing. And some kids take another, like a little booster in the late afternoon based on what their schedule is and things like that. So again, just keeping an eye on the sleep and making sure if your child is staying up super late and it's causing issues, that's something to talk to your doctor about because they may be able to give you a different form of medication or change it in some way that would help with sleep.

Mallory: I think another side effect that we hear parents share with us that's a little less common, but is concerning for them is in some cases they report their child being angry. Angrier than they are not on the medication. So I think that's, that's another thing just to keep an eye on. I think that's one that'll be pretty obvious too and in that case, it might not be the best fit for your child.

Katie: And as the meds wear off each day, there are kids who get a pretty big rebound effect or, you know, especially for stimulants, where it comes out of their system and then, yeah, maybe they're more moody or angry, maybe they are more emotional, they might have a headache. But these are really important things to document and over time understand, okay, this happened three days in a row versus just a one-off thing. And talking more with your doctor about that, because there are some meds that have more, tend to have more of that when you first come off of them versus others that are more consistent. Okay, we're gonna pause our conversation right here. As promised, we clearly had a lot to say about ADHD medication, but don't worry, we are not leaving you hanging. We'll pick this conversation right back up in the next episode in two weeks. And in part two, we're getting into some of the more practical medication questions. Things like, how do you deal with a medication shortage, strategies for working with insurance, what to do if your child can't swallow pills, how to talk with your child about medication, and even what you can do if your child does not want to take their medication. So if you've been enjoying the series, we would love it if you'd take a minute to leave us a five-star review. That is the best way to help other ADHD parents find the podcast. And we truly appreciate it. We'll see you back here next week.