

“I thought this medication would be like a magic pill but where is the magic?!”

There have been huge advances in the understanding and treatment of ADHD in the past decade. We have departed from the model of “suppress the symptoms and suppress the child” with the user-unfriendly immediate release stimulant medication, subjecting the child to the burden of 2 or 3 times a day dosing and the public humiliation of requiring a trip to the school office at lunch time to be dosed. One unfortunate child, I recall, was summoned on the loud speaker with “Johnny Smith come to the office to get your medication!”.

There have been huge advances and even possible “normalization” of life academically and socially for the individual with ADHD. We also recognize the special talents such as creativity, energy, quick thinking and intense commitment ADHD can bring. How probably around 10 percent of individuals find results of medication bitterly disappointing.

Firstly, remember that medication alone will be much less effective than medication combined with behavioural and thinking strategies. Indeed the role of medication in my mind is to “enable strategies to become effective.” Medication can be a wonderful support whilst we “train our brain”.

So, what might contribute to a disappointing effect of medication?

There are many possible things. Think like a detective – “Why is our treatment disappointing?”.

(A) Communication

- Have I communicated adequately to my child’s doctor? I need to have my goals clearly in mind. A medication check needs to include what’s better, what’s worse (side effects) and what is not yet being achieved? Goals that were initially established and guide the effectiveness of medication.

Have these thoughts organized before arriving for an appointment. That way, the medication check will be most useful and the treatment changed as needed.

We are all different genetically and we believe that ultimately we will understand that medications are not one size fits all. Keep working until “your team” achieves the best result possible.

- Communication with the child’s teacher is also critical. A child may be doing very well during the day but not so in the early morning and evening leading to the conclusion of a failed response. In this case, there is a response but it is not covering enough of the child’s waking hours – those before and after the school day. Take every opportunity to connect with the teacher – brief chats at pickup, volunteering in the classroom, formal interviews and formal “check lists” which the doctor may require.

(B) How a parent feels about the diagnosis of ADHD and certainly use of medication can have a strong impact on the response. Children can sense emotions even when un verbalized and we hope, well concealed. If either parent has mixed feelings, is anxious about medication, that medication may be less effective. This underscores how important it is that both parents be involved in the ADHD assessment and learning, and that there be a consensus around the decision to medicate. The term “it’s a last resort” should most definitely be avoided; it is absolutely not true. The medication is one of the tools used in management of ADHD, and an extremely important tool that can help a child access positive strategies.

(C) Other conditions such as L.D., anxiety, depression, hearing or vision problems masquerade as ADHD. Also, a child in distress from home disruption or bullying may appear restless and inattentive. Emotional energy is being siphoned off to the more immediate problem.

(D) The child himself may have negative feelings about medication. He may have heard of ADHD describing being “weird” or “not smart”. Children with ADHD often have a shaky sense of self-competence even before an assessment. Being given medication “sabotage” by pretending to swallow then hiding the “stash” may confirm in their minds that they are “damaged” or “sick” and “need a pill”. Some Children Resources like Dr. A. Vincent’s book “My Brain Needs Glasses” are a great antidote, together with lots of time spent explaining, in children’s terminology, the whole idea of ADHD.

And so if you are disappointed with the effects of medication on your child, think through a checklist like I have described. Talk with your child, check for a hidden stash of rejected pills, and talk with your partner, the child’s teacher, and most certainly your child’s doctor, highlighting the ways in

which you feel the medication has not helped. Hopefully this will lead to the success you had been hoping for.