# 120111443517-0131241313415

# Managing Your Child's ADHD Throughout The Year Experts Say 'Stick To Individualized Treatment Options'

(NAPSA)—As the school bell rings, children pack up their books, jump from their seats and file out of the classroom, eager to meet their parents and return home for the evening, the weekend, or even better yet, vacation! Whether it be the weekend or summer vacation, time off from school can often feel like a longawaited dream full of rest and relaxation. However, some parents struggle to create a smooth transition for their children from school year to vacation, or even weekdays to weekends when their children try to adapt to environments that are less structured than the school day.

These transitions can be especially difficult if you are a parent of a child diagnosed with Attention Deficit Hyperactivity Disorder, or ADHD. ADHD is a condition that manifests as a persistent pattern of inattention and/or hyperactivityimpulsivity. ADHD is one of the most common psychiatric disorders in children and adolescents, affecting approximately 7.8 percent of all school-aged children, or 4.4 million U.S. children aged 4 to 17 years. You may recognize symptoms that are commonly associated with ADHD indicating that your child may have the condition if he or she is easily distracted in school or at home, is fidgety and constantly "on the go" throughout the day or often interrupts conversations and games.

"The challenge with ADHD is to identify the best treatment option for your children's symptoms, particularly when schedules vary from school year to vacation or even from weekdays to weekends," said Robert L. Findling, M.D., Professor of Psychiatry & Pediatrics at Case Western Reserve University and Director of the Division of Child & Adolescent Psychiatry at the University Hospitals Case Medical Center. "Daytrana (methylphenidate transdermal system), the first and only ADHD patch, has a novel patch delivery system that offers physicians and parents of children with ADHD an individualized, non-oral treatment option.'

Clinical studies have shown that Daytrana's novel design pro-



vides a continuous flow of medication when worn for the 9-hour recommended wear time. Alternatively, Daytrana can be applied later in the day if the child sleeps late on weekends, or starts activities later during the summer or holiday season, and can still be removed at the usual time. This way, the child receives the benefit of the long-acting ADHD medication for a shorter duration of effect.

Daytrana offers parents the option of individualized treatment, which can also help to manage the potential for late-day side effects, such as lack of appetite or difficulty sleeping. The physician, in consultation with the parent, can determine the appropriate patch wear time, up to the recommended nine hours.

According to Dr. Findling, there are several common scenarios throughout the year where individualized treatment may benefit your child with ADHD. If you or someone you know has a child with ADHD, see how many of these situations you can relate to.

## Extracurricular Activities

After-school activities can alter your child's everyday schedule. Perhaps your son or daughter attends soccer practice after school once a week and needs symptom control later on that day than on the days he or she comes straight home from school and starts completing homework. As parents, it is important that we identify our child's changing needs from day to day and look for treatments that can offer daylong symptom control.

# Weekend Play

As a parent myself, I know that children don't always wake up and go to sleep on the same schedule from weekday to weekend. Often, they sleep later on the weekends, but for parents of chil-

dren with ADHD, this may not mean that you want them to have the same amount of medication in their system from weekday to weekend. When parents come to me and ask about ways to manage their child's ADHD symptoms during weekends, I often recommend the Daytrana patch. Because it is a patch, parents at the direction of their physician, can remove it earlier than the recommended nine-hour wear time to ensure just the right amount of coverage during the weekends.

#### **Summer Vacation**

During the summer, you may have family plans to travel on vacation or have your child attend a summer camp. Being exposed to new, unstructured settings or activities, such as a day at the beach or hiking in the woods, could potentially exacerbate your child's ADHD symptoms. If your child has ADHD, it may be beneficial to have him or her on a medication that can be tailored to treat symptoms during these oftenchanging schedules and activities. If ADHD symptoms are controlled at the right times, you can help your child adjust to the change in structure and probably enjoy vacation or summer camp better.

## Holidays

The holiday time generally means long road trips and interactions with family members that might not come around that often. New experiences during holiday vacation can bring about many challenges for a child who has ADHD—and also for the child's family. Managing your child's ADHD with a medication that allows a flexible wear time gives you, working with your child's physician, the option of giving your child medication when he or she needs it. So while on a school day your child may need a full day of symptom control, perhaps during the winter holidays he or she may only need symptom control for nine hours, such as when your child is spending time with grandparents or having dinner with family and friends.

To learn more information about ADHD symptoms, diagnosis and individualized treatment options, visit www.Daytrana.com.

#### About DAYTRANA

#### **Important Safety Information**

Tell your doctor about any heart conditions, including structural abnormalities, your child or a family member may have. Inform your doctor *immediately* if the child develops symptoms that suggest heart problems, such as chest pain or fainting.

Daytrana should not be used if the child has: significant anxiety, tension, or agitation; allergies to methylphenidate or other ingredients of Daytrana; glaucoma; discontinued in the last 14 days or is taking a monoamine oxidase inhibitor (MAOI); tics, or family history or diagnosis of Tourette's syndrome.

Tell your doctor *before* using Daytrana if the child: is being treated for or has symptoms of depression (e.g. sadness, worthlessness, or hopelessness) or bipolar disorder; has family history of tics; has abnormal thoughts or visions, hears abnormal sounds, or has been diagnosed with psychosis; has had seizures or abnormal EEGs; has or has had high blood pressure; exhibits aggressive behavior or hostility. Tell your doctor *immediately* if the child develops any of these conditions/symptoms while using Daytrana.

In clinical studies, side effects were generally mild to moderate. The most common side effects reported with Daytrana were decreased appetite, sleeplessness, sadness/crying, twitching, weight loss, nausea, vomiting, tics, and affect lability (mood swings). Aggression, new abnormal thoughts/behaviors, mania, and growth suppression have been associated with use of drugs of this type. Tell your doctor if the child has blurred vision while using Daytrana.

Abuse of Daytrana can lead to dependence.

Daytrana should be applied daily to clean, dry skin, which is free of any cuts or irritation. Skin redness or itching is common with Daytrana. Allergic skin rash may occur.

For Full Prescribing Information, go to www.DAYTRANA.com.