

# POINTERS FOR PARENTS

## Lessons Learned: Helping Students With ADHD

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(NAPSA)—In between the field trips and recess on the playground, children in school hit the books, learn their multiplication tables and prepare for the science fair. For some, class is a time of exploration and discovery; but other children find themselves fidgeting in their classroom seat unable to focus, maintain attention or control their behavior. Oftentimes, these children do not recognize that their behavior causes problems in the classroom, nor do they understand why their parents are anxious or frustrated when they come home with disciplinary notes from their teachers.

For children with Attention-Deficit/Hyperactivity Disorder or ADHD, staying focused in class and during after-school activities can be a challenge. The symptoms of ADHD, namely inattention, impulsivity and hyperactivity, may affect the child's behavior, performance in the classroom and ability to interact with friends and family members. If you have a child with ADHD in your family, you are not alone. You may find it startling, but ADHD affects approximately 7.8 percent of all school-aged children, or approximately 4.4 million children in the United States. In fact, ADHD is the most prevalent behavioral disorder in children and is one of the



**The symptoms of ADHD include inattention, impulsivity and distractibility. They can often affect a child's ability to concentrate in class and complete homework.**

most diagnosed psychiatric disorder in children and adolescents.

Although awareness and understanding of ADHD and its impact have increased in recent years, many misconceptions surrounding the disorder remain. For example, some people recognize ADHD only by the symptoms of hyperactivity and impulsivity and associate the disorder with rambunctious boys. However, girls are also affected by ADHD and often display less outwardly visible symptoms such as inattention. Many of these girls with ADHD suffer in silence because parents and teachers may overlook their symptoms. If left untreated, the symptoms of ADHD may have a profound effect on a child's life, both inside and outside of the classroom setting.

Another common misconception is that ADHD only affects

children, but it is important to note that ADHD is not only a childhood disorder. Rather, the disorder often persists into adulthood and may have potentially serious consequences, affecting relationships, work performance and driving. According to the National Institute of Mental Health, up to 65 percent of children with ADHD may still exhibit symptoms into adulthood. In fact, approximately 9 million adults in the United States struggle with the symptoms of ADHD.

Fortunately, there are many successful ways to manage ADHD. Children and adults with ADHD may respond well to treatment, which may include educational approaches, behavioral therapies and medication. If you suspect that you or someone you know may have ADHD, I urge you to seek an evaluation from a qualified physician and appropriate treatment. Therapeutic options include Adderall XR® (mixed salts of a single-entity amphetamine product), the most commonly prescribed ADHD medication, which is indicated for children, adolescents, and adults. Another treatment option is Daytrana™ (methylphenidate transdermal system), the first and only ADHD patch for children aged 6-12.

To request free information about ADHD, please visit [www.ADHDsupport.com](http://www.ADHDsupport.com) and learn the facts about symptoms, diagnosis and treatment options.

Note to Editor: About Adderall XR

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

Adderall XR should not be taken by patients who have advanced disease of the blood vessels (arteriosclerosis); symptomatic heart disease; moderate to severe high blood pressure; overactive thyroid gland (hyperthyroidism); known allergy or unusual reactions to drugs called sympathomimetic amines (for example, pseudoephedrine); seizures; glaucoma; a history of problems with alcohol or drugs; agitated states; taken a monoamine oxidase inhibitor (MAOI) within the last 14 days.

Tell your doctor before using Adderall XR if you or your child are being treated for or have symptoms of depression (sadness, worthlessness, or hopelessness) or bipolar disorder; have abnormal thought or visions, hear abnormal sounds, or have been diagnosed with psychosis; have had seizures or abnormal EEGs; have or have had high blood pressure; exhibit aggressive behavior or hostility. Tell your doctor immediately if any of these conditions or symptoms develop while using Adderall XR.

Abuse of amphetamines may lead to dependence. Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events. These events have also been reported rarely with amphetamine use.

Adderall XR was generally well tolerated in clinical studies. The most common side effects in studies included: children—decreased appetite, difficulty falling asleep, stomachache, and emotional lability; adolescents—loss of appetite, difficulty falling asleep, stomachache, and weight loss; adults—dry mouth, loss of appetite, difficulty falling asleep, headache, and weight loss. Aggression, new abnormal thoughts/behaviors, mania, growth suppression, worsening of motion or verbal tics and Tourette's syndrome have been associated with use of drugs of this type. Tell your doctor if you or your child have blurred vision while taking Adderall XR.

About Daytrana

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.

Daytrana was generally well tolerated in clinical studies. 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 irritation or allergic skin rash may occur.