	Adult Neurology		Pediatric Neurology	Managing Partner
	Reed C. Perron, MD	John T. Nasr, MD	Peter L. Heilbroner, MD, PhD	Hugo N. Lijtmaer, MD
NEUROLOGY	Hugo N. Lijtmaer, MD	Amrit K. Grewal, MD	Jennifer A. Cope, MD	
GROUP OF	Daniel R. Van Engel, MD	Olga Noskin, MD	Alexis M. Dallara-Marsh, MD	Chief Operations Officer
BERGEN	Kenneth A. Levin, MD	Yamini Naidu, MD	Mitchell Steinschneider, MD, PhD	David T. Contento, FACMPE
COUNTY, P.A.	Kenneth A. Citak, MD	Daniel Berlin, MD, MSc	Heather Weiner, APN	
	James T. Shammas, MD	Fumin Tong, MD, PhD	Neuro Rehabilitation Center	
www.neurobergen.com	Susan P. Molinari, MD	Elena Zislin, PA-C	Kenneth A. Citak, MD	John Jensen, PT
			Medical Director	Director of Rehabilitation

## Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a common disorder most often diagnosed in children and teenagers, but also sometimes in adults. The main symptom is a high level of distractibility and poor organization, causing problems in school, home or at work. Some of these children also are hyperactive. Their hyperactivity usually gets better during adolescence.

Most of the time ADHD is a hereditary condition, and parents or other family members will often recall having trouble concentrating when younger or currently.

The diagnosis of ADHD is mostly made on the basis of a careful history, but an educational assessment, behavioral rating scales, psychological testing, and sometimes medical tests may be diagnostically useful.

By no means does everyone who has trouble concentrating have ADHD. Learning problems, anxiety, personal issues, lack of sleep, and many other medical and non-medical problems may cause poor concentration. A careful evaluation is always essential before making the diagnosis of ADHD.

ADD (attention deficit disorder) is no longer a recognized diagnosis; the term has been out of usage since 1993. ADHD is currently divided into the inattentive type, hyperactive impulsive type, and combined type.

Treatments may include assistance in school, appropriate limit setting at home, cognitive behavior therapy, and medication. In almost all cases, treatment can make a real difference and help people function at a significantly higher level.

The medications most often prescribed for ADHD are *stimulant medications*. There are many brands, but only two basic forms (methylphenidate and amphetamine). The different brands mostly vary in how long they work for. Most people with ADHD take extended release medications, which typically last from 8-12 hours. Stimulant medications do not have to "build up in the system". They work right away and leave the body after they wear off. Therefore it is common for people not to take stimulant medication on days when they do not need it, for example weekends and vacations. There are different views about whether to do this, and it is a decision to be made between doctor and patient.

The most common side effect of these medications is decreased appetite for lunch. Irritability, change in personality, difficulty sleeping, and other side effects are less common but when present usually mean that the dose is too high or the drug should be changed.

When taking a stimulant medication nasal decongestants should be avoided because they can raise the heart rate. Psychiatric drugs also need clearance from the prescribing doctor because of potential drug interactions. Virtually all other medications are safe to take along with stimulants.

Non-stimulant medications, such as clonidine, guanfacine, and Strattera are used in more specialized situations. They tend to have a different side effect profile than stimulant medications.