



**WHAT YOU NEED
TO KNOW ABOUT
ADHD MEDICATIONS
AND FOOD**



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By

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Introduction

I wrote this manual for information purposes only. As I already stated in all my books, I'm afraid I have to disagree with the use of drugs to treat ADHD. Medication won't heal or solve ADHD. In my opinion, CBT (Cognitive Behavior Therapy) is far more effective and without side effects. Drugs, on the contrary, have many side effects and are addictive.

In most cases, I have witnessed they worsen ADHD instead of lessening it.

It's a personal choice you have to make, despite any doctor or therapist's advice. You are the one that will bear the consequences.

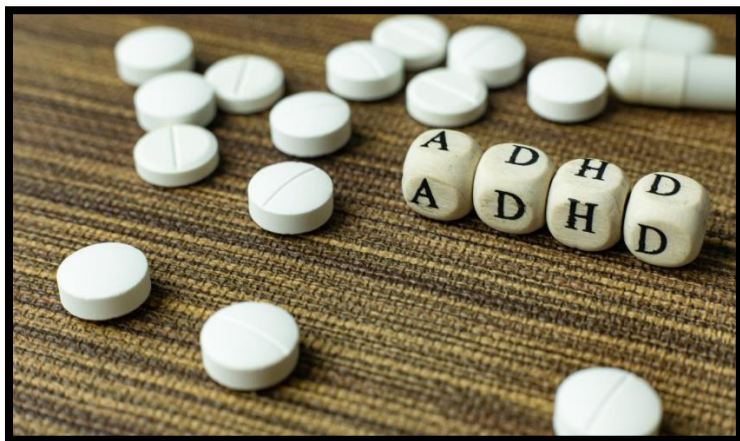
In most European countries, drugs like Ritalin are prohibited.

They are considered at the level of any Amphetamines as drugs.

These are hazardous long-term and short-term drugs because they are highly addictive

That said, knowing what medications are and what they may cause is always better.

Chapter 1: Stimulant ADHD Medication



1.1 What Are Stimulants?

The most often given drugs for ADHD are stimulants. They're frequently the initial line of treatment for ADHD.

This family of pharmaceuticals is also known as CNS (central nervous system) stimulant medications. They act by boosting levels of the chemicals norepinephrine and dopamine in the brain.

This action enhances focus while also reducing the weariness that many people with ADHD experience.

Many brand-name stimulants are currently only accessible as generic variants, which are less expensive and may be favored by some insurers. Other medications, on the other hand, are exclusively accessible as brand-name items.

1.2 What Do Stimulant Medications Do?

These drugs increase the levels of specific brain chemicals like norepinephrine and dopamine in people with ADHD. They allow your brain's nerves to communicate with one another. They're also triggered by pleasurable activities. If you're taking them for ADHD, you'll get gradual, consistent amounts, precisely like your brain would normally produce.

This helps you feel more energized, pay greater attention, and stay awake.

1.3 Common ADHD Stimulants

ADHD can be treated with short-acting, transitional, and long-acting stimulants.

Short-acting medications are frequently taken twice or three times a day, whereas long-acting medications are only given once. Short-acting drugs offer the benefit of giving you more control over how long they stay in your system. The drawback is that you must make sure to take them on a regular basis.

The benefit of the long-acting form is that you only need to take it once a day. They might be able to lessen the severity of some unfavorable consequences. However, it may be more difficult to rest at night unless you have your prescription dose and timing down.

In the stimulant category, there are three types of medications:

Methylphenidates: This stimulant family is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). Brand names include Ritalin®, Metadate®, Concerta®, Daytrana®, and Focalin®.

Vyvanse® and Exedrine® are two brands of Dextroamphetamines.

Amphetamines: The FDA approved these medications for the treatment of ADHD and obesity in the 1960s. The most popular brand is Adderall®.

Ritalin®, Metadate®, Concerta®, Daytrana®, and Focalin® are all brands of stimulants.

Ritalin, a methylphenidate, is the most often prescribed medication for ADHD. The first prescription dose for young children is 5 mg of the short variety; the initial suggested

dosage for older children, adolescents, and adults is 10 mg. The majority of people take two daily dosages, one in the morning and one in the afternoon. Some people require a dose in the middle of the day in order to do schooling or other critical tasks. It is recommended that patients (and their caregivers) maintain track of their medication reactions and provide feedback to the prescribing physician.

If the side effects are modest, the doctor will progressively increase the dosage until the patient is no longer experiencing them. Children and their caregivers should not increase the dose without first consulting their healthcare provider. It is not recommended to use more than 60 mg of Ritalin each day. This higher dose is frequently tried before switching to a new medicine.

The doctor may suggest switching to a long-acting (LA) formulation if Ritalin is effective and an adequate dose has been determined. This eliminates the need for several daily dosages. Ritalin LA comes in a 50/50 formulation with immediate and delayed release. Because of the two-tiered release, the drug's effectiveness can last up to eight hours. This is beneficial to many people, but not everyone. Finding the most effective dose may need patience and flexibility as various strategies are investigated.

Focalin is a very potent form of methylphenidate. It's only been around for around ten years. A powerful pharmacological impact can be advantageous in some cases, such as with some adults or extremely big people. However, it's possible that it's too strong for small children, resulting in a slew of negative consequences. Focalin comes in a capsule with a 50 percent immediate release and a 50% delayed release. It lasts for 12 hours.

Another option is Daytrana, a methylphenidate patch. In essence, the glue on the patch contains medication. The adhesive maintains the liner in place next to your skin when you remove it. After that, the drug is absorbed directly into

the bloodstream via the skin. A patch gives a more uniform and consistent dose than drugs taken through the digestive tract. It takes a bit longer to take effect, though. The medication level remains steady for 9 to 10 hours once a therapeutic level is established, only until the patch is removed. Blood levels return to normal in about an hour and a half after the patch is removed.

Exedrine®, Dexedrine®

If Ritalin does not work, Dexedrine, a form of Dextroamphetamine, is becoming the most likely option. About 12% of people with ADHD are treated with this medication. In addition to dopamine, Dexedrine has an effect on norepinephrine and dopamine levels.

While providing modest pleasure, this medication increases mental alertness and motor activity. Dexedrine's side effects include increased blood vessel constriction, heart rate, and bronchial dilatation. The most significant risk with its use, however, is that it might be resold as a street drug.

Dexedrine provides versatility to a therapeutic programme because it comes in three strengths of slow-release tablets. Despite being more reliable than sluggish Ritalin, they are harder to get owing to heightened DEA surveillance.

Vyvanse®

Vyvanse is an amphetamine that also contains lysine as an amino acid. The amino acid lysine binds to the active ingredient in the amphetamine Adderall. You'll need to take an extra step to separate Lysine from Adderall in order to digest this medicine. As a result of the additional operation, Vyvanse lasts up to 14 hours longer. While this time period may be too long for a tiny child, it may be ideal for high school or college students, as well as adults. It will discharge uniformly, with no peaks or troughs, because it is a powdered drug.

Adderall®

Adderall is a quick-acting stimulant. It will have a three- to four-hour effect. Adderall XR (extended release) is a stimulant that combines the immediate and slow-release variants of Adderall. It's possible that the XR form will last anywhere from 10 to 12 hours. The XR version has the advantage of just only one dosage each day. Both kinds of Adderall are effective, according to objective (grades, exams) and subjective (teacher assessments) performance criteria. Adderall has similar side effects as Dexedrine. A dose of 5 to 60 mg is recommended for children. This wide range demonstrates how varied children's metabolisms, sizes, and ages affect their responses.

In 2005, the FDA issued a warning on the use of Adderall after 12 adolescent deaths. Extenuating circumstances were revealed in each case following further investigation. They included heat exhaustion, dehydration, Type I diabetes, and high-intensity exercise. In addition, several of the children died as a result of underlying heart issues. The FDA compared the risk of sudden death in these cases of paediatric Adderall users to the rate of sudden death in the overall paediatric population. In this comparison, the rates were found to be identical. As a result, the FDA is still investigating the relationship between Adderall and sudden death. There are presently no further restrictions on Adderall, other from a warning that those with underlying heart problems are at a higher risk.

1.4 Effectiveness Of Stimulant Drugs

Stimulant medications are often considered to be the most effective therapy for ADHD. This is based on more than 250 individuals research conducted since the American FDA approved methylphenidate for ADHD in 1960.

The majority of methylphenidate studies were conducted on women. The effects of stimulant medicines may be

quantified using cognitive or learning performance, as well as IQ, clinical factors like symptom lists or behavioral observations, and scientific studies employing PET scans, which show the impact of stimulant drugs on the dopamine transporter.

According to studies, stimulant medicines increase the attention of women with ADHD in the office by 75%, their conduct by 94%, and their cognitive performance by 50%. Compared to a placebo, stimulant medicines enhance driving behavior in a driving simulator and driving behavior on the road in adults with ADHD. Adults with ADHD who are treated with stimulant medicines had better executive functioning than those who do not take any medication. The impact size on clinical measurements is large, response percentages range from 50 to 70% depending on dosage, and placebo response is often modest (up to 13 percent).

It has been shown that if both methylphenidate and Dextroamphetamine are administered one after the other, a total response of 90% may be attained in women. There hasn't been much study done on the effects of stimulants on healthy people. According to studies, stimulant medicines have a similar impact on women with ADHD and non-ADHD women. As a result, there is no such thing as a "paradoxical impact" with ADHD. This indicates that women with and without ADHD develop equally in terms of attention and impulse control. After all, the query is the added benefit of improving a quality that was before unproblematic. Better concentration offers an extra benefit, especially for persons who struggle with it.

The majority of studies examining stimulant pharmaceuticals' effectiveness focused on very short-term effects, which is a drawback. The longest research in women lasted 15 months, and methylphenidate showed a considerable improvement. A long-term fMRI research of women with ADHD and healthy women shows that the

women who haven't been offered any medication, developed more neural activity in brain regions associated in task performance than the women with ADHD.

According to a study of the literature, stimulant medications' efficacy in women with ADHD is sustained even after two years. Four hundred women with ADHD, who began taking stimulant medicines on average at the age of 39 and were evaluated at the age of 48, had taken medication for a total of 33 months. After this time, the stimulant medicines' efficacy was equivalent to that shown in short-term clinical trials.

After a 3-year follow-up, researchers from the Multimodal Treatment Study of ADHD (MTA) published their findings, which compared the effectiveness of four forms of treatment (medication, behavioral therapy, medication plus behavioral therapy, and treatment by their GPs) over 14 months in almost 600 women with ADHD.

The study itself spanned 14 months, but the severity of ADHD was measured again at 24 and 36 months in follow-up studies.

After three years, the groups had undergone a variety of transformations. Some folks had quit taking their prescription, while others had begun, and the same could be said for behavioral treatment. After 14 and 24 months, the two drug therapies were shown to be superior to behavioral therapy and treatment by a general practitioner, however this was no longer true after 36 months. A review of current medication consumption was conducted. After 36 months, a third of the overall group still had a growing impact from the drug therapy, whereas the other two-thirds either did not nor had a declining effect. This is a surprising result that goes unnoticed in practice and raises new problems. Should the conclusion be that after three years, the medicine is no longer beneficial in the majority of people? Or did the intensity of ADHD symptoms lessen as people became older,

making the medication's effect less noticeable? Are there any subgroups that have a stronger or weaker impact? Are there any additional factors that have a role? On treatment, the results of this trial were later published: roughly half of the teens were found not to be compliant based on saliva measures, despite their parents' belief that they had taken the medicine.

Noncompliance is, without a doubt, a major factor in the loss of medication's effectiveness. This high percentage also demonstrates that therapy compliance, rather than the medication's indicated decline in efficacy with time, is an underappreciated issue in the treatment of ADHD patients. New long-term study, specifically tailored to resolve these and other problems, is projected to be necessary.

Long-term studies on the efficacy of stimulant medications in adults are lacking. The difficulty with long-term stimulant drug research is that it is not considered ethical due to the medication's established efficacy. Patients would be denied effective treatment for far too long. On children and adults, long-term open-label research with several stimulant pharmaceuticals has been conducted; in this type of study, the medication's efficacy is maintained beyond 24 months.

In psychiatric treatment, the response percentages recorded with stimulant medicines in short-term study are extremely high. Before concluding that methylphenidate is not effective, the following factors should be thoroughly investigated:

1. Is the dosage sufficient? Is the duration of the dosages sufficient (till bedtime)?
2. Has the drug been tried for a sufficient amount of time (at the optimal dose)?
3. Is the patient adhering to the therapy? Is there an alarm clock? Is the patient adhering to the agreed-upon dosage

schedule, or is rebound between doses the cause of "the cure being worse than the disease"?

4. Is there any undiagnosed comorbidity that might render the treatment ineffective? For example, a subclinical anxiety illness that manifests after methylphenidate therapy. Tachycardia is a side effect that causes fear, making it hard to assess any impact. The anxiety condition is then treated with a serotonin reuptake inhibitor (SSRI) first, followed by methylphenidate. An extra melancholy has a similar impact: any methylphenidate effect is obscured by the dismal mood that casts a pall over everything. Prescription of an SSRI is the quickest way to treat the mood problem in this scenario as well. Treatment with a stimulant medication might potentially be hampered by a hidden addiction. If nonresponse is suspected, all of these options should be investigated.
5. Patients who report that the stimulant treatment is no longer having an effect after an initial favorable reaction are either not taking the medication adequately or were started on too low a dose.

1.5 Side Effects Of Stimulant Drugs

Reduced appetite, weight loss, headache at first, and tachycardia are the most typical stimulant medication adverse effects. Dry mouth and difficulty sleeping are two less common adverse effects. It's possible that your blood pressure will rise or fall.

Stimulant medicines can cause psychosis in persons who are susceptible to them. A history of psychosis (in the patient's medical history) is not a rare side effect for the use of stimulant medicines, thus the symptoms are asked about ahead of time. If a psychosis arises with a stimulant medication despite these precautions, the drug is promptly withdrawn and the psychosis is treated. A (hypo) mania in bipolar disorder is the same. Bipolar disorder is checked for

ahead of time and, if found, treated. If a (hypo) mania arises while using a stimulant medicine and the bipolar illness was not diagnosed ahead of time, the stimulant drug is stopped and a mood stabilizer is begun. The stimulant medication can then be continued while the mood stabilizer protects you.

The first few weeks normally result in a 1–2 kg weight reduction; after that, the weight usually stabilizes. Stimulant medicines make it harder for patients with a low beginning weight to maintain their weight. Their weight is therefore closely watched, and despite their lack of hunger, they are recommended to eat at least three times a day at specific times, and they may be sent to a nutritionist. If a patient is underweight, therapy should be halted until the weight reaches a certain threshold. When patients are given the opportunity to try again, they typically succeed in maintaining their weight. The decrease of a few kg is welcomed by the majority of patients. However, if you want to lose weight, you'll need to stick to a diet, which is simpler to do with stimulant medicines than in the past.

The headache is generally only there for a short period of time. Tachycardia is characterized by a 4–7 beats per minute increase in pulse rate. This is a long-term adverse effect associated with amphetamine-like medications. This is not a problem for the majority of patients. Patients with underlying anxiety issues suffer the most from this; they see an acceleration of the pulse as a warning that the worry or panic is returning. This symptom can be alleviated with the use of a contemporary antidepressant (SSRI), followed by the addition of a stimulant medication. It's unclear whether cognitive treatment has the same effect on how the faster pulse is perceived with the addition of 10–40 mg propranolol per day, patients who feel rushed due to their accelerated pulse but do not have anxiety complaints can reduce their symptoms. Dry mouth can raise the risk of tooth decay,

especially if you're taking other medications that have this negative effect. Cleaning teeth on a regular basis and even using a mouth gel will help to alleviate the problems. For issues like falling asleep when taking methylphenidate, as well as the effect of methylphenidate wearing off in the evening on sleep. Patients may claim that their visual accommodation has deteriorated after they began using the stimulant medicine. This is a well-known, although uncommon, adverse effect. The rebound that happens after the methylphenidate wears off, however, is the most bothersome side effect. Rebound is associated with a transient (several hours) rise in ADHD symptoms, such as restlessness, impatience, concentration issues, and forgetfulness ("cotton wool between the ears"), irritation and mood swings, and impulsive conduct. Symptoms such as perspiration, palpitations, and stomach issues might develop when the medicine wears off.

It is obvious that rebound should be avoided to the greatest extent feasible. This can be accomplished by limiting the dosages to no more than twice a day. Long-acting medicine must be utilised in this scenario. Patients need to have an alarm clock to avoid forgetting or delaying a dosage. Short-acting Ritalin requires six to eight daily dosages, which are readily forgotten, causing patients to be less stable (roller coaster effect) than they were before to therapy.

Adults whose primary concern is chaos and forgetfulness should avoid short-acting methylphenidate. Long-acting medicine is also preferable for children with ADHD who may get assistance from parents and teachers in taking their medication. Patients with ADHD require consistency, which is impossible to attain with short-acting drugs that have severe up-and-down effects.

As a final note, I must say that we need to remember that stimulant drugs like amphetamine are real drugs, with side effects and possible long-term problems. In some countries,

especially in Europe, medications like Ritalin and most amphetamines and even Adderall are prohibited. They are considered drugs and as such, treated. Many patients of mine undergo behavioral and cognitive therapy, change detrimental habits, exercise regularly, study ADHD, and don't want to be addicted to medications. Using the knowledge acquired, they practice strategies that work specifically for them with excellent results. Personally, I encourage you to follow this road too, because in the end, it boosts your self-esteem and confidence. The journey to discover yourself and your ADHD is far superior than just to taking some pills to feel better. That's is a personal choice that you will have to take one day or another.

Chapter 2: Non-Stimulant ADHD Medication

While doctors often prescribe stimulants as the first line of treatment for ADHD, several non-stimulant options are available.

Non-stimulants may be utilized if the following conditions are met:

- Stimulants have far too many negative side effects.
- Stimulants have no impact on you.
- You've had bipolar disorder before.
- You have a family history of cardiac problems.
- You've had a drug problem in the past.

Strattera, Effexor, tricyclic antidepressants, Wellbutrin, and several high blood pressure drugs are examples of non-stimulant pharmaceuticals. Strattera has been widely investigated for use in treating ADHD in women. It looks to be more beneficial than Wellbutrin and has fewer negative effects than TCAs.

Qelbree, a non-stimulant for treating ADHD in adolescents, was authorized by the Food and Drug Administration (FDA) in 2021.

Non-stimulant medicines for ADHD are listed below.

2.1 Strattera

The FDA has authorized Strattera® (atomoxetine) as the first nonstimulant medicine for the treatment of ADHD. Strattera and all other non-stimulant are usually thought to be less successful in treating ADHD than psychostimulants. Non-stimulants are often used as a second or third-line treatment.

Strattera affects the neurotransmitter norepinephrine, which is a substance in the brain that conducts nerve impulses. Strattera, like stimulant medications, is beneficial in treating and managing ADHD symptoms. Strattera, unlike stimulant medications, is not a controlled substance. As a result, people are less prone to misuse it or get addicted to it.

Furthermore, Strattera does not have many of the possible negative effects associated with psychostimulants, such as insomnia. Strattera can induce severe stomach discomfort, nausea, and sleepiness, especially when used for the first time. Strattera tends to counteract the stimulant's impact as it begins to work and subsequently wears off. It should be consumed more than once a day in some cases.

What is the mechanism of action of Strattera?

This drug works by boosting the quantity of norepinephrine in the brain, which is an essential neurotransmitter. This appears to assist ADHD by improving attention span and decreasing impulsive and hyperactive behavior.

Who should not consume Strattera?

There are several circumstances in which Strattera should not be used. Before using Strattera, tell your healthcare practitioner if you have any of the following conditions:

- Strattera or any of the components are allergic.
- Glaucoma with a narrow-angle of vision.
- Pheochromocytoma, an adrenal issue, or a history of this disorder.
- Serious heart disease.

Side effects of Strattera

Strattera can cause a variety of adverse effects, including:

- Insomnia
- Dry mouth
- Erectile dysfunction
- Constipation
- Urinary tract abnormalities
- Hot flashes
- Painful menstruation

These adverse effects might be severe, necessitating the discontinuation of the medicine.

However, in the vast majority of instances, these adverse effects are minor. Due to the adverse impacts experienced during clinical studies, only a tiny fraction of individuals are required to quit using Strattera.

Strattera can cause allergic reactions, which manifest as swelling or hives. If you or a family member using Strattera develops swelling, hives, skin rash, or other allergic symptoms, contact your doctor immediately.

If you develop indications of jaundice, such as yellowing of the skin or the whites of your eyes, you should stop using Strattera. Jaundice is a symptom of a damaged liver. Itching, discomfort in the right upper abdomen, dark urine, and unexplainable flu-like symptoms might all be markers of liver damage. Stop using Strattera if blood tests reveal indications of liver damage.

Strattera has been linked to a rise in suicide ideation in women. While using Strattera®, individuals should be observed for suicidal thoughts and acts.

Suppose you have a history of heart and/or vascular disease and/or an irregular heart rate. In that case, Strattera can cause significant heart-related consequences (e.g., stroke, heart attack), high blood pressure, and elevated heart rate. As a result, patients should be checked for cardiac illness before starting Strattera and their heart rate and blood pressure should be maintained during treatment.

If you have signs of psychosis (such as believing things that aren't real, hearing voices, or becoming suspicious), you should stop taking Strattera. Aggressive or hostile conduct may emerge. As a result, it's a good idea to keep an eye on this kind of behavior while taking Strattera.

This isn't an exhaustive list of all possible adverse effects. Simply notify your healthcare practitioner if you have any questions concerning side effects.

Some of Precautions related to Strattera

Make it a priority to inform your healthcare practitioner about the following:

- If you're breastfeeding, pregnant, or planning to get pregnant.
- Please let your doctor know if you have ever had or now have any medical issues, such as seizures, high blood pressure, heart disease, glaucoma, or liver or kidney illness.
- If you have a history of alcohol or drug addiction or dependency, or if you have had mental health issues such as depression, psychosis, or manic depression, you should get treatment.
- If you've ever had liver issues or jaundice, tell your doctor.
- If you get irritated or angry, or if you have suicidal thoughts.

Strattera should be taken exactly as directed by your doctor. It should be taken once or twice a day, with or without meals. Your doctor may alter the dose until you or your kid is comfortable. While taking Strattera, no particular laboratory testing is necessary. It may be used for lengthy or long-term therapy as long as your healthcare provider is checked on a regular basis.

2.2 Tricyclic Antidepressants

Off-label use of tricyclic antidepressants in the treatment of ADHD is possible. The following are the most commonly used for this:

- Amitriptyline
- Pamelor (nortriptyline)
- Tofranil (imipramine)
- Norpramin (desipramine)

When a person hasn't reacted well to stimulants, these antidepressants are usually tried. If you experience symptoms of sadness or anxiety in addition to ADHD, they may be prescribed.

TCAs, like stimulants, are hypothesized to boost norepinephrine levels in the brain. TCAs, unlike stimulants, may take many days or even weeks to show therapeutic advantages, but once they do, the benefits remain throughout the day.

Antidepressants that are tricyclic must be used on a daily basis. If you miss a dosage or stop taking the drug suddenly, you may have pains and flu-like symptoms therefore tapering off the medication gradually over time is recommended.

TCAs can cause a variety of adverse effects, including:

- Constipation
- Drowsiness
- Blurred vision
- Stomachache
- Headache
- Dry mouth
- Insomnia
- Vivid dreams

Problems with heart rhythm or heartbeat are among the more significant adverse effects of tricyclic antidepressants. TCAs should be taken with caution and regular medical supervision if you have cardiac issues or a family history of them.

In individuals with a history of seizure disease, tricyclic antidepressants may potentially increase the risk of seizures. Tricyclic antidepressants, like other drugs, require constant monitoring and communication with the prescribing doctor.

2.3 Anti-Hypertensive Drugs

Tenex (guanfacine) and Catapres (clonidine) are two more medicines that are sometimes used to assist treat ADHD symptoms. The long-acting versions of each medicine, Intuniv (guanfacine) and Kapvay (clonidine) are FDA-approved to treat ADHD, whereas the short-acting versions are not.

Both of these medications were developed to treat high blood pressure, but they've also been shown to aid with hyperactivity and impulsive behavior.

These medications don't appear to be as successful in treating inattention problems. They are often used to treat ADHD in the situation when a person is unable to tolerate or react to Strattera or other stimulants.

Guanfacine or Clonidine may cause the following side effects:

- Stomach pain
- Dizziness
- Decreased blood pressure
- Dry mouth
- Drowsiness
- Insomnia
- Fatigue
- Nausea

2.4 ADHD Medication: Non-Stimulant Vs. Stimulant

Both non-stimulants and stimulants have advantages and disadvantages when it comes to treating ADHD. First, the doctor will thoroughly examine your medical history before recommending an ADHD medication.

Your doctor will most likely titrate your ADHD medication, as they do with many other mental health drugs. This means that your doctor will prescribe a prescription for you and closely evaluate its efficacy as well as any negative effects

you may have. If necessary, they will alter your dose or change your medicine completely.

Addiction Possibility

Non-stimulants are associated with a reduced risk of abuse or addiction, whereas stimulants are higher. As a result, doctors may give non-stimulants to persons with ADHD who have a history of drug abuse. 10

Consequences

Medication, both non-stimulant and stimulant, may cause:

- Irritability or aggression
- Suicidal thoughts, mood swings, and/or changes in behavior
- Appetite decreases
- An increase in blood pressure or heart rate is a sign that something is wrong.
- Appetite loss.
- Nausea
- Severe Depression
- Sleep disturbances (insomnia)
- Stomachache
- Weight reduction as a result of a decrease in appetite

Contact a mental health specialist immediately away if you're experiencing severe depression or any prescription adverse effects. Some negative effects can be lessened or avoided by modifying your dose, which should be done under medical supervision.

Transient headaches and behavioral rebound—an increase in ADHD symptoms—are two further possible stimulant side effects that aren't generally linked with non-stimulants. Exacerbation of tics has happened in a few situations. People who use stimulants may suffer euphoria, dysphoria, mania, or psychosis, among other adverse mental health effects.

How Long Does It Take to Feel the Effects?

Non-stimulants, which usually are taken only once a day and have longer-lasting effects, are taken more often and wear off faster than stimulants

Non-stimulants, on the other hand, generally take longer to take action than stimulants, which are more immediate.

Contraindications

If you've recently taken a monoamine oxidase inhibitor (MAOI) or have a history of glaucoma, it's best not to take any stimulant or non-stimulant medicine.

Furthermore, if you have a seizure disorder history, it is recommended that you take caution when using a stimulant or non-stimulant.

Non-stimulants: If you have a history of severe cardiac diseases, pheochromocytoma, or severe vascular disorders, you should avoid non-stimulants like Strattera (atomoxetine).

Stimulants: If you have moderate to severe hypertension, hyperthyroidism, or symptomatic cardiovascular disease, your doctor may not prescribe stimulants. If you're using an anticoagulant, anticonvulsant, or tricyclic antidepressant, you should exercise caution when taking a stimulant.

As we can see even non-stimulant drugs aren't safe. As I stated before, I recommend trying alternative methods, like the ones described in this book, before starting any medications. We must always consider our health on the short and long terms. Many doctors consider stimulant or non-stimulant drugs the only cure for ADHD, but in my experience, the alternative if practiced with the right mindset is very effective. Medications won't heal your ADHD only alleviate the symptoms. On the contrary, every effort you make to change the negativities that bother you will improve your life.

2.5 ADHD Medication And Pregnancy

Since pregnant women are frequently excluded from clinical studies that research the effects of medicine on them, the safety of stimulant drugs on the developing infant during pregnancy is uncertain. Many variables influence the effects of drugs used during pregnancy, including:

- What is the dosage of medication?
- When should medicine be taken during pregnancy?
- Other medical issues that a woman may have.
- Other Medications than ADHD prescribed that a woman takes.

Stimulant pharmaceuticals like Adderall and methylphenidates like Ritalin LA, Concerta, and Metadate CD are all classified as "Category C" drugs. This implies that while animal studies have demonstrated that these drugs have a deleterious effect on growing pups, there is no appropriate human research to allow healthcare practitioners to draw conclusions regarding the effects of these medications on women pregnancies. A Category C label also indicates that the advantages of taking certain drugs while pregnant may outweigh the dangers.

That's why, if a woman is pregnant or considering pregnancy and is taking any drugs, she should consult with her doctor. You can assess the risks and advantages of treating your ADHD together, as well as the dangers of taking the medication while pregnant.

If you're contemplating about getting pregnant or if you're currently pregnant while taking ADHD medication, here are some essential questions to think about and discuss with your doctor:

- What are the dangers of using stimulant drugs when you're pregnant?
- Should you stop taking stimulants before you start trying to conceive?

- Should you stop taking stimulants for the first three months of your pregnancy?
- Should you stop taking stimulants for the duration of your pregnancy?
- What are the hazards to both you and your unborn child if you don't have my ADHD treated?
- Is your kid at risk if you stop taking your stimulant medication?
- How can you safely quit taking medicine if you wish to do so
- Are there any other ADHD meds that are safe to use during pregnancy?
- Are there any non-medication therapies for ADHD that could be beneficial?

Lists of medications that are safe to use during pregnancy

Many websites provide lists of drugs that are safe to use while pregnant. However, there isn't enough information on many of the drugs listed to assess their safety or danger during pregnancy. Don't rely your medicine choices during pregnancy on lists found on the internet. Instead, use the lists as a jumping off point for a conversation with your doctor. Stopping or starting any form of medicine without first consulting a healthcare expert is not a good idea. A discussion with a healthcare practitioner might help you make sure you're only taking what you need.

Unintentional exposure

Women can take medicine before realizing they are pregnant. They may be concerned about the medication's impact on their pregnancy if this occurs. The first thing a pregnant or planning-to-be-pregnant lady should do is speak with her healthcare professional. Some drugs are dangerous to use while pregnant, while others are unlikely to damage the baby. At present the risks of taking drugs before or during pregnancy are too high to be downplayed!

When you are pregnant, I recommend you consider with full attention all the possible side effects of taking drugs to you and your baby . Because studies in this particular area are not consistent at all , caution must be a priority. The final decision is on you , never mind what the doctor says, you will have to live with it, if any unfortunate consequences will ever happen. In the next chapter, let's dig into some of the alternative therapies we can use to our benefit.

