

The 10 BIGGEST Problems With ADD/ADHD Medications

From Dr Charles Parker, www.CorePsych.com Start here on the solutions
- And, for more info, read my new book

Understanding ADD/ADHD Medications: Paying Attention to the Details

☐ 1. Using The Wrong Drugs for the Wrong Diagnosis:

Solution: ADD/ADHD is simply a surface set of symptoms. About 30 different diagnostic problems look like ADD/ADHD, but arise from a variety of deeper underlying problems - and many of these underlying issues do not, or only partially respond to stimulant medications. The right diagnosis takes time, specific clinical questions, - and psych testing often does not detect the actual underlying problem. We depend too much on only psych testing, and not enough on real clinical understanding.

☐ 2. Neglecting the Evidence of Metabolic Rate:

Solution: "Metabolic Rate" at first sounds like a mouthful, and beyond ordinary concern. But how each person "burns" the stimulant drugs - the rate of the burn, slow or fast - must be appreciated before any drugs are given. Simple example: A child may require much more than a large adult: with stimulant meds, *size just doesn't matter*, - yet so many use weight, age, sex and hyperactivity levels to dose meds. Chronic medical conditions can leave anyone with a "bulletproof liver," and medication failure.

☐ 3. Overlooking Multiple Diagnoses:

Solution: Make the several diagnoses clear at the outset, and then use care to specifically structure the mixing of medications for the other problems. Golden Rule of Medication Priorities: First the mood disorder, then the depression, then the ADD/ADHD. The most frequently overlooked comorbid diagnosis? "Cognitive Depression" and "Cognitive Anxiety" lead the crowd. It's all about thinking...

☐ 4. Missing Depression with ADD:

Solution: Use the book outline, the "Brief Biologic Review" to clearly document each subset of depression. Know the dangerous limits with the danger of depression, and the specific response to stimulant meds. Few appreciate the multiple drug interactions associated with antidepressants and stimulants - this is one of the biggest problems out there, for those with ADD and/or Depression. I've seen these problems several thousands of times. Most people overlook Clint Eastwood... stay tuned.

☐ 5. Overlooking the Rules for Bipolar with ADD:

Solution: So many think that bipolar disorder and ADD don't coexist, or, if you have bipolar, you can't treat the ADD/ADHD with stimulants! Many more confuse bipolar with ADD and frequently treat only the mood disorder - with the frequent result: the student doesn't graduate from college. For years, those of us on the front lines have worked with these two diagnoses together. Simple rules of diagnosis and engagement will help resolve those bipolar challenges. Treat both, if you simply know how.

☐ 6. Missing ADD/ADHD and Brain Injury:

Solution: First think about brain injury as a possibility. Then use modern diagnostic tools, such as SPECT brain imaging, to make the definitive diagnosis. ADD symptoms often arise with brain injury, but those with brain injury show specific marked sensitivity to stimulant meds, need specific additional attention, and will profit significantly from some of the newer interventions such as neurofeedback.

☐ 7. Missing the Therapeutic Window:

Solution: The Therapeutic Window is essential for medication adjustment and, on a reasonable estimate from many second opinions, less than 10% of practitioners either use the window or consider it. Knowing about the Therapeutic Window and the simple application of basic “Window” principles will make you an expert with your own care. The “Window” principle will help your practitioner dial the stimulant medication dosage more specifically at each medication check. It’s a team thing.

☐ 8. Overlooking the Importance of Breakfast Protein:

Solution: Breakfast for many is rationalized into insignificance. Upon first review, it seems like almost everyone who comes in for a second opinion has somehow missed the necessary protein breakfast lecture. Review specific breakfast options, with multiple easy recipes to keep the breakfast naysayer on track, whatever their age. You can’t recover easily from ADD problems without a careful review of breakfast patterns. Proteins are neurotransmitter precursors. Said another way: no wood, no fire.

☐ 9. Overlooking Sleep:

Solution: Sleep may appear to be the easiest of problems to correct, but it is often the very hardest. First, one must overcome the denial, reference the sleep experts, and then simply must find ways to correct inadequate sleeping patterns. The experts say we need 8.25 total average hours to defrag the fragmented brain - but I won’t hold you to the .25! With specific attention to sleep progress becomes more predictable. Sleep correction often turns the tide.

☐ 10. Don’t Just Sit on the Bench and Complain:

Solution: Medical Team Play is essential to recovery. First, understand the easy, basic medication details, then, discover how to use simple rules to help manage your care for the long term. With team play, recovery and self-maintenance really becomes fun. When you understand these simple guidelines, you become a valuable team member. Your medical professional will look forward to your input. My basic philosophy is simple: I train you how to tell me, or anyone, how you can play on the team. When you get it, you tell me your observations about your progress - then we are both more effectively into the real game.

So why did I write this new book? - *The ADD Medication Management Details Are Exciting, Fun to Discuss, and Can Be Measured by 7 year olds!*

1. Start from this *shocking, but accurate perspective*: Many are treating ADD, the most pervasive attention problem, by simply, paradoxically, ***not paying attention to the details....*** Does it make any sense to think of painting a big ADD barn door, with multiple wooden wrinkles, by filling a carefully selected paint can, stepping back for a distance, then heaving the whole can of paint at the door? What about those conspicuous edges?
2. This regular team/office oversight often brings those suffering with ADD/ADHD considerable pain and layers of interpersonal misunderstanding - and functional developmental arrest. And no one is to blame. We have not defined accurate, clear targets, and regularly miss the cognitive fix-it mark in a cloud of medication-check maybes.
3. The Medications Solutions, the Details, are simple, predictable, easily understood, actually fun to use, and will significantly change the way we use medications. *Precision is easy* if you mark and assess specific targets - treatment objectives.
4. Without specific targets and no details, inevitable problems arise. Without maps, all travelers are lost. With these new maps, you can find new trails to walk out of the ADD woods. I look forward to your joining me on this next essential journey.

SO: Please go to: www.corepsych.com, and sign up **right now** for the **Early Bird Special Discount before the book is published**. Do pass this checklist to your friends and family - feel free to email it to anyone so they can receive the discount for the Early Birds. No obligation to purchase - emails not shared, period. Do this before the publication date end of September ‘08 to get in on the big discount. Also for Early VIP sign up: you can send blank email to: cp-345070@autocontactor.com