

The
Patient's Guide

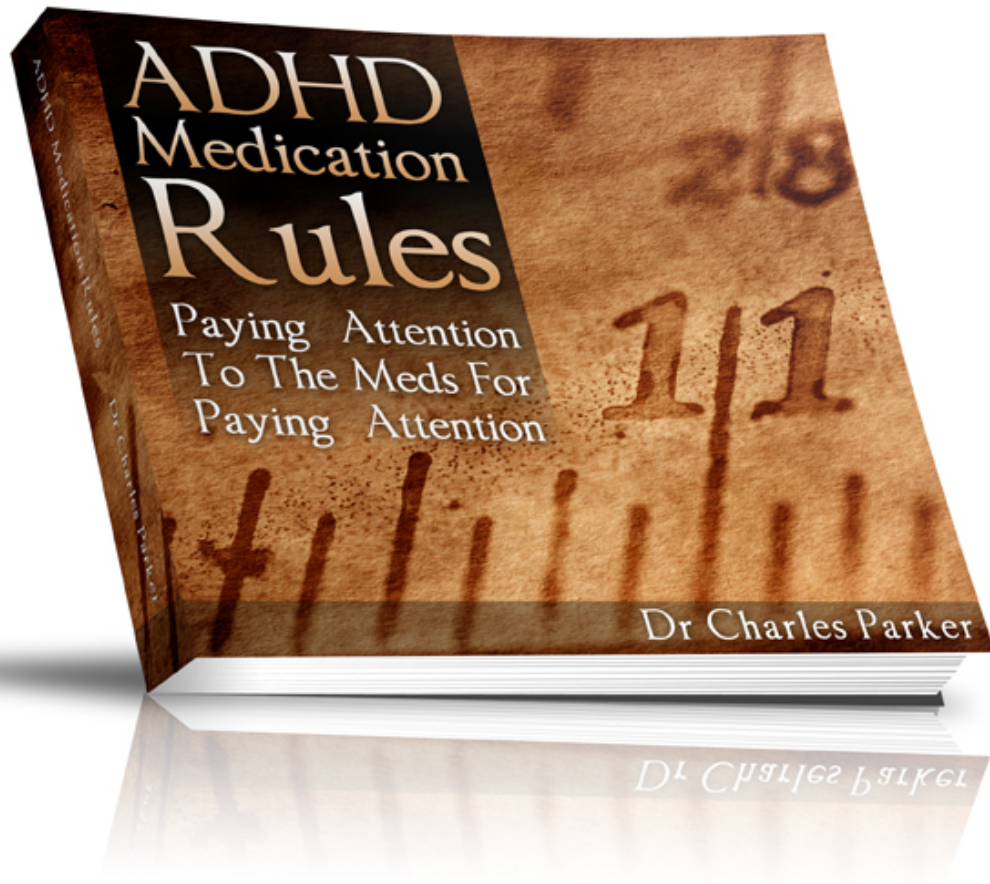
ADHD

Medication Rules: Paying Attention To The Meds For Paying Attention

SAMPLE COPY - 1ST ED

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The Second Edition, 147 Pages, Is Also Digital,
But Landscape, Linked Throughout
This Is A 3-D Cover Representation
- A Significant Improvement -

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The real voyage of discovery consists
not in seeking new landscapes,
but in having new eyes.

Marcel Proust

Table of Contents

Section I: First Things First

Beginning Treatment, First Identify Target Objectives

Overview	-----	11
----------	-------	----

Chapters

1. Right Drugs For The Right Diagnosis	-----	19
2. How to Get Past Outward Appearances	-----	30
3. Acting ADHD: Acting Without Thinking	-----	35
4. Thinking ADHD: Thinking Without Acting	-----	38
5. Avoiding ADHD: Not Thinking And Not Acting	-----	53
6. Measure Metabolism: The Burn Rate	-----	64
7. Depression & Anxiety: ADHD Confusion	-----	84
8. Furious Minds: Bipolar And ADHD	-----	99
9. Unpredictable: Brain Injury And ADHD	-----	108

Section II: Monitoring Medication Progress

Improved Structural Grids for Medication Management

Chapters

10. Shoot For Your Therapeutic Window	-----	122
11. Breakfast Matters	-----	137
12. Sleep For Brain Defrag	-----	150
13. Managing <i>With</i> Your Medical Team	-----	161

Conclusion	-----	168
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Chapter 1: Right Drugs for the Right Diagnosis - SAMPLE

The experimenter who does not know what he is looking for will not understand what he finds.

Claude Bernard, Physiologist

This introductory fact is basic: ADHD medications don't work correctly if you miss even a part of the diagnosis. For example, the *most frequently missed* ADHD diagnosis: Overthinking ADHD, is simply not in the diagnostic books, and the specific detailed questions are pervasively, dangerously, overlooked - more on that specific diagnostic subset in chapter 4.

The brain function of any individual who has ADHD is infinitely more complex than the three current subtypes of "hyperactive, inattentive and combined." While useful in a certain limited context, these three labels are actually shallow subsets, representing what I call "appearance labels" - that is, how a behavior looks *on the outside*.

A succinct ADHD history lesson: One reason why adult ADHD was so slow to be recognized was that the medical community long ago defined the condition as associated with "physical hyperactivity." The trouble is that only a relatively small percentage of adults and children manifest the physical hyperactivity so frequently set as the bar of recognition for ADHD. Actually, when I started my training in Child Psychiatry the diagnosis was "Minimal Brain Dysfunction" and the patient had to have actual neurologic signs (for example: an atypical spastic gait) to meet the criteria for ADHD diagnosis.

The thinking then was that since the observed fidgetiness tended to fade by adulthood, then the condition itself disappeared. Instead, we now know that individuals became more mentally hyperactive, and less physically hyperactive as they

grew into adulthood. Moreover, we've learned that even children can display *not a bit of hyperactivity* and still have significant ADHD. As science has deepened our awareness of ADHD we're rapidly leaving one-dimensional, less dynamic, superficial descriptors behind.

Regrettably, some are still guided by these outdated simplistic descriptive labels, words that don't touch the humanity or the person, much less the complex behaviors associated with patterns of the brain activity revealed even upon a casual interview (see Chapter 3).

The current ADHD Diagnostic Statistical Manual [called DSM-4R] coding strategy creates an inadequate and often-cloudy set of surface criteria that in the context of modern science insufficiently addresses ADHD as a clinical condition, and, by default, creates significant confusion concerning medication management. How can you measure inattention or hyperactivity accurately from both the patient and the doctor's perspective?

Fortunately, we now have access to more specific hard-data objectives that effectively correlate with new findings in brain and body science. These findings coordinate well with the remarkable advances in psychopharmacology,¹ and make the entire medication management process more predictable. In other words, a few small, easily understandable changes in the language and conversation in the office can make the entire medication management process more predictable.

Those shadowy, superficial labels and oversimplified targets encourage repeated ambiguous outcomes. And don't expect an improvement with the DSM-5.² As

¹ The use of medications and supplements for psychiatric difficulties

² Notes on DSM-5 from [CorePsych Blog](#)

Alfred Korzybski noted in his landmark review of the history of science, *Science and Sanity*,³ words can limit thinking. Words, in fact, are the maps, not the territory.

If words are not things, or maps are not the actual territory, then,, the only possible link between the objective world and the linguistic world is in structure, and structure alone.

Alfred Korzybski - Physicist

Current labels leave many with no precise medication plan but to vigorously throw cans of paint at a large barn door, inappropriately expecting to cover the outlying corners with an ballpark pitch from a distance too far.

On the other hand, accurate clinical targets routinely provide predictable outcomes and encourage specific office objectives for every medical team, for every prescription. Murky language, murky labels create nonspecific targets. Modern science will give us the underlying ADHD treatment data and biological facts.

ADHD Diagnosis Involves More Than a Description of Behavior

ADHD is a specific, biologically-based brain dysfunction, not a personality trait, a character disorder or a symptom of willfulness. It's a result of internal brain and body activities, not simply an external appearance. ADHD is a neurophysiologic process that extends far beyond platitudes and conjecture. ADHD processing problems dwell much deeper than the three official subtypes' names might indicate: "hyperactive," "inattentive" and "combined." ADHD is far more complex than "fidgeting" or "daydreaming" or some descriptive combination thereof.

Quickly the obvious question arises regarding description: We know it is very easy to distinguish blondes from brunettes. Description is the easy way out. But should we treat that easy way, based on hair color (outward appearances)? You say,

³ Korzybski, A *Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics* 4th Ed 1958.

“Of course not!” But that's precisely what happens when we treat *appearances* and not *people*.

Interestingly, blonds and those with ADHD suffer the same derision - based upon appearances.

Many still ask anyway: “Am I ADD or ADHD?” Just remember, those old labels are lifeless, and won't help you target your real disorder. You are far more than a label, and ADHD doesn't nearly cover the complexity, the variables that should be on the treatment-observation table. And the most important point: that label often won't get you where you want to go.

Labels create imprecise targets.

Medical Imprecision In the Current Treatment Process

First, it's helpful to start with the easy and sometimes useful tip of the ADHD iceberg: what it looks like on the surface. Description *is* useful, but should be the *beginning* of the inquiry, not the end. After that surface grid is set, we can take a deep dive beneath the water and further delineate the complexity of dangerous underwater structures that so frequently impede essential navigation.

Remember, the tip of the iceberg didn't sink the Titanic.

Diagnosis By Medication: To Be Avoided

Moreover, ADHD diagnostic processes should involve much more than an experiment with medications. Too many say that ADHD diagnosis is easily accomplished with a “trial of stimulant medication.” In other words, if you get better, you have ADHD. (Recent studies have confirmed that such an approach is completely unfounded scientifically.) Such a capricious “diagnostic” process is completely

unacceptable, no matter who suggests it, and is an example of the present diagnostic confusion that is so widespread. “If you don’t know what to do, try this.”

Here's a related sticking point: Many current psychiatric diagnoses that imply black-and-white superficial choices are oversimplified, descriptive and insufficient to address all of the underlying, heretofore-unseen problems. ADHD diagnoses present a challenge much more involved than, “It’s either this or that.” The question isn’t whether you are inattentive or hyperactive, - what you look like. The more precise array of questions must drive deeper and answer: *exactly what is the underlying condition* and exactly how do we correct it effectively.

Without clear targets, without a bull’s-eye to aim for, how can we determine if we have hit the mark? Exactly what is the target for addressing challenges with “inattention” and how do we better discuss it with our physician? More accurately, what are all of the targets?

Most psychiatric problems are the result of more than one simple diagnosis. Because of this complexity, a broad net of multiple medical considerations should be cast out over the array of symptoms at the outset of any treatment. Among many other issues, ADHD medications don’t correct:⁴

- Hormone imbalance
- Malnutrition
- Lead toxicity
- Immune dysfunctions
- Depleted neurotransmitters

Moreover, the stimulant medications used to treat ADHD can worsen the symptoms of brain injury, and can seriously aggravate depression to the point of

⁴ For a review of 171 conditions that show surface ADHD symptoms see this [CorePsych Blog](#) post.

suicidal thinking if they are used incorrectly. ADHD has been viewed as a "simple" condition instead of a highly complex one, with much variability person to person.

Here's another sticking point: Sometimes ADHD medications work for a short period of time, even for the "wrong" disorder. For example, adrenal fatigue, measurable in many CLIA Certified Laboratories, will respond to stimulant medication for "cognitive exhaustion" on the short run, but will prove resistant and require much higher doses of stimulants in the long run, with potential catastrophic results. Wrong medication for the wrong diagnosis.

With the passage of time, however, even these medications that show promise on first blush often don't work consistently, or may actually exacerbate cognitive problems. At this point, the physician and patient often enter a long-term pattern of feeling as though nothing is working right. In fact, nothing *is* working right - because, again, they're aiming at the *wrong target(s)*.

Beyond Descriptive Diagnosis for ADHD

Just what exactly are we treating when we treat ADHD? If we don't know precisely what we are looking for, we will not find it, or might mistake it for something else. Let's start by framing the perspective of office questions we ask when evaluating for ADHD. (Chapters 3 - 9)

If we build a house without a foundation, just throwing up studs and drywall, it clearly won't endure over time. *Functional diagnosis* - that is, an understanding of the brain and body's physical systems which form the basis for ADHD symptoms and behaviors, should build the foundation of treatment. Nailing on medications should occur down the line, after the functional diagnostic foundation is poured and solid.

Change alone is unchanging.

Heraclitus, Greek Philosopher, 312 BC

The Diagnostic Importance of Context:⁵ Reality Does Change

One of the most essential, indispensable observations regarding our life experience is that the real world (our world "reality") *regularly changes over time*. We lose a parent. A child becomes critically ill. Stress mounts at work. The economy takes a dive. It rains before our picnic. Reality changes. ADHD treatment that worked before might not withstand the added stress of changing reality.

Most of our relationship difficulties arise from this elemental misunderstanding about our relationship with nature, time and change. As we become accustomed to cars, air conditioning and warm homes, we often assume that we can control nature and natural events, even death.⁶ In the short term, we may appear to have beaten the natural system. Science and labels have taken us to this measure of relative safety, denial, and limited appreciation for the passage of time and changes in reality.⁷

Nowhere is this problem more obviously expressed than in the inadequate (non-contextual), labeling we find with ADHD disorders. Most professionals currently think that ADHD is alive and well 24 x 7. Actually, ADHD symptoms appear in certain reality circumstances, and yet not in others, e.g. [+ on] at home and [- off] at work. Each place and time is characterized by different contexts, different levels of predictability and structure. Even predictable structures manifest change, but they often change with more slowly and predictability over time.

⁵ Context: The circumstances that form the setting for an event, statement, or idea – in terms that it can be fully understood and assessed.

⁶ Becker, E [*The Denial of Death*](#) 1997

⁷ Parker, C, [*Deep Recovery*](#) 1992

You heard it first here: *ADHD is a contextual disorder*, with ineffective functioning, predominantly of the pre-frontal cortex, in various realities, various contexts.

A brief explanation of “context” with ADHD: The prefrontal cortex uses working memory to organize reactions to change. ADHD challenges result in diminished working memory efficiency, slowing of the prefrontal cortex, in the context of these changing reality challenges ADHD flourishes:

1. Increased variables - More things to do than expected
2. Decreased structure - No specific support or clear rules
3. Absent a stimulating focus - It isn't exciting or interesting
4. Examples: Freshman year of college, freshman year high school, job promotion.

The "It Depends on Context" Diagnosis

ADHD is not like a viral infection or diabetes unless the ADHD patient is much younger - between 3 and 10. As folks with ADHD grow older it doesn't last all day, every day. Instead, it occurs in the context of changing reality and the brain's inability to organize and cope with that changing reality, over seconds or years.

If you suffer with ADHD, the more balls life throws at you, the more you'll experience a decrease in function. It'll get worse, too, if your cognitive supports (sleep, exercise, diet, a relationship with a friendly, operational pre-frontal cortex) start slipping as well (more later).

ADHD Diagnostic Context Reminders

The relevance of context and ADHD:

- ADHD occurs in a real *context*, in a specific *environment*, e.g. home vs work.
- ADHD intensifies with stress, e.g. rapidly increasing variables

- ADHD occurs in the context of specific biomedical realities, e.g. gluten sensitivity
- ADHD patterns most frequently show up in the context of real change, during transitions in life, e.g. divorce, changing schools
- ADHD symptom intensity changes over time and real circumstances, - you can train yourself to compensate, e.g. job mastery over time for those with ADHD
- ADHD is most frequently expressed in specific symptoms that involve thinking patterns in a specific context, e.g. different realities bring out ADHD - like parties
- ADHD is much more than a problem with academic performance and school context - consider the context of home, e.g. home has much less structure and more unpredictable realities.

Lifelong Implications And Cost On Many Levels

We cannot trivialize the gravity and lifelong consequences of failing to understand each person's distinct real-life challenges. This failure to comprehend those specific details of circumstance, and the failure to then create solutions will provide roadblocks that can last for years, indeed a lifetime, - indeed many generations of lifetimes.

Biomedical, Hard Data Assessments For Diagnosis

Hard data evidence for molecular and cellular dysfunctions that result in aggravating ADHD symptoms is increasingly available for everyday application. From neurotransmitter evaluations to functional brain imaging such as SPECT, the evidence continues to grow.

As a stand-alone evaluation process SPECT brain imaging changes the game, but only slightly.

One important additional point here about the evidence from SPECT brain imaging: Rather than adding to the disbelief in “functional” assessments, SPECT opens wide the ADHD diagnostic door to considering other revealing laboratory assessments that accurately render information on molecular and cellular physiology, hormone dysfunction and immune dysfunctions. If you understand the working relevance, the clinical significance, of SPECT imaging, and are seeking more precise answers, you will inevitably find yourself seeking even more specific, and often less expensive biomedical answers. (For those interested for additional notes on SPECT brain imaging, please see the Addendum here.)

Specifically, I have seen remarkable improvements by measuring biomarkers for neurotransmitters, immune dysfunction and hormone challenges,⁸ - to be discussed later. Noteworthy with the use of these new biologically based laboratory findings is the fact that subsequent interventions will often actually reduce the dependence on psychiatric medications when those associated comorbid functional conditions are measured precisely. And, quite importantly, these new evaluations are even more *economically accessible*.

Introductory Disclaimer

With *ADHD Medication Rules*, my mission is the same as at [CorePsych Blog](http://www.corepsychblog.com): to inform you without taking medical responsibility for your care. Much of what I tell you may seem like I am familiar with your current medical presentation, but since I am not, I do not make any recommendations personally, but rather write to encourage ways in which you can communicate more effectively with your current medical team. The mission with *Rules*: to help you understand how to improve your own care.

⁸ <http://www.corepsychblog.com/neuroscience>

How To: Summary On Diagnostic Evidence

Things do not pass for what they *are*, but for what they *seem*.
things are judged by their jackets.

Balthasar Gracian, Novelist, Philosopher

1. New brain and body laboratory and brain scan discoveries do tell us more about ADHD and the multiple possible associated conditions. A *comprehensive* diagnosis will lead to the most effective treatment.
2. Functional neuroimaging and new information regarding the biologic processes of brain function over time is changing the “how” of medication management.
3. Critical point: Diagnosing ADHD solely from superficial description and appearances (“hyperactive” or “inattentive,” or “combined”) often doesn’t provide an adequate target for resolution of symptoms.
4. SPECT and fMRI functional imaging results have been demonstrated in peer-reviewed literature for the last 20 years that imaging is useful in the diagnosis and treatment of ADHD symptoms.
5. ADHD is a contextual problem, occurring in the context of changing circumstances, and does manifest itself in associated emotional components that must be simultaneously addressed.
6. The brain is connected to the body, the endocrine system, the immune system, the many other neurotransmitters, and the overall state of nutrition - all of which are now measurable. Biomedical imbalances add to any ADHD problems.
7. Measure these other biological contributory factors to help with refractory⁹ diagnoses, even those treated for years.

⁹ Refractory: Not responsive to treatment