- Your ADHD Checklist -

# THE 10 BIGGEST PROBLEMS WITH ADHD MEDICATIONS

From Dr Charles Parker, www.corepsych.com, and www.corebrain.org

For more explicit info read ***Rules***, or download several free handouts and audios at http://www.corepsychblog.com/adhdbook. ***Rules*** is at Amazon: http://bit.ly/ruleswork

## *New ADHD Medication Rules*

*Paying Attention To The Meds For Paying Attention*

Check

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

Solution: "ADHD" describes only a surface set of symptoms. About 171 different medical problems look like 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 is based on brain function and the DSM-4 is based upon appearances. Psych testing often does not detect the actual underlying problem because it's mostly focused on DSM-4 criteria. Specific brain-function-based questions will change the outcome prognosis. Wrong diagnosis encourages the use of incorrect meds. Current diagnostic criteria are ambiguous, and far too many live in serious ambiguity denial.

## ☐ 2. Neglecting the Evidence of Metabolic Rate:

Solution: "Metabolic Rate" at first sounds like a mouthful, and beyond everyday 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. An easy example: A child may require much more, a greater dose, than a large adult: with stimulant meds, *size just doesn't matter* - yet so many practitioners repeatedly use weight, age, sex and hyperactivity levels to dose meds. Chronic medical conditions can leave anyone with a "bulletproof liver," and subsequent medication failure. Think leaky gut.

## ☐ 3. Overlooking Multiple Diagnoses:

Solution: Clarify the several diagnoses at the outset, 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 ADHD. The most frequently overlooked comorbid diagnosis? Cognitive Depression and Cognitive Anxiety lead the crowd. It's all about thinking, and very few have any appreciation of cognitive/thinking questions. They miss the 'mental' in the mental status.

## ☐ 4. Missing Depression with ADD:

Solution: Clearly document each subset of depression. Know the dangerous limits with the danger of depression, and the specific response to stimulant meds if depression is missed: think *increased depression*. Few appreciate the multiple drug interactions associated with a few antidepressants and stimulants – interactions are one of the biggest problems out there, for those with ADHD and/or Depression. I've seen these interactions several thousands of times. Most people overlook Clint Eastwood… stay tuned. Clint characters are reviewed in detail in

***New Rules***. Thinking depression is often misunderstood as personality or attitude, just as is ADHD.

## □ 5. Overlooking the Rules for Bipolar with ADHD:

Solution: So many think that bipolar disorder and ADHD don't coexist, or, if you have bipolar, you can't treat the ADHD with stimulants! Many more confuse bipolar with ADHD 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. One *can* treat both carefully, if you simply know what to look for, how to differentiate, and how to understand the dosage process.

## □ 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. ADHD 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 and measurement for neurotransmitter imbalances.

## □ 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 that important Window clinically or even 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. Window knowledge encourages improved team targets.

## □ 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 ADHD problems without a careful review of breakfast patterns. Proteins are neurotransmitter precursors. Said another way: no wood, no fire. Matches don't work without wood.

## □ 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 sleep 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, ADHD 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 effortless ***Rules*** to help manage your care for the long term. With team play, recovery and self-maintenance really becomes fun. When you understand these elementary guidelines, you become a valuable team member. Your medical professional will look forward to your input. My basic philosophy is straightforward: I train you how to tell me, or anyone, how you can play on any 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 ***New Rules***?

1. Start from this *shocking, but accurate perspective*: Many are treating ADHD, 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 ADHD 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. These commonplace treatment oversights often bring those suffering with ADHD considerable pain and associated layers of interpersonal misunderstanding – associated with 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. Many don't appreciate the importance of the details with ADHD medications.

3. The Medication Solutions, those details, don't require a medical degree. The solutions are plain, 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 ADHD woods. I look forward to your joining me on this next essential journey.

## ***New Rules*** Is Available In the Following Places:

1. Amazon in paperback: http://bit.ly/ruleswork
2. Amazon Kindle: http://amzn.to/medrules2
3. Nook: http://bit.ly/nookrules
4. CorePsych Blog: pdf – http://bit.ly/medrules

Easy Video Tutorial On ADHD Meds:

1. About 30 min: http://bit.ly/medtutor

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Thanks,

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Dr Charles Parker
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