

Table 38-4. MEDICATIONS USED IN THE TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

GENERIC NAME	BRAND NAME	DURATION	DOSEAGE RANGE	SIDE EFFECTS
METHYLPHENIDATE				
Immediate-release	Ritalin, Methylin	3–4 hr	5, 10, 20 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Extended-release	Milataste ER, Methylin ER	4–6 hr	10, 20 mg extended-release tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
	Milataste-CD	8–10 hr	10, 20, 30 mg extended-release caps	
	Ritalin LA, Concerta	8–10 hr 10–12 hr	20, 30, 40 mg caps 18, 27, 36, 54 mg caps	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Sustained-release	Ritalin SR, Methylphenidate SR	4–6 hr	20 mg sustained-release tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Transdermal system	Daytrana	>12 hr	patch	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
DEXMETHYLPHENIDATE				
	Focalin	4–6 hr	2.5, 5, and 10 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Extended-release	Focalin XR	8–8 hr		Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
DEXTRAMPHETAMINE				
Short-acting	Dexedrine, DextroStat	4–6 hr	5, 10, and 15 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Intermediate-acting	Dexedrine Spanule	6–8 hr	5, 10, and 20 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Lisdexamfetamine	Vyvanse	<12 hr	30 mg, 50 mg and 70 mg tablets	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
MIXED AMPHETAMINE SALTS				
Intermediate-acting	Adderall	4–6 hr	5, 10, 20 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Extended-release	Adderall XR	8–12 hr	5, 10, 15, 20, 25, 30 mg caps	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
ATOMOXETINE				
Extended-release	Strattera	12 hr	10, 18, 25, 45, 60 mg caps	Nervousness, sleep problems, fatigue, stomach upset, dizziness, dry mouth Can lead in rare cases to severe liver injury or to suicidal ideation
Bupropion	Wellbutrin	4–5 hr	100/150 mg tabs	Difficulty sleeping, headache, seizures
Bupropion	Wellbutrin SR, Wellbutrin XL		100, 150, 200 mg tabs	
TRICYCLIC ANTIDEPRESSANTS				
Imipramine	Tofranil	Variable	See Table 19-4	Nervousness, sleep problems, fatigue, stomach upset, dizziness, dry mouth, accelerated heart rate
Desipramine*	Norpramin			
Nortriptyline	Aventyl, Pamelor			
α-AGONISTS				
Clonidine		6–12 hr	3–10 μ g/kg/day bid-qid	Sedation, depression, dry mouth, rebound hypertension on discontinuing, confusion
Guafacine	Tenex, Intuniv	6–12 hr	1, 2, 3 mg tabs	Hypotension, lightheadedness

*Has been associated with deaths due to cardiac problems. Not recommended for children.
cap, capsule; tab, tablet.

The clinician should consider careful monitoring of medication a necessary component of treatment in children with ADHD. When physicians prescribe medications for the treatment of ADHD, they tend to use lower than optimal doses. Optimal treatment usually requires somewhat higher doses than tend to be found in routine practice settings. All-day preparations are also useful to maximize positive effects and minimize side effects, and regular medication follow-up visits should be offered (4 or more times/yr) vs the twice-yearly medication visits often used in standard community-care settings.

Medication alone is not always sufficient to treat ADHD in children, particularly in instances where children have multiple psychiatric disorders or stressed home environments. When children do not respond to medication, it may be appropriate to refer them to a mental health specialist. Consultation with a child

psychiatrist or psychologist can also be beneficial to determine the next steps for treatment, including adding other components and supports to the overall treatment program. Evidence suggests that children who receive careful medication management, accompanied by frequent treatment follow-up, all within the context of an educative, supportive relationship with the primary care provider, are likely to experience behavioral gains for up to 24 mo.

Stimulant drugs used to treat ADHD may be associated with an increased risk of adverse cardiovascular events, including sudden cardiac death, myocardial infarction, and stroke in young adults and rarely in children. In some of the reported cases, the patient had an underlying disorder, such as hypertrophic obstructive cardiomyopathy, which is made worse by sympathomimetic agents. These events are rare, but they nonetheless warrant

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**Piyush Gupta,PSN Menon,Siddarth
Ramji,Rakesh Lodha**



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Introduction to Maternity and Pediatric Nursing - E-Book Gloria Leifer, 2014-10-01 Part of the popular LPN Threads series *Introduction to Maternity Pediatric Nursing* provides a solid foundation in obstetrics and pediatric nursing An easy to follow organization by developmental stages discussion of disorders by body system from simple to complex and health to illness and a focus on family health make it a complete guide to caring for maternity and pediatric patients Written in a clear concise style by Gloria Leifer MA RN this edition reflects the current NCLEX test plan with additional material on safety health promotion nutrition and related psychosocial care provides clinical information and insights in a concise structured and informative way that encourages critical thinking Reviewed by Kim Shrieves on behalf of Nursing Times April 2015 Concise yet comprehensive content is presented within the scope of practice for the LVN LPN but with sufficient depth to facilitate students in a ladder program allowing them to be successful with the ADN program requirements for the specialties Step by step procedure lists throughout the text help you master important maternity and pediatric nursing processes with Skills Performance Checklists available on the Evolve website Nursing Care Plans with Critical Thinking Questions reinforce the nursing process and strengthen problem solving skills as applied to maternity nursing Logical organization of content from simple to complex and health to illness makes locating and accessing information easy Key terms with phonetic pronunciations and text page references help improve terminology and language skills of English as a Second Language ESL students and students with limited proficiency in English before they enter clinical practice Health Promotion boxes emphasize the importance of family centered care health promotion and illness prevention women s health issues and growth and development of child and parent to help you understand and teach wellness and disease prevention to patients in your care Nutrition content highlights the importance of proper nutrition for women before during and after pregnancy for those who are breastfeeding as well as critical information about the nutrition needs and problems of newborns infants and children Nursing Tips throughout provide pertinent information applicable in the clinical setting that reinforces what you have just learned while building on previously learned information NEW Unfolding case studies with illustrations follow first time parents Tess and Luis throughout the stages of pregnancy and birth of their twins with a series of critical thinking questions NEW Updated NCLEX exam style review questions have been revised to a higher cognitive level to better reflect the NCLEX examination NEW Expanded coverage of bioterrorism and natural disasters better reflects the evolving role of the nurse in disaster situations NEW Enhanced appendix includes Pediatric Lab Values for quick and easy reference

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Manual of Pediatric Balance Disorders, Second Edition Robert C. O'Reilly,Thierry Morlet,Sharon L. Cushing,Jacob R. Brodsky,2020-01-24 This thoroughly updated second edition of Manual of Pediatric Balance Disorders remains a vital resource for clinicians and students specializing in pediatric vestibular and balance disorders The text is organized for effective use in the clinic classroom bedside or laboratory and is separated into four parts Basic Mechanisms Clinical Evaluation Pediatric Vestibular Disorders and Treatment Each chapter ends with Self Assessment Questions to aid in reader comprehension and address important chapter topics Manual of Pediatric Balance Disorders features contributions from 45 experts across the fields of otolaryngology audiology neurology and physical therapy and represents the distillation of years of cumulative clinical and research experience New to the Second Edition New Co Editor Jacob R Brodsky MD FACS FAAP Five new chapters with the latest research and findings on various testing and topics in pediatric balance disorders o

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