

Predictable Solutions For The 10 Most Common Challenges With ADHD Medications -The Virtual ADHD Conference - Oct. 2009

Dr Charles Parker [CorePsych](#) - Use the [Solutions](#) pdf for reference links - Use the second icon there for bookmarks to scroll the copy.

Overview

ADHD treatments, especially medication intervention strategies, appear deceptively easy at first glance – but require more insight to cover the details. Effective translation of the science will encourage predictable outcomes.

Content and Process

The challenges can be simplified into two groups:

1. **C** - Content Difficulties – The specific *what*: treatment targets, comorbid conditions, and the specific delivery characteristics of the meds.
2. **P** - Process Difficulties – The specific *how*: medication activities, how they work, how they work in specific contexts – drug interactions, duration, and dosage strategies.

Functional Targets

C - New science, new tools are slowly changing the treatment landscape as they provide new, specific evidence for specific targets: changing from simply descriptive diagnosis [external evaluation process,] to function, a more internally evaluated process, confirmed by hard facts.

Metabolism Matters

P - Metabolic rate, the specific way medications burn, the burn rate is often overlooked. If you don't understand burn rate, meds become very unpredictable, very quickly.

Prioritize Diagnoses

P - Multiple targets require a specific set of protocols, a hierarchy of interventions. Miss this point, put the cart before the horse, and big problems arise quickly.

Depression Watch

C - Surprisingly, depression is often overlooked, and when it is identified, the drug interactions with stimulants multiply. Remember *Gran Torino*.

Bipolar Watch

C – Differentiate Bipolar from ADHD – many confuse these presentations for a lifetime. Bipolar opens the door for considering more complexity, and more informed medication strategies.

Brain Injury Watch

C - The most dangerous comorbid condition, predictably impulsive when medications are not adjusted correctly. Non-compliance often creates challenges, and ADHD is often missed.

Therapeutic Window

P – The Therapeutic Window provides specific operational medication grids. With the latticework of the Window, the tops, the bottom and the sides regularly, repeatedly watched, errors diminish markedly. Take the extra time. Think DOE.

Breakfast Matters

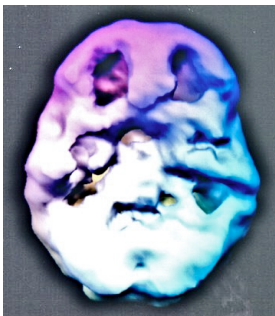
C – Specifically, a *protein* breakfast matters. New science evidence with neurotransmitter precursors and extra-synaptic interventions involves the simple act of eating correctly for the best results. Meds work on the synapse; a protein breakfast works on the brain.

Sleep Defrags

C – Sleep will defrag your brain desktop. If sleep is not addressed specifically, the meds will simply not work, and repeated treatment emphasis will be to adjust the un-adjustable. Sleep resets the brain; meds reset dopamine.

Team Play

P - Focus on specific medication expectations and results. With science so rapidly evolving, good team communication provides an essential foundation for clinical progress over time. The single imperative: Start with an agreed upon communication grid – set it up at the outset.



Thanks for the opportunity to work together on this interesting ADHD educational program. I hope these details will help you on your personal mission.

Thanks to Jennifer Koretsky and her excellent Virtual ADHD staff for their assistance with my part on this project.

See you over at [CorePsych Blog](#),
Talk soon,

Chuck

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