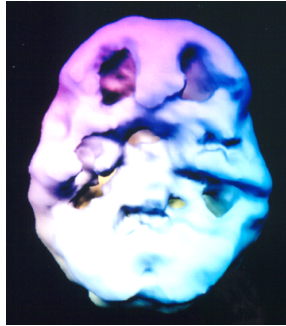


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Review Last week: ADHD and TBI: Hopes, Cautions, Medication Protocols

Program 9: Today – ADHD Medications: Using the Therapeutic Window For Best Results

If you simply pay attention to these basic details the possibility of the biggest two problems with ADHD medications are almost naturally corrected - no more frustration, no more fear of adverse effects. This program is a summary of several articles already published at EzineArticles on the Therapeutic Window: [<http://ezinearticles.com/?expert bio=Dr Charles Parker>].

I Overview: Sides, Top, Bottom The big picture.

7 Tips To Recognize The Window

1. **The Sides: The Entire Problem with Stimulant Meds** can be summarized in two ways- **Too Much, or Not Enough** - the Therapeutic Window is the correct dosage, not too much, not too little, lasting exactly the right duration through the day. Stimulant meds don't last all day, thus the problem with timing. Everybody is built different metabolically, thus the problems with dosage.

2. **The Therapeutic Window is specific for each individual adult or child**

3. **Stay away from the Top of the Window:**

4. **Watch for the Bottom of the Therapeutic Window:** 5. Watch for the Sides to find the DOE, Duration of Effectiveness: Each stimulant medication lasts only a specific duration. If you are under that expected duration and the sides do not cover it properly as noted in the "Sides" article, you are underdosed. If you go past that expected DOE, you are on too much.

6. **Drug Interactions do occur and may cause unpredictable** diminishing. - More here on 2D6, an important metabolic pathway.

7. **Denial of the Importance of the Window:** If you don't think about it, if you don't know it's there, you simply cannot target it. If you don't target the

'Window' you are either shooting geese at night, or simply throwing cans of paint at the barn door.

II The Insufficient Bottom:

Often ADD/ADHD medications aren't targeted, or dialed carefully in, for the Entire Day, but rather set for an inadequate objective to just "get through work or school." This problem has been with us since much before the 1960s - is Paleolithic - and simply does not address the 'bewitching hours' of 4-8 PM.

7 Tips to Find and Correct Insufficient Duration Through the Day

1. **Look for that longer objective:** It may sound simple, but with the new drugs we can significantly change our PM objectives. The new drugs such as Vyvanse and Daytrana will last 13-14 hrs easily, but just take some time to ask the questions carefully and then adjust the dosage.

2. **DOE, 'Duration of Effectiveness,'** evaluation must come up at every medication check. If your doctor doesn't ask about it, you must think about it anyway to encourage the discussion.

3. **Know The Characteristic Subsets of the PM Drop:** - Each medication reviewed in detail for DOE and characteristic drop in PM.

4. **How Vyvanse covers 12-14 hr:** Increase it carefully with 10 mg increase in the AM will add about 2-4 hrs on the PM bewitching hours.

5. **How Daytrana can cover 12- 14 hr:** I like both of these medications because compliance goes up with less afternoon dosing, and there is no need to remember that PM dose.

6. **Adderall XR, Concerta, Focalin XR, Metadate CR Durations:**

7. **Teach the children at the outset:** It is harder for them to know what to look for setting these PM treatment objectives. Spending just a little time at the front end will help them feel like part of the team.

III The Toxic Top

Simply stated: The Top is too much, the Bottom is too little.

7 Tips to Find and Correct The Toxic Top

1. **The Reasonable Objective** - No side effects:

2. **Recognize Too Much:**

3. **Toxicity Timing: All Day Problems** - Toxicity may appear as absolute: All day buzzing.

4. **Toxicity Timing: On and Off Problems** -Toxicity may appear as cyclical, mercurial -- off and on -- with hyperfocus and subsequent inability to focus.

5. **"Drugged" Is Too Much:** Simply feels like you are toxic; it's just too much. You shouldn't feel stoned or drugged.

6. **More Symptoms at the Top:** Confusion, disorientation, cognitive stress, anxiety, are all increased, while self-expression diminishes.

7. Different Stimulant, Different Tops: Stimulants Adjusted Incorrectly: If you feel these kind of symptoms for the first couple of days after starting a new med, usually no problem.

III The Understandable Sides

The 7 Tips For The Sides of The Therapeutic Window

1. **The Sides of the Window Are Based Upon Time:** The Expected DOE - Duration of Effectiveness
2. **Know the Medication DOE Expectations from the Outset:**
3. **Measure Precisely the Time DOE At Every Meeting:** Easy questions: "When did you take it and when does it stop working?"
4. **The First Side Objective - AM Onset:** All meds should be working in 30-45 min after taking the medication.
5. **Regulating the AM Onset; Protein Breakfast is Essential**
6. **The Second Side Objective - The PM Release - When They Stop Working:**
7. **The Mystery Objective: The PM Release with Vyvanse**