

# MEDICAL MEMO

Kevin Leehey, M.D.

Child, Adolescent and Adult Psychiatry; Board Certified

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## New Medicines For ADHD

Three new versions of slow release methylphenidate have come out in 2000.

First I'll provide some technical information for those interested. If not interested, skip to the next paragraph. Methylphenidate (MPH) is the chemical and generic name of the medicine most known by its brand name Ritalin. It is the medicine most studied and best documented to help ADHD and with considerable safety. To avoid confusion I will only use the name Ritalin in this article to refer to that brand form of methylphenidate. Brand names are capitalized and generics are listed here uncapitalized. Also be aware that slow release (SR), and extended release (ER or XR) mean the same thing - a longer lasting preparation of a medication designed to be taken less often. Companies use varying production techniques to achieve this longer action - sometimes with capsules (Dexedrine SR), sometimes with coated non-splittable pills (Ritalin SR, Metadate ER, Methylin ER), sometimes with multilayer osmotic pressure sensitive pills (Concerta), osmotic pressure sensitive capsules (Effexor XR), or a medicine whose pharmacologic properties make it a long lasting med without any extra

production creativity (Cylert = pemoline). Too often Ritalin (or methylphenidate) SR 20 mg pills do not last long enough for once a day dosing. They also are too often less reliably effective than the regular (non slow release) forms.

**Metadate ER** is a new extended release brand of MPH (methylphenidate) that comes in a 10 and a 20 mg size pill. It became generally available early this year. Its prime advantage is the 10 mg option. Ritalin SR and the generic methylphenidate SR have previously only made a 20 mg size which is not designed for splitting. Duration seems no better than Ritalin SR. It is too early to tell about reliability of effectiveness.

**Methylin ER** is another extended release brand of methylphenidate produced in 10 and 20 mg size pill. This became generally available this summer. Methylin also produces a regular, non slow release form in 5, 10 and 20 mg size pills since 1999. It is too early to tell about either duration or effectiveness. Methylin seems to be pricing at or close to generic prices.

**Concerta** was approved mid August 2000 as a new slow release form of methylphenidate in 18 and 36 mg pill sizes. (See "ADHD" page 3)

## Tips For Parents To Help Youth In School

So you want to help your child or teen have school success? Here are basic tips to begin from at least kindergarten and build on through elementary school and beyond. Much of this remains valuable through middle and high school and should only be backed off on if your youth has incorporated on-going effective methods into his or her study routine. These techniques, once established, remain basic keys to success in college, work, and life.

Colleagues at Casey Family Programs, led by education specialist Sharon Bergdolt, put together this very helpful list. I present it here with permission and some editing.

1) Do you know your child's teacher?

- Have you contacted your child's teacher at least once per quarter?
- Have you told your child's teacher how to contact you?
- Do you know your child's schedule and what s/he will be studying this semester?

2) Do you ask to see your child's completed work, assignment calendar, and tests?

- Are you aware of your child's daily homework assignments?

(See "Tips" page 4)



## 10 Tips to Improve Your Sleep

In this article I build on an article from the Arizona Daily Star 8/11/00 written by Loni Nannini. These principles emphasize “sleep hygiene” which is what you do to increase your readiness for healthy sleep.

**1) Take time out to snooze.** Children and teens need 8-10 hours of sleep a night. Adults typically need 7-10. Few teens and adults get enough sleep due to too busy schedules and “other priorities.”

**2) Start and stick to a regular sleep schedule.** Failure to maintain a consistent bedtime and waking time - weekends, holidays, and vacations included - is the most common cause of a disordered sleep cycle. This is extremely common in youth returning to school after summer or other breaks and is by far the main reason so many youth are drowsy, not alert, or falling asleep in class. (This is called Sleep Phase Disorder and is detailed in my Sept. '97 newsletter.

**3) No naps allowed.** Naps decrease the ability to fall asleep at night. A nap makes you less likely to be tired at an optimal bedtime thereby causing sleep or sleepiness in the morning when

you need to get up. Naps worsen Sleep Phase Disorder. Remember, the key to correcting sleep Phase Disorder is adjusting the time you get up. This allows the body's clock to reset from a night (nocturnal) or evening shift schedule to the typical day job and school day schedule.

**4) If you can't get to sleep, get out of bed.** Some people with chronic sleep onset problems (a common type of insomnia) have developed a negative conditioned response to their bed or bedroom due to repeated unpleasant experiences of frustration trying to fall asleep. They need to get up and do something else until they feel sleepy and only then go to bed. If reading or watching TV in bed doesn't make you sleepy inside 15 minutes, then don't do it!

**5) Cut out caffeine and other stimulants 4-6 hours before bedtime.** Caffeinated beverages (coffee, most soft drinks, most teas) nicotine, and some nutrients, herbs and medicines stimulate the central nervous system making it difficult to fall asleep. Some health supplements and over the counter pain (especially headache) medicines contain caffeine. Most diet aids have caffeine or a stimulant or both in them.

**6) Set the scene for slumber.** Temperature extremes, bright lights, loud noises, etc can inhibit sleep. Try using your bed and bedroom only or mostly for sleep - not music, TV, or work, etc. Especially important is a 30-60 minute wind down period before getting into bed. This may include light reading, soft restful music, prayer, meditation,

or various relaxation techniques. Difficulty turning off the day's cares and worries is one of the biggest disruptions to sleep onset.

**7) Try a bedtime snack.** A light snack such as a few cookies and milk may help you wind down. Avoid heavier snacks or meals close to bedtime as they can interfere with sleep and put on needless pounds.

**8) Regular exercise promotes restful sleep.** Vigorous (if your doctor approves) exercise helps most, but any exercise, including walking, will help. Exercise can be anytime except 1-2 hours before bedtime. Of course, exercise typically promotes health in many other ways, as well.

**9) Snoring sometimes indicates sleep apnea.** Severe snoring and daytime sleepiness can be evaluated by your physician or a sleep clinic.

**10) Use sleep aids with caution.** It is often advisable to try several or all of the above before taking prescription or over the counter sleep medicines, herbs or supplements. Seeing your doctor first to rule out other health or unsuspected causes of sleep problems and to identify proper treatment is best. Some therapists can give good advice in tailoring an individualized plan to improve sleep. Depression and anxiety are common causes of sleep disorders. The use of even over the counter or herbal medicines and remedies for sleep should be monitored by a knowledgeable physician. See my medication charts for further information.

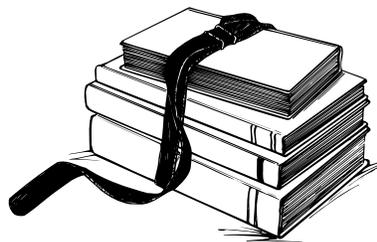


## Tips To Get Homework Done And Turned In

Too often neither the youth nor the parent is aware of or considers the several necessary steps in the process of getting homework assignments, doing the assignment, and turning it in. Grades are often hurt by this very scenario, especially as youth move into middle school and high school and can even lead to failure at college and later. It is thus so important to build this into a routine in elementary school and ensure it carries through in middle and high school. When it becomes second nature the youth will be able to

carry this self discipline into college, vocation, career, and indeed into life success. It is best to start this routine early, don't wait for problems. The parent should not bow out until the successful routine is demonstrated and maintained each year at school. I often hear parents express uncertainty about where things went wrong or about what steps to follow to teach or help the process. Well, here it is, simply listed, direct and clear.

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“Homework needs to be seen not as an intrusion but as a daily occasion where major tasks and opportunities of growing up are worked through.”

Howard Gardner

- 1) Listen in class and hear the assignment.
  - Does the student have a place to write down assignments?
  - Are the assignments written down?
  - Does the student understand the assigned task?
- 2) The assignment and supplies needed must arrive home together.
  - Does the student understand what resources are needed?
  - Did the student bring home needed resources and references?
  - Does the student need to go to the library?

(See “Homework” page 4)

### ADHD (Cont. from page 1)

Concerta is a 3 layer pill which claims 10-12 hour duration produced by its release of medicine slowly via osmotic pressure as it passes through the intestines. It is a unique design and so maybe (hopefully) it will work better on duration and effectiveness. If so (and time will tell) it will be a quite significant advance. Very positive experience with Effexor XR, which has a partially similar design, gives good reason for hope.

Of course, the previously available generic and brands of

Ritalin (methylphenidate), dextroamphetamine (Dexedrine regular and SR, Dextrostat), and Adderal (half dextroamphetamine and half amphetamine) remain available. Each has their advantages and disadvantages - please see my medication charts for details. The amphetamine options are stronger and last longer than methylphenidate. These and the new forms mentioned above all together make up the group of psychostimulants which are typically best for the distractibility, inattention, concentration problems, and

hyperactivity of ADHD.

Page 2 of my ADHD charts show second choice options such as Imipramine, Effexor, Wellbutrin (bupropion) which may help more for mood, depression and anxiety. Tenex (guanfacine), and clonidine may be better for impulsivity, hyperactivity, help sleep, and avoid or decrease tics. Occasionally, Serzone, Buspar, or amantadine may benefit ADHD. All of these page 2 options are less likely to cut appetite than are the stimulants.

Tips (Cont. from page 1)

- Is your child’s academic performance at the appropriate grade level? If below expectations have you developed a plan to assist?
  - Have you reviewed the latest achievement scores? Do you understand what they tell you?
- 3) Does your child have an appropriate schedule, routine, and the resources to be successful at school?
- Does your child have a regular bed time that allows s/he to get up on time?
  - Does your child get up early enough to adequately prepare for school? eat?
  - Does your family eat at least one meal together daily?
  - Is there a table or desk for your child to study at? Is it free from distractions? Are assistance and supplies (dictionary, pen, pencil, paper, pencil sharpener, tape, scissors, eraser; perhaps a calculator, computer) available?
  - Is there a specific place in the house for your child to put backpack, school books, papers, etc?
  - Do you enforce a regular study time each day?
  - Is a parent available to help during study time?
  - Do you review your child’s planner (calender) and help organize his backpack DAILY?
  - After study time, does your child organize her school supplies for the next day? Are completed homework, books, pencil, pen, paper, money for lunch, etc organized for the next day? Are clothes for the next day laid out?
- 4) Do you model well for your child?
- Do you read? Do you read to your child?
  - Do you ask your child to solve household and other day to day math problems? read a map? count change? divide a pizza into even servings? etc?
  - Do you discuss current events with your child?
  - Do you build what your child is learning into your family’s everyday life?
  - Do you model and talk about the value of life long learning for its own sake?

Homework (Cont. from page 3)

- 3) The youth does the homework.  
Is there a specific time to do homework?
- Is the home environment supportive of learning, task completion, and turning it in? Does the youth have a table or desk to work at? Is it free of distractions?
  - Is assistance available? Are supplies easily accessible?
- 4) The homework gets out of the house and into school.
- Is the backpack and notebook clean and orderly?
  - Is there a special folder for completed homework?
  - Does the student organize his work each night?
- 5) The homework is turned in.  
Does the student know when and where to turn it in?
- Does the teacher give a list of missing assignments?
  - Does the report reflect completed work?

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Kevin Leehey, M.D.  
 1200 North El Dorado Place      Phone: (520) 296-4280  
 H-800                                      Fax: (520) 296-3835  
 Tucson, AZ 85715                      www.leeheyemd.com

