

THE STATE OF ADD/ADHD MEDICATION

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The State of ADD/ADHD Medication

WHY YOU MUST READ THIS SPECIAL REPORT:

This is a special report which you must read - if you or someone you care about has ever considered taking or has taken an ADD/ADHD medication.

This report will:

- Review the background of ADD/ADHD
- Discuss the role of medication in the treatment of ADD/ADHD
- Uncover the flaws in the current treatment of ADD/ADHD
- Reveal facts about ADD/ADHD medication which you absolutely NEED to know
- And much more...

While working in the field for 12 years, I have come to know for certain that each person with ADD/ADHD is a unique individual, with gifts, strengths and natural abilities.

The whole purpose of the treatment of ADD/ADHD is to get the 'disorder' out of the way so that we can uncover the natural gifts, strengths and abilities that are there.

The fundamental flaw with our current treatment system for ADD/ADHD is that there are factors working against you (or your loved one) getting the proper treatment that's needed.

The proper treatment for ADD/ADHD is a combination of multiple treatments. These include: behavioral strategies, parenting strategies, academic strategies, and medication.

Medication has been shown to be very helpful in up to 80% of people. If you or your loved one has been diagnosed with ADD/ADHD, I'm certain that the discussion about ADD/ADHD medication has already started.

Maybe you have already started a medication, or maybe you are still considering it.

No matter where you are on your path in treatment for ADD/ADHD, you need to be aware of the many factors which can interfere with you getting the best care that you need.

This report will discuss these factors, as well as educate you on the state of ADD/ADHD medication at this time. I have researched ADD/ADHD medications extensively, and relevant statistics will be presented to you

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throughout this report. Even a seasoned pro will find some of these statistics alarming.

These statistics can all be verified, and references for them are provided in the endnotes of this report.

Read this report carefully, to know what you need to know to make sure that you don't become another ADD/ADHD statistic.

QUICK FACTS:

- ADHD is poised to become the **world's leading childhood disorder treated with medication**.¹
- **1.5 Million Adults take medication for ADD/ADHD** - 10% of them over age 50, now take stimulants for ADHD.²
- Concerning the income of drug companies who produce ADHD medications: With **annual revenues of over \$2.6 billion in 2004**, and a **compound annual growth rate of 36.7% since 2002**, the ADHD market is one of the most rapidly growing CNS [CNS = Central Nervous System] markets.³
- It is estimated that fewer than 10% of adverse drug effects are actually reported.⁴
- U.S. household income losses due to attention-deficit/hyperactivity disorder (ADHD) total nearly \$77 billion each year.⁵

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WHO IS DOCTOR KENNY HANDELMAN?

Dr. Kenny Handelman is a Board Certified Psychiatrist in Canada and the USA. He's an Adjunct Professor of Psychiatry at the University of Western Ontario. He also won an Excellence in teaching award in 2006 from that University.

As an ADD/ADHD specialist, he's also a member of the Canadian Academy of Child and Adolescent Psychiatry. He writes scientific papers on ADD/ADHD as well as articles, news releases and special reports for the layman.

Dr. Handelman has been an advocate for ADD/ADHD patients and has been educating many groups about ADD/ADHD. These groups include: school boards, The Learning Disability Association of Ontario, family physicians, pediatricians, medical students and residents.

In 2006, Dr. Handelman appeared in 8 television presentations to educate the public about ADD/ADHD. And in 2006 & 2007, he was a guest on 12 talk radio shows about ADD/ADHD.

Dr. Handelman reaches thousands of people around the world with his website and newsletter, educating them about ADD/ADHD and the latest findings about it.

Dr. Handelman created this special report to update you on his view of the current state of medication for ADD/ADHD, and to provide you with an opportunity to learn more – to ensure that you get the best treatment that is possible for you or your loved one.



"Dr Handelman is a fresh voice in the world of ADHD treatment and education..."

"Dr. Handelman is a fresh voice in the world of ADHD treatment and education. In my professional experience, very few doctors and clinicians fully understand or offer the critical need for balanced education side-by-side with appropriate treatment of properly diagnosed ADD / ADHD..."

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... Dr. Handelman is likely to shake the very foundation of effective treatment and education methodologies that will then set the bar very high for others to follow...

I have no doubt that your understanding of ADD / ADHD will increase and as a direct result, you, your child, and your family will benefit from this knowledge."

Dr. Rory F. Stern, PsyD
Psychotherapist, Coach, Consultant
www.clinicalpracticeinnovations.com/



"Throughout The Years, I Have Gained So Much Valuable and Helpful Information From Dr. Handelman..."

I have been receiving Dr. Handelman's newsletters for years. I stumbled upon his website while surfing the internet for free informational resources about ADHD. Throughout the years, I have gained so much valuable and helpful information from Dr. Handelman. I appreciate so much all of the time and effort Dr. Handelman puts forth to help individuals with ADHD as well as for individuals working to help someone with ADHD.

Thank you, Dr. Handelman, for all the time you take out of your daily schedule and personal life to share your valuable information and research with others.

I especially thank you for the compassion you have to reach out and help others who also want to learn more about ADHD. I know from my own experience when I was first diagnosed with ADHD, I felt such a relief to know there was really an answer to many questions that remained unanswered for years.

There is definitely power in knowledge!

And I know that if people make the right choices with the information you've freely and willingly provided for them, they too will begin to experience freedom in many areas of their life that has been long overdue.

Thank you Dr. Handelman & May God Bless You & Yours!

Lynn Robertson
Memphis, TN

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"Dr Handelman Is Passionate About Educating Parents and Children About ADHD..."

I have known Dr. Handelman for a number of years.

He has a great sense of humor (a definite requirement for his type of work!) and is very approachable. He does not 'talk down' to kids or adults, and speaks in easy-to-understand terms. **He is passionate about educating parents and children about ADHD.**

His enthusiasm is quite contagious and you can't help but get excited about the information he presents in his various webinars and postcards. He is compassionate and very down-to-earth which are qualities that both kids and adults really appreciate.

I am honored to know him and am enjoying learning so much from him. **He has a wealth of knowledge** and with the use of the internet, he will be able to reach so many people and help them cope with ADHD.

Thank you Dr. Handelman for your support and for **your passion in educating parents & kids alike!**

Kim Yoshiki
Brampton, Canada

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INTRODUCTION:

If you are reading this report, no doubt ADD/ADHD has touched your life. ADD and ADHD are very common diagnoses in our society. Research shows that 5-7% of school aged children and teens have ADD or ADHD. This statistic has been shown to be accurate across the world and across multiple cultures. A recent study documents that 4.3% of American adults have adult ADD or ADHD. Although studies of adult ADD/ADHD have not been done in other countries, most experts assume that the rates are similar worldwide.

ADHD refers to Attention Deficit Hyperactivity Disorder. ADD (Attention Deficit Disorder) refers to the inattentive version of the same condition, although it is no longer the official term for the disorder – which is now ADHD. For the purposes of this special report, I will refer to the condition as ADD/ADHD.

When a child, teen or adult has ADD/ADHD, he or she experiences impairing symptoms in one or two of these major areas: Inattention, or Hyperactivity/Impulsivity. While all people may exhibit some symptoms of inattention, hyperactivity or impulsivity, when someone is diagnosed with ADD/ADHD it is because they have a high level of these symptoms – far beyond the regular range. Not only do they have symptoms at a higher level than people without ADD/ADHD, but they also have these symptoms in at least 2 or more settings (i.e. home, school, or work) and the symptoms impair their functioning.

“ADD/ADHD affects 5-7% of school aged children and teens.”

“...4.3% of American adults have adult ADD or ADHD”

Many people wonder why diagnosis and treatment of ADD/ADHD even matters. The truth is that when ADD/ADHD is not properly diagnosed and treated, it can lead to serious long term problems.

Research documents that untreated ADD/ADHD is a risk factor for:

- Doing poorly in school (i.e. not getting as far in school as is possible, or not graduating)
- Becoming addicted to drugs and alcohol
- Risky sexual behaviors (and more teen pregnancies)
- More injuries and accidents
- More car accidents
- More run ins with the police

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- Higher divorce rates (adults with ADD/ADHD)
- Impulsively ending relationships (Adults with ADD/ADHD)
- Trouble keeping jobs (Adults with ADD/ADHD)
- Etc.

HOW IS ADD/ADHD TREATED?

The best treatment for ADD/ADHD has been proven to be a combination of many components. In kids and teens, it includes:

- Academic Strategies
- Parenting Strategies
- Behavioral Strategies
- Medication
- Lifestyle: exercise, diet, etc.

In adults, combination treatment for ADD/ADHD includes:

- Life strategies
 - May be facilitated by an ADD Coach
- Cognitive Therapy
- Medication
- Lifestyle: exercise, diet, etc.

THE CURRENT STATE OF TREATMENT FOR ADD/ADHD:

Unfortunately, it seems that treatment for ADD/ADHD is often only provided as a prescription. Many parents of kids/teens and adults with ADD/ADHD are concerned that they are not getting full assessment and treatment for their ADD/ADHD.

“Unfortunately, it seems that treatment for ADD/ADHD is often only provided as a prescription.”

Although most parents of kids/teens with ADD/ADHD and adults with ADD/ADHD are committed to getting all of the help that they can, often times there are issues with access to services or funding for other treatments.

Mental health agencies are often inaccessible – with very long waiting lists, and sometimes limited treatments available.

The sad truth is that mental health (or psychiatry) often receives less funding and attention than ‘higher profile’ diseases like cancer, and heart

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disease for example. [Don't get me wrong – I am not against funding of diseases which need research and treatment – I am just an advocate for ADD/ADHD, and I am reporting what I and my patients have experienced!]

Also, if families are able to find the right treatments, often times these are not funded by their insurance and so they can't take advantage of them.

What becomes the default treatment?

A quick prescription.

This is sad, but true.

In the current healthcare environment, There are four factors which contribute to the 'quick script' treatment of ADD/ADHD:

**There are 4 factors
which contribute to the
'quick script' treatment
of ADD/ADHD...**

1. **A shortage of doctors who can assess and treat ADD/ADHD.** There is a worldwide shortage of Child Psychiatrists (and I have personally worked in Canada and New Zealand and experienced it first hand in two countries – and it exists in the US as well...), and there is a worldwide shortage of doctors who can assess and treat Adult ADD/ADHD.
2. There are often limits **to the funding of doctors' time** – so Doctors have less time to talk to their patients for as long as they need to. A classic example is how HMOs in the US often dictate how many minutes the doctor can spend with each patient for a follow up visit.
3. Because of #1 – i.e. the shortage of ADD/ADHD doctors - doctors' **schedules are often too jam packed** to allow for as much time as is needed with each patient. [I regularly struggle with the question – should I take more time with each patient, or should I see more patients? It hard to find a balance that works...]
4. Much of doctor's ongoing **education is sponsored by the big pharmaceutical companies.** Thus, the emphasis is often on medications, and not the combination treatments that are needed. The default action becomes a 'quick script'.

**"Research shows that
ADD/ADHD medication
works well for 60-80% of
people who take it."**

Although there can be a lot of controversy about people taking medicine for ADD/ADHD, the research shows that it works well for for 60-80% of people who

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take it. And they often have very few side effects if any at all. However, medicines should be taken in combination with other treatments which can be helpful and are needed.

THE BIG DECISION: MEDICINE OR NO MEDICINE?

It is a big decision to take medication for ADD/ADHD. This is especially true when parents have to decide for their young children, who may dislike taking pills and wish they didn't have to take them. In teens and adults, there is often the feeling that 'I should be able to just try harder, so I don't need to take medicine'.

The ongoing stigma of ADD/ADHD, and the lack of acceptance in society in general make people second guess themselves on a regular basis. The press often displays ADD/ADHD medication in a negative light – and this can affect the treatment decision.

Prior to making the decision regarding medicine for ADD/ADHD, each person has to be certain that these factors have been addressed:

1. A proper and thorough diagnosis has been made
2. Other possible medical conditions have been ruled out (for example hearing and vision problems which interfere with paying attention)
3. The doctor has looked for any other co-existing (comorbid) conditions.
4. Strategies have been implemented (or at least initiated) to provide a comprehensive approach to treatment of ADD/ADHD (behavioral, academic, parenting, lifestyle, etc.)

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THE CRITICAL DECISION MAKING PROCESS ABOUT MEDICATION FOR ADD OR ADHD:

The best way to make a decision regarding the use of medication for ADD/ADHD is to balance the risks and benefits.



This process is used in all treatment decisions in the field of medicine.

For example – the treatment of chemotherapy for cancer has serious side effects (hair loss, nausea, lowering the immune system – i.e. a common cold could become fatal, etc.). However, when balanced against the risks of not treating the underlying cancer – the benefits of the treatment outweigh the risks and side effects of it. This demonstrates how one can use the ‘risk benefit’ analysis to choose a treatment with very bad side effects.

When considering medicine for ADD/ADHD, you have to consider the risks of treatment, and balance them with the benefits of treatment. To ‘flip’ this the other way, you also have to look at the risks of not treating with medicine.

“When considering medicine for ADD/ADHD, you have to consider the risks of treatment, and balance them with the benefits of treatment.”

As we’ve explored, not treating ADD/ADHD can lead to significant long term risks. While not all of these negative outcomes happen to everyone, they are nonetheless serious risks which can be prevented with early treatment and intervention.

Also, as mentioned, most people who take medicines for ADD/ADHD have a very good response, with minimal side effects. Up to 60-80% have a great response.

Often, doctors encourage their patients to try the medication – i.e. ‘let’s test it out’. When this is combined with the factors described above (which limit the doctor’s amount of time with patients), often the prescription pad is quick to come out.

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To help you to understand the situation of medicine for ADD/ADHD, let's look at:

ADD/ADHD MEDICATION BY THE NUMBERS:

Here are some up to date statistics on ADD/ADHD Medication:

- ADHD is poised to become the world's leading childhood disorder treated with medication.⁶
- **\$2.4 Billion in 2004:** From Datamonitor research: 2004 revenues for ADHD medication in the U.S. were over \$2.4 billion. This accounted for 97% of worldwide ADHD drug revenues⁷
- **Nine time increase in prescriptions:** "Global use of ADHD medications rose threefold from 1993 through 2006..." The same time period saw a ninefold increase in global spending when adjusted for inflation.⁸
- **40.9% Annual Growth Rate in Spending on ADHD Medication:** From 1993 to 2000, spending grew steadily (about 17.6% per year), but after 2000 the annual growth rate increased more steeply to 40.9%.⁹
- **More prescriptions in US, Canada and Australia:** "Per capita gross domestic product (GDP) robustly predicted use across countries, but the United States, Canada, and Australia showed significantly higher-than-predicted use." More spending growth was higher in developed countries than in developing countries, because developed countries "adopted more costly, long-acting formulations."¹⁰
- World Federation for Mental Health launched an international campaign in April 2006 to improve diagnosis and treatment of ADHD in children.¹¹
- U.S. market shows that "American ADHD market dwarfs all others in terms of revenues."¹²
- **20 Million Children Worldwide:** More than 20 million children have been diagnosed with ADHD globally, but only 5-10% of children suffering with ADHD are estimated to be diagnosed.¹³
- **ADHD medicines are prescribed in 55 Countries worldwide:** In 1993, 31 countries had adopted the use of ADHD medications; by 2003, the number had grown to 55.¹⁴

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- **1.5 Million Adults take medication for ADD/ADHD:** One estimate [concerning adult prescriptions] is that 1.5 million adults, 10% of them over age 50, now take stimulants for ADHD.¹⁵
- **2000% Increase in Production of ADHD Medication:** The production of Adderall and Dexedrine, medicines used to treat ADHD, has risen 2,000 percent in nine years¹⁶
- The U.S. produces and consumes about 85 percent of the world's production of methylphenidate.¹⁷

Pharmaceutical Company Statistics and Information

Drug Name	Manufacturer	Revenue	Source
Adderall®	Shire Pharmaceuticals	23.6 million 43.1 million	2006 Financial Report 2005 Financial Report ¹⁸
Adderall XR®	Shire Pharmaceuticals	863.6 million 730.8 million	2006 Financial Report 2005 Financial Rpt ¹⁹
Concerta®	Alza Corp., a subsidiary of Johnson & Johnson	478 million	2000 Financial Rpt ²⁰
Daytrana®	Shire Pharmaceuticals	25.1 million Forecast sales: more than 350 million in 2010	2006 Financial Report ²¹ PharmaWatch: Monthly Review ²²
Dexedrine®	GlaxoSmithKline	20,078 million £ (Pharmaceutical only)	2006 Annual Review ²³
Dexedrine Spansule®	GlaxoSmithKline	(above)	
Focalin®	Novartis Pharmaceutical	264 million (Focalin only)	2006 Financial Report ²⁴
Methylphenidate (generic Ritalin®)	Generic		

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Metadate®	UCB	2.5 billion euro	2006 Financial Fact Sheet ²⁵
Strattera®	Eli Lilly Co.	15,691 million	2006 Financial Report ²⁶
Provigil®	Cephalon, Inc.	1,764 million	2006 Financial Report ²⁷
Cylert®	Cephalon, Inc.	(above)	

THE MEDICINES USED TO TREAT ADD/ADHD

There are many different medicines used to treat ADD and ADHD. In an effort to keep things easy to follow and understand (that's how I teach – so it's easy for you to understand!), all of the medicines can be divided into the following categories:

1. Stimulants
2. Non-Stimulants
3. Second and Third Line Treatments

STIMULANT MEDICINES:

The first stimulant medicine tested was benzedrine in 1937. Dr. Bradley tested this early stimulant medicine with children that he had observed who had excessive hyperactivity and distractibility (today, they would be diagnosed with ADHD). The medicine worked.

“The first stimulant medicine tested was benzedrine in 1937.”

In 1958, methylphenidate was released. You may not know the term 'methylphenidate', but no doubt you know its most common name – Ritalin. Ritalin was shown to quickly and effectively treat ADD/ADHD, and its use has taken off over the decades that it has been available.

A few years later, an amphetamine medicine came out – dexedrine (dextrostat is another name for this medicine). This is also a stimulant medicine, and it was shown to also work very well on inattention, hyperactivity, and impulsivity. One could say that as a stimulant, it is a 'cousin' to ritalin. They both have the same mode of action and side effects,

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but because they are different medicines, one person may respond differently to one than the other.

In recent years, there have been a number of newer medicines released that are improved versions of these older medicines.

What is the most common improvement?

The newer medicines are longer acting. This means that a pill can be taken once in the morning rather than two or three times per day.

This can lead to:

- a) ease of use (once daily is easier than 2 or 3 times daily)
- b) better symptom control (because the medicine is more steady in the blood through the course of the day)
- c) fewer side effects (for the same reason)

In an effort to make it easy to understand, there are two medicines in the stimulants group – Methylphenidate and Amphetamines. All of the new medicines are just variations of these. Once you grasp this concept, it will help you tremendously in understanding where new medicines fit in the grand scheme of your treatment. I want you to take some time to review this, and really understand it.

“...there are two medicines in the stimulant group – Methylphenidate and Amphetamines. All of the new medicines are just variations of these.”

All of the stimulant medicines are in two groups. I will list the common medicines below – and this will help you to grasp this concept. Please note – not all of these medicines are available in all countries – but nonetheless, this way of thinking about the medicines can help you very much.

METHYLPHENIDATE MEDICINES:

1. **Ritalin**: Ritalin started it all. It works quickly, but only lasts 4 hours. Needs to be taken morning, noon, and possibly at 4 pm as well.
2. **Ritalin SR**: Ritalin SR was an early version of a slow release/once daily medicine. Although it works well for some, most people do not get more than about 4-6 hours of symptoms control. It was the best long acting available for a long time.

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3. **Concerta**: Concerta is a 12 hour, long acting preparation of methylphenidate. This is a once daily pill that lasts through the whole day.
4. **Ritalin LA**: Ritalin LA is a newer long acting form of ritalin that lasts 8 hours. This is a newer generation medicine that works better than the old ritalin SR.
5. **Metadate CD**: This is an 8 hour preparation of methylphenidate.
6. **Biphentin**: This is also an 8 hour preparation of methylphenidate – but it is only available in Canada.
7. **Focalin**: This medicine is an isomer of methylphenidate. A review of isomers is beyond the scope of this report, but let's say that it is derived from methylphenidate.
8. **Focalin XR**: This is the isomer in its long acting form.
9. **Daytrana**: This is methylphenidate in a skin patch. This works through the skin, and helps people who need the medicine, but can't swallow a pill.
10. **Methylin**: This is a methylphenidate preparation that is chewable and can also come in a liquid.

AMPHETAMINE MEDICINES:

1. **Dexedrine (Dextrostat)**: Dexedrine is the original amphetamine. It lasts 4-6 hours.
2. **Dexedrine Spansules**: This is the early version of a long acting preparation of this medicine. It works reasonably well for approximately 8 hours.
3. **Adderall**: This is a form of amphetamine which is a mixed amphetamine salt (a full explanation of what a mixed salt is is beyond this special report). This is short acting – approximately 4-6 hours.
4. **Adderall XR**: A long acting preparation at 12 hours, which is also a mixed amphetamine salt.
5. **Vyvanse**: The newest ADD/ADHD medication to be released (at the time this report is being written). This is a pro-drug of dextroamphetamine. It is not active until it goes through the stomach which takes away the ability of it being abused.

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NON STIMULANT MEDICINES:

The only non-stimulant medicine which has been shown to work very well in ADD/ADHD treatment is Strattera (also known as atomoxetine). This is a newer medicine which came out in the US approximately 5 years ago, and was the first real innovation in the treatment of ADD/ADHD, because it is

“The only non-stimulant medicine which has been shown to work very well in ADD/ADHD treatment is Strattera...”

a completely new medicine/molecule, whereas other of the new medicines were just improvements and variations of the older medicines.

If someone had any problems with stimulant medicines, Strattera entered the scene and provided a new option.

Strattera takes longer to start working (i.e. it takes 3-4 weeks to start to take effect), but when it works, it lasts all of the waking hours. So, whereas the stimulant medicines only last for 4-12 hours (based on the preparation), Strattera will work all day long. In other words, its effects don't turn on and off through the course of the day, as is common with the stimulants.

Why knowing the groups of ADD/ADHD Medicines is so important for you:

If you have tried Concerta, and had very bad side effects – knowing that Metadate CD or Ritalin LA is the same medicine can help you to make sure that you don't needlessly try the same medicine in a different form.

Knowing the groups of medicine – you would ask your doctor for a trial of a medicine in either the amphetamine group (i.e. Adderall or Vyvanse), or a non-stimulant like Strattera.

If, however, there was a side effect from Concerta like trouble falling asleep, but it worked well otherwise, then knowing that Metadate or Ritalin LA was the same medicine, but shorter acting can be very helpful. In other words, the metadate CD could work during the day, but wear off quicker in the evening, and hopefully eliminate this side effect. This knowledge and understanding can you help to find the same medicine in a format that worked for you.

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There are other medicines which are sometimes used in the treatment of ADD/ADHD. These are called 'second line' or 'third line' medicines. That means they are used as second or third choices after the most effective medicines. A full review of these is beyond the scope of this special report.

The newer medicines that have come out in the past few years give you new choices and options when considering (or adjusting) medication for ADD/ADHD. But, we must remember that all medicines have side effects...

SIDE EFFECTS OF ADD/ADHD MEDICATION:

Although ADD/ADHD Medications are generally well tolerated, side effects can happen. Here is a listing of the common side effects of ADD/ADHD Medication: (this is not intended to be an exhaustive list... and consult your doctor if you have any concerns about this...)

“Although ADD/ADHD Medications are generally well tolerated, side effects can happen...”

COMMON STIMULANT SIDE EFFECTS:

[Medicines include: Adderall, dexedrine, Adderall XR, Ritalin, Ritalin LA, Concerta, Metadate CD, Biphentin, Daytrana, Methylin, Focalin, Focalin XR, Vyvanse, etc.]

- Decreased appetite
- Insomnia
- Agitation
- Tics (motor and/or vocal)
- Personality Changes

COMMON NON-STIMULANT SIDE EFFECTS:

[Medicine includes: Strattera]

- Nausea
- Sleepiness
- Serious warnings – liver injury, suicidal thoughts

RARE BUT SERIOUS SIDE EFFECTS

Although ADD/ADHD medicines are generally quite safe, there are some concerning warnings and issues with their use. Here are some statistics regarding medication and side effects/warnings:

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- “An FDA review of reports of serious **cardiovascular adverse events** in patients taking usual doses of ADHD products revealed reports of **sudden death** in patients with underlying serious heart problems or defects, and reports of stroke and heart attack in adults with certain risk factors.”²⁸
- “Another FDA review of ADHD medicines revealed a slight increased risk (about 1 per 1,000) for **drug-related psychiatric adverse events**, such as hearing voices, becoming suspicious for no reason, or becoming manic, even in patients who did not have previous psychiatric problems.”²⁹
- An FDA report “documents a number of patients suffering cardiac events, reactions and sudden death while using ADHD medications. The report links as many as 25 deaths—all reported between 1999 and 2003—to the use of methylphenidate and amphetamines for ADHD. Nineteen of those 25 deaths were children and adolescents. The FDA report also documented 55 non-fatal cardiovascular incidents in adults and children taking the drugs.”³⁰
- Feb. 21, 2007: the FDA considered ordering all ADHD drug makers to include “black box” warnings, the most serious type of warning, in their patient medication guides to warn of possible heart and psychiatric risks.³¹
- Use of Adderall XR (from Shire) was suspended temporarily from Canadian market in Feb. 2005 after data revealed sudden deaths in about 20 patients who had used the drug. However, Health Canada approved the drug’s return to the market when unable to uncover sufficient evidence that the drug was linked to the deaths.³²
- From the FDA’s Adverse Event Reporting System database, 1999-2003: found 12 cases of sudden death in child patients taking Adderall formulations. Almost half of these patients had underlying structural heart defects and some had additional risk factors. Additional studies showed that sudden death risk is only slightly higher for children taking Adderall than for non-stimulant-based methylphenidate ADHD medications.³³
- Strattera use has been linked with **suicidal thoughts** in children: Five cases of suicidal thoughts and one attempted suicide out of 1357 patients, versus no cases of suicidal thoughts in 851-patient control group³⁴
- UK Health Regulator issued **warning of liver damage** risks associated with use of Strattera. Risk estimated to be less than one in 50,000. 41 reports of liver disorders received worldwide, including 2 cases severe acute hepatitis.³⁵

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In recent times, a number of warnings have been issued regarding ADD/ADHD Medications. Does this reflect good, accurate monitoring of the safety of these medicines? Or does this actually barely scratch the surface? Many organizations, professionals and individuals have their opinion.

Your job is to know the facts, know what to watch for, and ensure your (or your family member's) safety.

You want to get the best treatment available for ADD/ADHD, and you want to avoid any of the major side effects, right?

CONCLUSION:

This report has covered many aspects of medication treatment for ADD and ADHD. However, it barely scratches the surface of the information that you need to know to get the best and safest care with ADD/ADHD medications. It is my experience that when people have more knowledge about ADD/ADHD medication, their treatment improves significantly.

Why?

- Because they know the right questions to ask their doctor
- They know what to watch for in side effects
- They know when to ask to try a new medicine, and when it is not worth it – because it is just a new version of something else they've already tried

They know how to 'optimize' treatment – meaning getting the most benefit out of the medicine that is possible.

What does all of this information mean to you?

If you've read this far, it means that if you or someone you care about has ADD/ADHD, and that you are either taking medication, or strongly considering it.

There can be great benefits to taking ADD/ADHD medication.

But there can also be side effects to ADD/ADHD medication. Most of the time, these are minor and can be managed easily. But sometimes, they can be serious and dangerous. While serious side effects are rare, they have been reported, and you need to be sure about the safety of yourself or your loved one when taking ADD/ADHD medication.

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The statistics in this report show you that the pharmaceutical companies consider ADD/ADHD a 'hot market' with serious growth potential for revenues (remember - \$2.6 billion per year, and almost a 40% increase in revenue per year?).

Doctors want to help, but there are many factors which inhibit many of them from doing more than writing a quick prescription. Sometimes they don't have enough time to answer all of your questions, so knowing the right questions to ask can make a huge difference in the quality of your care.

With all of these factors, described, you may wonder:

HOW CAN I ENSURE SUCCESS (AND SAFETY!) WITH ADD/ADHD MEDICATION?

This can be summed up with one phrase: **Knowledge is power.**

You need to become an expert on medication for ADD and ADHD. Although it may sound 'backwards', you should know more about these medicines than your family doctor, pediatrician or even psychiatrist does.

Why?

So that you can make sure that there are no problems coming out of the treatment – no matter how rushed the doctor is.

Some of the facts you need to know:

- When the medicines must be used, and when they don't have to be used
- The common and rare side effects (and how to monitor if they are happening)
- The proper doses at different ages and weights
- How medicines can be combined (because if the ADHD is complicated at all, it may be treated with 2, 3 or even 4 medicines!)

You also need to know a whole lot more, so that you or your loved one isn't being treated just as a 'statistic'.

Although it may surprise you, if you know more about the medicine than your doctor, your doctor will appreciate you more.

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People's first reaction is to think that their doctor may get defensive, angry or upset if you ask too many questions.

The reality is that doctors want what's best for their patients. They genuinely care, but are often buckling under tremendous pressures – time, patients going into crises, and the need to keep up with massive amounts of information coming out in many different areas of medicine.

So, when you share your in depth knowledge about ADD/ADHD medications with your doctor, and express it using the medical terminology that the doctor understands (i.e. you start to speak his 'language'), the doctor will appreciate it. The doctor will realize that you are different than most patients, and will genuinely listen to your questions, concerns and comments.

Do you want to know the most ironic thing?

You will likely get more of the doctor's time when you know more than he or she does!

You may wonder – how can you learn more than your doctor knows about ADD/ADHD medication?

I can provide you with that opportunity.

Your first step starts right here:

Announcing: **The ADHD Medication Mastery Course**.

This is a 7 week course that I will be teaching in November and December of 2007. It will use the power of the internet so that you can learn from home (If you are reading this report later than that – you may be able to access the recordings or 'home study' version of this course).

As a doctor who teaches other doctors, I will make sure that you know MORE than most doctors.

You may wonder – why will I teach you more than I teach most doctors?

Trust me, it is not because I hold back from teaching doctors.

It is just the fact that when you enroll in ADHD Medication Mastery, you will get 13+ hours of my time. Most of the time when I teach doctors, I get little

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more than 1 hour. Occasionally I get 2-3 hours. So, you will get a lot more direct instruction than I can often give doctors.

The sessions will also include question and answer sessions – so that you can personalize the information to you or your loved one. While I cannot diagnose or treat you during these sessions, I can educate you about what you need to know, and the right questions to ask your doctor to ensure you get the best care you can get.

Most importantly, you will have the confidence that you will be helping yourself or your loved one to get his/her life on track.

To find out more, watch your email inbox for information about when registration will open for the ADHD Medication Mastery Course.

Thank you for your attention, and if you know anyone who may benefit from this material, please send them to: www.MedicationMastery.com

And if you want to take the next step to 'Master' ADD/ADHD Medication, click [here now](#) to sign up for this breakthrough course.

Wishing you great health and great success,

Dr. Kenny Handelman

p.s. If someone has forwarded this report to you, be sure to get updates and special notices – by going to www.MedicationMastery.com and entering your name and email address.

p.p.s. To sign up right now, please visit: [Medication Mastery Course](#)
N.B. The sooner you sign up, the more likely you are to be able to participate in the live training.

¹ http://www.nimh.nih.gov/press/scheffler_adhd_meds.cfm

² Harvard Mental Health Letter; October 2006, Vol. 23 Issue 4, p. 3-5.

³ <http://www.marketresearch.com/map/prod/1152647.html>

⁴ <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=22428594&site=ehost-live>

⁵ <http://www.news-medical.net/?id=10338>

⁶ http://www.nimh.nih.gov/press/scheffler_adhd_meds.cfm

⁷ Datamonitor. "Shire Pharmaceuticals Group, PLC SWOT Analysis." February 2006, p. 1.

⁸ Scheffler, Richard M. et al. "The Global Market for ADHD Medications." *Health Affairs* (2007) 26:450-457.

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⁹ Ibid.

¹⁰ Scheffler, Richard M. et al. "The Global Market for ADHD Medications." *Health Affairs* (2007) 26:450-457.

¹¹ Datamonitor. "Shire Pharmaceuticals Group, PLC SWOT Analysis." February 2006, p. 1.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Harvard Mental Health Letter; October 2006, Vol. 23 Issue 4, p. 3-5.

¹⁶ http://www.education-world.com/a_issues/issues148a.shtml

¹⁷ http://www.education-world.com/a_issues/issues148a.shtml

¹⁸ <http://www.shire.com/shire/financialReports/ar2006/summary.html>

¹⁹ <http://www.shire.com/shire/financialReports/ar2006/summary.html>

²⁰ http://www.alza.com/alza/pr_980457461

²¹ <http://www.shire.com/shire/financialReports/ar2006/summary.html>

²² *PharmaWatch: Monthly Review*, July 2006, 5:24-25.

²³ http://www.gsk.com/investors/rebs06/annual_review_2006/summ_financial_statements.htm

²⁴ http://www.novartis.com/downloads/investors/reports/AR06_E_web.pdf

²⁵ http://www.ucb-group.com/investor_relations/financial_reports/Factsheet/

²⁶ http://www.lilly.com/investor/annual_report/lillyar2006.pdf

²⁷ http://library.corporate-ir.net/library/81/817/81709/items/237869/3_302006AnnualReport.pdf

²⁸ <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01568.html>

²⁹ Ibid.

³⁰ <http://www.usmedicine.com/article.cfm?articleID=1265&issueID=85> March 2006, "FDA Panel Urges Warning On ADHD Drugs," by *Stephen Spotswood*.

³¹ <http://www.webmd.com/add-adhd/news/20070221/fda-highlights-adhd-drug-warnings> "FDA Highlights ADHD Drug Warnings: ADHD Drugs to Get Patient Medication Guides Noting Possible Heart, Psychiatric Risks," by Miranda Hitti, WebMD Medical News. Reviewed by Louise Chang, MD

³² Datamonitor. "Eli Lilly & Company SWOT Analysis." February 2006, p.1.

³³ Datamonitor. "Shire Pharmaceuticals Group, PLC SWOT Analysis." February 2006, p. 1.

³⁴ *PharmaWatch: Monthly Review*. November 2005, Vol. 4.

³⁵ *PharmaWatch: CNS*, March 2005. 4:12-13.