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STIMULANT TRIAL

Child's name: Person completing this form:												
When were your observations usu	ally made? (c	circle):	morn	ings/ a	ıfterno	ons/ e	vening	gs/ wee	kdays	/ weel	kends	
Dear Parents, Teachers, and Student: Thank you very much for your help. It is table below. Record observations for the d narrative form are also very helpful. On t you usually notice this? Do medicine bene comments about benefits. Please call me if	ays indicated. If he back, please i fits seem to "kic	you wer record to k-in" t	re not n he date oo late (vith the and des or "wea	child, le cribe the r off" to	ave that e follow oo early?	t day's o	olumn (bere wer	blank. re side ej	Your co ffects, a	omments it what t	in ime did
How often did you notice the	e following?	0=ne	ot at a	all, 1=	just a	a little	e, 2=c	often,	3=ve	ry of	ten	
	DOSE											
TARCET SYMPTOMS	DATE											1

DOSE					
TARGET SYMPTOMS DATE					
Restless, squirmy, fidgety, "on-the-go"					
Demands must be met immediately					
Distractibility/ attention problem					
Problems with peer relations					
Misses important details					
Excitable, impulsive					
Fails to finish things					
Problems controlling behavior					
Easily frustrated					
Difficulty learning					
Disorganization/ time mismanagement					
Forgetful, loses things					
POSSIBLE SIDE EFFECTS					
Poor appetite					
Trouble falling asleep/staying asleep					
Irritability/ sadness					
Social withdrawal					
Tics/ nervous habits					
Headaches/ stomachaches/ dizziness					
Drowsiness					
Anxiety/ nightmares					
Stares off/ daydreams					

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Medications (some) currently available for treatment of ADHD

Name (mg dose forms)	duration of action	"split-ability"
Short acting/ Immediate release	3-5 hours	
Ritalin/ Methylin tablets 5,10,20		2+
Focalin tablets 2.5,5,10		1+
Dexedrine tablets 5,10 / Procentra 5	/5ml liquid	2+
Methylin solution 5, 10/5ml liquid; c	2+	
Adderall tablets 5,7.5,10,12.5,15,20,3	0	2+
Evekeo 5, 10 and Zenzedi 2.5,5,7.5,1	0,15,20,30	1+
Long acting/Extended release (1	ng) 6-12 hours	
Dexedrine spansule (caps) 5,10,15		1+
Methylin ER 10,20		1+
Metadate CD caps 10,20,30,40,50,60		1+
Ritalin LA caps 10,20,30,40		1+
Focalin XR caps 5,10,15,20, 25, 30, 3	35, 40	1+
Adderall XR caps 5,10,15,20,25,30		1+
Concerta tabs 18,27,36,54		0
Daytrana <u>patch</u> 10,15,20,30		1+
Vyvanse caps (powder) 10,20,30,40,5	50,60,70	1+
Quillivant XR 25mg/5ml liquid		2+
Aptensio XR 10,15,20,30,40,50,60		1+

Non-stimulants

Strattera 10,18,25,40,60, 80, 100 mg capsules Clonidine tab or patch 0.1, 0.2, 0.3; Kapvay 0.1

Guanfacine: Tenex 1, 2 mg tabs; 1 mg/ ml; Intuniv 1,2,3,4

Conducting a stimulant trial with:

- 1. Complete baseline ratings off medication for both target symptoms and possible side effects.
- 2. Start with: ______
- 3. Observe for two to seven days, until you are sure of the medication effects at each dose.
 - a. If benefits are *optimal* and side effects are *in*significant, then stay with that dose.
 - b. If benefits are *less than optimal* and side effects are *in*significant then increase by $\frac{1}{2}$.
 - c. If benefits are less than optimal and side effects are significant, then stop.
 - d. If benefits are *optimal* and side effects are *significant* then decrease by ½.