ParentCHILDJourney

Stimulant Medication Trial

Child's name: _____ Grade: _____ Year: _____

Person completing this form: _____

Relation to child: _____

When were your observations usually made? (circle):
mornings / afternoons / evenings / weekdays / weekends

Dear Parents, Teachers, and Student.

Thank you very much for your help. It is so important to conduct this medication trial in a careful and controlled fashion. Please complete the table below. Record observations for the days indicated. If you were not with the child, leave that day's column blank. Your comments in narrative form are also very helpful. If there were side effects, at what time did you usually notice this? Do medicine benefits seem to kick in too late or wear off too early?

Please contact me if you have any questions or concerns. Thank you.

How often did you notice the following? 0 = not at all, 1 = just a little, 2 = often, 3 = very often

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										
Sleep problems										
Irritability, sadness										
Anxiety, OCD										
Social withdrawal, flattened affect										
Hyperfocus, stuck, daydreams										
Tics/nervous habits										
Headaches, stomachaches, nausea										
Dizziness, drowsiness										

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Stimulants for Treatment of ADHD

Name of medication	how supplied; mg strengths	"Split-ability"*
Short-acting/immediate-release stimulants (3–5 hours)		
methylphenidates		
methylphenidate (Ritalin)	tabs: 5, 10, 20	2+
Methylin	chewtabs: 2.5, 5, 10 solution: 5, 10/5ml	2+ 3+
dexmethylphenidate (Focalin)	tabs: 2.5, 5, 10	1+
amphetamines		
dextroamphetamine	tabs: 5, 10	1+
dextroamphetamine (Procentra)	liquid: 5/5ml	2+
amphetamine-dextroamphetamine (Adderall)	tabs: 5, 7.5, 10, 12.5, 15, 20, 30	2+
dextroamphetamine (Zenzedi)	tabs: 2.5, 5, 7.5, 10, 15, 20, 30	2+
Long-acting/extended-release stimulants (6–12 hours)		
methylphenidates		
methylphenidate OROS-ER (Concerta)	tabs: 18, 27, 36, 54, and (Relexxii) 72	0
methylphenidate ER	tabs: 10, 20	1+
methylphenidate CD	caps: 10, 20, 30, 40, 50, 60	1+
methylphenidate (Ritalin LA)	caps: 10, 20, 30, 40	1+
Quillivant XR	liquid: 25/5ml	3+
Quillichew ER	tabs: 20, 30, 40	2+
Aptensio XR	caps: 10, 15, 20, 30, 40, 50, 60	0
Daytrana	patch: 10, 15, 20, 30	1+
dexmethylphenidate (Focalin) XR	caps: 5, 10, 15, 20, 25, 30, 35, 40	1+
Cotempla XR	oral disintegrating tab: 8.6, 17.3, 25.9	0
Jornay PM**	caps: 20, 40, 60, 80, 100	0
Adhansia XR	caps: 25, 35, 45, 55, 70, 85	1+
amphetamines		
dextroamphetamine ER	caps: 5, 10, 15	1+
amphetamine-dextroamphetamine (Adderall) XR	caps: 5, 10, 15, 20, 25, 30	1+
Evekeo	tabs: 5, 10	2+
lisdexamphetamine (Vyvanse)	caps/chewables: 10, 20, 30, 40, 50, 60, 70	1+
Dyanavel XR	liquid: 2.5/ml liquid	3+
Mydayis	caps: 12.5, 25, 37.5, 50	0
Adenzys XR	suspension 1.25/ml disintegrating tab: 3.1, 6.3, 9.4, 12.5, 15.7, 18.8	3+ 0

*"Split-ability"
0: cannot be split (ruins the extended-release delivery system, dropping the whole load immediately)
1+: tabs or caps not designed for splitting but okay (for caps, pinch, twist, and carefully tap out half the beads)
2+: scored tabs designed for splitting
3+: liquids measurable down to 0.1 mls (depending upon the dose, get a 1.0 ml or 3.0 ml syringe)

**Jornay brand extended-release methylphenidate is taken at night, delays release of medication until the following morning then lasts through the day.

How to Proceed

After obtaining baseline ratings from all observers, start Phase One of the trial with a very low dose of medication, as specified by your prescriber: the "starting dose." At each observation interval, parents should collect follow-up ratings from all observers. Parents and the prescriber can touch base by email or a quick phone conversation. Together, analyze ratings for target symptom and possible side effects, paying careful attention to changes from baseline for both benefits and risks.

Conducting a Stimulant Trial

Complete baseline ratings off medication for both target symptoms and possible side effects.
Start with: _____. (name and strength of medication)

1. Looking good. If …
   a. benefits are *optimal* (2s and 3s for target symptoms all come down to 0s and 1s) and
   b. side effects are *in*significant (numbers for possible side effects do not go up),
   then stay with that dose and observe longer.
2. Too low. If …
   a. benefits are *less than optimal* (2s and 3s for target symptoms do not come down all the way to 0s and 1s) and
   b. side effects are *in*significant (numbers for possible side effects do not go up), *then* you can increase by an amount equal to the starting dose.
3. No good. If …
   a. benefits are *less than optimal* (2s and 3s for target symptoms do not come down to 0s and 1s) and
   b. side effects are *significant* (numbers for possible side effects go up), *then* stop. Or at least talk with your prescriber. Going up more would only make side effects worse. Going down would not result in any benefits.
4. Mixed results. If …
   a. benefits are *optimal* (2s and 3s for target symptoms come down to 0s and 1s) but
   b. side effects are *significant* (numbers for possible side effects go up), *then* decrease by an amount equal to half the starting dose. See if this allows you to lose the side effects but still keep benefits. Some medicines allow for this degree of micro-turning; others may not. Again, talk with your doctor.