**Impact of New ADHD Treatments**

**Name**

**Affiliation**

**Date**

Attention-Deficit / Hyperactivity Disorder (ADHD) is a severe disorder that is found commonly among children. It is heard everywhere: at school during meetings with the teacher, by parents at the home, arena or around a dinner, on the radio, on TV, in newspapers, etc. Attention-deficit hyperactivity disorder (ADHD) is basically a brain disorder categorized by a set of behaviors that cause perpetual inattention and/or hyperactivity-impulsivity that can inhibit with the working and neurological growth of the pretentious individual. Some new treatments for this disease have recently been introduced. This essay will try to establish a state of objective and scientific knowledge on the subject by highlighting the impact of new ADHD treatments on patients.

The attention deficit and hyperactivity disorder (ADHD) appears to be one of the most popular. According to some estimates, it affects 5% of children in the world and 2.5% of adults. The new medications such as the combination of amphetamine and dextroamphetamine (Adderall XR, Adderall, Mydayis) are employed as part of a treatment program to control the symptoms of ADHD. A research was conducted to assess the impact of new medications on ADHD patients. Authors of this study is an international team made up of over 20 universities and institutes all over the world. Children with ADHD have exaggerated behaviors at a certain stage of development, which also affects academic performance (ADHD, 2006).

The researchers compared seven different new medications used for the treatment of ADHD and the collected data concerned 14 thousand children and 10 thousand adults. In most cases, as children, it is preferable to avoid drug treatment and tend to prefer a mainly psychological treatment. The Amphetamines (including lisdexamfetamina, marketed as Vyvanse and others), the Atomoxetine (Strattera), bupropion, clonidine, guanfacine, methylphenidate, and modafinil were compared with each other. The children treated with methylphenidate reported the best results, as well as adults treated with amphetamines. All this implies an important breakthrough because until recently the pharmacological treatment for ADHD has been the subject of numerous debates (Hammerness, 2009).

Moreover, these results represent an important help for clinicians because they help them to choose the most effective and tolerable drug, taking into account above all the age of the subject. The main objective of this study was above all to understand how many patients stopped treatment due to the side effects of the drugs. Methylphenidate and amphetamines are the most used and effective drugs, but they have more side effects in children and adolescents. Doctors believe that this is linked to the fact that the brains of the little ones are still developing, so there would be less tolerance for certain effects. This is why it would be advisable to calibrate carefully the type of intervention, especially if pharmacological, based on the age of the patient (McBurnett & Weiss, 2011).

Children with this disorder have particular difficulty controlling their behavior, they are unable to stop fidgeting or talking, they are disordered and disarranged. They often struggle to relate to their peers and do not always understand some subtle social signals. In addition to the symptoms, the DSM-5 includes three specifiers related to the predominant symptoms: the specifier with predominant inattentiveness, with dominant hyperactivity/impulsivity and the combined one. Often there is a comorbidity of ADHD with conduct disorder or learning disability (ADHD, 2006).

In the case of new medications for ADHD, decreased appetite is often a common side effect and appears virtually constant at the beginning of it. And although parents often worry a lot, in the majority of children, it is not usually a serious problem if the doses are administered preferably after meals, regular clinical controls are carried out and a series of nutritional recommendations are followed by the specialist. Another effect at the start of treatment may be the difficulty in falling asleep at night. However, it is usually a transitory effect that is usually controlled in most cases by putting into practice guidelines for behavior and establishing specific sleep routines. Some children may also experience nervousness, irritability or emotional lability. These symptoms are usually transient and can be minimized with a slow dose escalation. The persistence of these effects or a high intensity of them should make us rethink the diagnosis and rule out the presence of other disorders (Murphy, 2012).

However, it is very important to be aware that usually the effects of new medication because of ADHD in children, are not noticed until after 20 to 45 minutes (this time is variable depending on the person), and that they do not disappear until after a few hours (4.8 or 12 hours depending on the drug). This means that if someone administer a drug whose duration is 4 hours at 8 o'clock in the morning, and the behavior of the child is disastrous at 2 o'clock in the afternoon, this does not mean that the treatment has failed, but that the new medication for ADHD was not active in the child's body when problem behaviors appeared (Pine, 2009).

So, it can be concluded that the new medications are beneficial. However, they have some disadvantages that need to be addressed. In all the above cases, one must not hesitate to tell the treating doctor immediately, so that he can take the measures that he considers appropriate, either changing medication or adjusting the pharmacological guideline so that it has a greater coverage throughout the day. The disorder is three times more common in males than in females and seems to have a strong genetic predisposition. The risk factors are many (neurobiological, genetic, familial and environmental) and are the subject of current studies because the etiology has not yet been clearly defined.

**References**

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