# Starting ADHD Medication

What to expect as a parent or caregiver

If you're reading this, you might be thinking about medication for your child's ADHD. Whatever you're feeling about that, it's the right place to start. This is a big decision. It deserves real information, not a sales pitch and not a scare story.

This guide covers what stimulant medications actually do, how well they work, what the side effects really look like, and what the longest studies tell us. It's based on the same evidence your child's doctor uses, in language that doesn't require a medical degree.

## How Does ADHD Medication Actually Work?

You already know from the first guide in this series that your child's brain uses two chemicals called dopamine and norepinephrine to decide what deserves attention and to hold focus there once it arrives. In ADHD, that system is inconsistent. Sometimes it works fine. Other times the brain can't figure out what matters, so everything competes at the same level, and staying locked onto one task becomes a fight the brain keeps losing.

Stimulant medications make that system more consistent. They increase the amount of dopamine and norepinephrine available in the part of the brain that handles focus, planning, and self-control. The result: a more reliable signal about what to pay attention to, and a better ability to hold attention there instead of drifting.

A newer way of thinking about it: stimulants may work less by "fixing" attention directly and more by making boring tasks feel worth doing. They put the brain into a more alert, engaged state. That's why the two most common side effects (trouble sleeping and reduced appetite) aren't random problems. They're the flip side of the same brain change that helps with focus.

Stimulant medication is not sedating your child into compliance. It's adjusting a chemical system that doesn't work like most people's does. Your child is always themselves, with or without medication. What changes is that certain demands, the ones that require sustained focus, impulse control, and planning, become more manageable.

## How Well Does It Actually Work?

The evidence here is encouraging.

Stimulant medications for ADHD are among the most effective treatments in psychiatry, and rank well above many common treatments in other areas of medicine. When researchers compared every major ADHD treatment using data from over 10,000 children and teenagers, stimulants came out on top by a wide margin. The effect is two to three times larger than what antidepressants achieve for depression.

In practical terms: about 70% of kids show real improvement on the first stimulant they try. Focus, impulse control, daily life. Teachers notice. Parents notice. The child often notices too. And it's not just about

symptom checklists. Studies that measured quality of life found that kids on stimulants got better at daily tasks, made better friendships, and felt better about themselves. Many kids carry real shame about their ADHD struggles, and when medication works, that weight often lifts.

For the roughly 30% who don't respond well to the first medication, there's still a very good chance of finding something that works, because stimulant medications come in two genuinely different types. When both are tried, about 87 to 91% of kids respond well to at least one. And for the small number who don't respond to either, there are non-stimulant medications and combination strategies that we cover in later guides.

## There Are Two Types, and They're Not the Same Drug

There are two main types of stimulant medication. One is methylphenidate (brand names like Ritalin, Concerta, Focalin). The other is amphetamine (brand names like Adderall, Vyvanse, Dyanavel). These are not two versions of the same drug. They work through different pathways in the brain.

Why does this matter? Because **if your child tries one type and it doesn't work, that tells you almost nothing about how they'll do on the other type.** A child who does poorly on methylphenidate has about a 50% chance of doing well on amphetamine, and it goes both ways. So if your child's first medication didn't go well, you haven't failed. You've tried one option out of two, and the odds are still in your favor. Don't give up on stimulants after trying only one type.

For children, doctors usually start with methylphenidate because it tends to have fewer side effects in kids, even though amphetamine has a slightly larger effect on symptoms. One thing worth knowing: the specific medication or version your doctor prescribes isn't always purely a clinical choice. Insurance coverage and drug shortages (which have been ongoing since 2022) can limit what's available. If your doctor recommends a switch or a different version than what you expected, it may be because of what's actually accessible, not because something is wrong. Your child's doctor will figure out which starting point makes the most sense for your situation.

## What About Side Effects?

Every medication lists a long set of possible side effects, and reading that list can be alarming. But "possible" doesn't mean "likely." Some of these are common, some are rare, and plenty of kids experience none at all. Every child is different. That's why starting medication is the beginning of an ongoing conversation with your child's doctor, not a one-time decision. The goal is always to get the most benefit with the fewest downsides, and to keep adjusting until you find the right balance.

### Appetite

The most common side effect. The medication can dull hunger, especially in the middle of the day. Your child may pick at lunch or skip it.

**What helps:** a solid breakfast before the medication kicks in, easy high-calorie snacks for the afternoon, and a big dinner when it wears off. Some families find that smoothies or protein shakes work well during the day because it's easier to drink calories than eat them when appetite is low. Peanut butter sandwiches, cheese, nuts, or eggs work just fine too.

### Sleep

Stimulants can make it harder to fall asleep. A large review of sleep studies found that kids on medication fell asleep about 30 minutes later and slept about 30 minutes less on average. But kids vary a lot: some have worse sleep, some have no change, and some actually sleep better because the racing thoughts that kept them up at night finally quiet down. Good sleep habits matter more than ever on stimulant medication. If sleep problems develop, your doctor can adjust timing, try a version that wears off sooner, or discuss whether melatonin might help.

### Growth

Parents worry about this one, and the answer is honest but reassuring. Stimulants can slow growth a little, typically about half an inch in height and a few pounds in weight over the first couple of years. This happens because of reduced appetite, not because the medication does anything to the growth system directly. Your child's bones keep developing on a normal schedule. Your doctor will track height and weight on a growth chart at every visit, and if you notice growth slowing, raise it. They can decide whether a medication break, a dose change, or staying the course makes sense.

There is evidence that growth catches up during medication breaks, particularly longer summer breaks, though most of this research is observational rather than from controlled trials. The longest study (the MTA) found that kids who took medication every day for 16 years without breaks ended up about an inch shorter as adults than those who took periodic breaks. That doesn't mean medication is harmful. It means monitoring growth and considering breaks when appropriate is part of good long-term care.

### The "Zombie Effect"

Some parents say their child seems "flat," emotionless, or "not themselves" on medication. It's real, and it's a common reason families want to stop. But it's usually fixable.

What's happening in most cases: the dose is likely too high. Lowering it often brings back your child's personality while keeping the focus benefits. If that doesn't work, switching to the other type of stimulant usually helps, because the two types affect emotions differently. If your child shows personality changes on medication, don't just stop. Tell the doctor. There is almost always a solution.

### Heart

Stimulants can raise heart rate by a small amount (about 1 to 2 beats per minute) and blood pressure slightly. For most children, this is not a concern. Your child does not need a heart test (EKG) before starting medication unless there's a family history of heart problems or sudden death, or if your child has had fainting spells or chest pain during exercise.

Your doctor should check blood pressure and heart rate at each visit. Long-term studies suggest that many years of continuous use may slightly raise cardiovascular risk in adults, which is why monitoring matters for as long as your child takes the medication.

## "Won't My Child Get Addicted?"

Addiction is among the most common fears parents have about ADHD medication, and it deserves a straight answer.

At the doses used for ADHD, taken as prescribed, stimulant medication does not cause addiction. Most ADHD medications today release slowly over the course of the day, so they never produce the sudden "high" that drives addiction. Think of it like caffeine: a cup of coffee in the morning helps you focus and is perfectly safe. The same chemical in massive amounts all at once can be dangerous. The dose and the delivery matter as much as the substance.

What matters more: untreated ADHD is itself a risk factor for substance problems later. Kids with ADHD who don't get treatment are more likely to self-medicate with other things as teenagers and adults. The evidence on whether stimulant treatment directly prevents addiction is mixed, but treating ADHD reduces the impulsive behavior and the pattern of repeated failure that push kids toward risky choices.

You might have heard that stimulants are "basically meth." They're not. The chemical structures are related, but the dose, how the drug enters the brain, and what happens when it gets there are completely different.

If your child is older and there are concerns about misuse or sharing medication, talk to your doctor. There are versions specifically designed to be harder to misuse, some of which only become active after the body processes them.

## Can We Take Breaks from Medication?

Yes, and this is worth talking about with your doctor, because the answer depends on your child.

Many families give medication only on school days and skip weekends. The only study that tested this under blinded conditions found that kids didn't lose ground on unmedicated weekends, and sleep and appetite were slightly better. If your child functions well without medication on weekends, there's no strong reason they need to take it seven days a week. But if impulsivity or attention problems cause trouble in social situations or family interactions, daily dosing may make more sense. Your child's doctor can help you figure out which pattern fits.

Summer breaks of 8 to 12 weeks have a stronger evidence base. They give your child's appetite a chance to catch up, let you see where they are without medication (since ADHD can shift as kids grow), and reduce total time on the drug. Summer breaks are most helpful for kids whose growth has slowed, and they're a natural time to reassess whether the medication is still needed at the same dose, or at all.

Some situations call for more caution. If your teenager drives, medication cuts crash risk by roughly 40 to 58% in males and 27 to 42% in females, so that's worth weighing before stopping. And if your child is going through a period where they're really struggling (academically, socially, emotionally), pulling medication during that time may not serve them well. The decision should always be based on what your child actually needs right now, not on a blanket rule about breaks.

Talk to whoever manages your child's medication, whether that's a pediatrician, psychiatrist, nurse practitioner, or another provider. They know your child's situation and can help you think through the options.

## Does Medication Fix ADHD Permanently?

No. The biggest and longest study of ADHD treatment followed nearly 600 children for 16 years. In the first 14 months, well-managed medication worked very well. Better than therapy alone. Better than whatever treatment families found on their own. But by year 8, those early advantages had faded. Not because the medication stopped working, but because most families had stopped the careful monitoring, many kids had stopped taking it, and ADHD itself has a course where symptoms shift as life demands change.

Think of it like glasses for vision. The glasses work every day you wear them, but they don't change your eyes, and the prescription needs updating as your child grows. Medication is the same: it helps while your child is on it, but it needs regular check-ins to make sure the dose is still right.

What this study really shows is that medication works best as part of a bigger picture. Good monitoring, where your provider actually checks how things are going, not just writes a quick refill. Support at home and school. And a plan that adapts as your child grows, because what works at age 7 may not be the right approach at age 12.

## What This Means for You

**Your child's brain has a chemical system that doesn't work like most people's does.** Medication adjusts that system so the demands of daily life become more manageable. It doesn't change who your child is. It helps them handle things that their brain was making harder than it needed to be.

**The evidence behind stimulant medication is among the strongest in all of medicine.** Stronger than most treatments people accept without a second thought. That doesn't mean medication is the only option or the right choice for every family. But the science is clear about how well it works when it's used well.

**If you do try medication, give it a real chance.** That means finding the right dose, not too high, not too low. Being willing to try the second type if the first doesn't work. And staying in close contact with your child's doctor throughout, not just at the beginning but for as long as they're on medication. Most of the "medication didn't work" stories come from families who tried one type at one dose and stopped.

**Monitoring matters as much as the prescription.** The families who do best have a doctor or provider who checks in regularly, tracks side effects, watches growth, and adjusts the plan over time. A good prescription with poor follow-up doesn't get you where you need to be.

**Take the time to weigh your options, but know that waiting has its own costs.** Untreated ADHD compounds over time: missed skills, failed experiences, damaged confidence. This doesn't mean you need to rush. It means having real conversations with your child's provider about what's best for your child, not just today but for their long-term future. Treatment plans are flexible. They can be adjusted, changed, or stopped based on how your child responds. Your providers want the same thing you do: what's best for your kid.

*This guide is based on Module 3: Stimulant Medications: The Evidence, part of the VeriPsych Clinical Education Course. For the full evidence base with citations, see the clinical module.*

*Related parent guides: What ADHD Actually Is | How ADHD Gets Diagnosed | Non-Stimulant Medications | What Works Besides Medication*

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# Medication Tracking Log

Use this log to track your child's response to medication over the first four weeks. Rate each item on a scale of 1-10 (1 = worst, 10 = best), or use notes.

| Week | Focus | Appetite | Sleep | Mood | Behavior | Notes |
|---|---|---|---|---|---|---|
| Week 1 | | | | | | |
| Week 2 | | | | | | |
| Week 3 | | | | | | |
| Week 4 | | | | | | |

## Questions for Your Next Doctor's Visit

1. _____

2. _____

3. _____

4. _____

5. _____