



Medication Options For Children With ADHD

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Parenting can be a complex task, but parenting a child with ADHD can be even more demanding. These children require additional involvement and a higher level of patience and understanding from their parents. While it can certainly become overwhelming, ADHD symptoms can be controlled.

Though there is often controversy over who should and who should not be diagnosed with ADHD, research has shown that those who are affected respond well with proper treatment. According to the American Academy of Pediatrics, 80% of children with ADHD will respond to stimulant medication. As a result, this is often considered the first line of treatment.

Newer medications, often called long acting stimulants, have the advantage of being time released; which means your child will only have to take one pill a day. The effects will last for between 8 and 12 hours. This option is most convenient for children who do not want to take a lunch time pill. Additionally, the medication will still be working when they return home from school and are trying to do homework.

Another option is short acting stimulants, which generally last between 3 and 8 hours. Interest in this type of medication is fading now that the long acting stimulants have been developed.

However some parents still choose short acting stimulants because they can be crushed or chewed if your child has difficulty swallowing pills, unlike the long acting. An important note

for parents, whether you choose a long or short acting stimulant, the effects of the medication will remain the same.

A note of caution: in recent years, as the newer medications are proving to be so beneficial for those who have ADD, they are also becoming more abused as "study aids." The theory among students, especially college students goes something like this, "If the medication can help my friend with ADHD concentrate, just think what it will do for me when I need to study." This thinking has a two-fold downside:

1. Students who have legitimate prescriptions for ADHD are tempted to sell their medications, because they can be sold for as much as \$30 per pill during exam time. Other students present themselves to university medical centers with a set of well-known symptoms and get themselves diagnosed with ADHD, so that they can get their own prescriptions to save money.
2. ADHD medication can help a student stay up all night studying. However, students who study this way still tend to do worse on tests than those who study ahead of time and get a solid night's rest the night before an exam.

Sources

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DOES YOUR CHILD HAVE A FOOD ADDICTION?

In many ways, food can closely resemble a drug - caffeine and sugar offer a quick pick-me-up, while carbohydrates and comfort foods can help soothe and relax the mind. Some people use food like drugs to feel at ease in social situations or to unwind after a long day. If one thinks about food constantly throughout the day, has compulsive cravings for certain types of foods, or wastes more than half of their daily calories binging on unhealthy snacks, then he/she may be one of the 18 million Americans who suffer from food addiction – many who started on their way toward addiction as early as elementary school.

Food addiction, like any other addiction, is a loss of control. Food addicts are preoccupied with thoughts of food, body weight, and body image, and compulsively consume abnormally large amounts of food. Even though they understand the harm caused by their behavior, they just can't stop. Food addicts tend to crave and eat foods that are harmful to their bodies. For example, people with food allergies may crave the foods they are allergic to, while diabetics may crave and overindulge in sugar, despite the adverse effects.

Food-aholics generally gorge on fat, salt, and sugar in the form of junk food and sweets. If they are feeling depressed, lonely, or



disappointed, they consume large amounts of chips, chocolate, or other comfort foods for a “high.” As with most addictions, the high wears off, leaving the person feeling sick, guilty, and even more depressed. Because the addict is out of control, she will repeat the same eating patterns over and over again in an effort to feel better.

Compulsive overeaters often eat much more rapidly than normal and hide their shame by eating in secret. Most overeaters are moderately to severely obese, with an average binge eater being 60% overweight. Individuals with binge eating disorders often find that their eating or weight interferes with their relationships, their work, and their self-esteem. Although compulsive overeaters or binge dieters often struggle with food addiction, eating disorders like anorexia and bulimia are also considered types of food addictions.

Unlike drug and alcohol addiction, which have been recognized by the medical profession for years, addiction specialists still question whether food can be genuinely addictive. Is the obsession with eating a true addiction, or just a bad habit?

Some experts are quite skeptical of putting food in the same category as drugs or alcohol. They argue that people like junk food because it tastes good, not because they are physically incapable of controlling their behavior. Others contend that individuals who abuse substances in excess of need, despite the harm it can cause, are addicts, whether the substance is alcohol, drugs, or food.

In some cases, food addicts trying to break the habit claim to experience both physical and emotional withdrawal symptoms such as headaches, insomnia, mood changes, tremors, cramps, and depression. In an animal study

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at Princeton University, researchers found that after rats binged on sugar, they showed classic signs of withdrawal when the sweets were removed from their diet, which suggests foods like sugar can be addictive.



Change is never easy, and overcoming food addiction is no exception. It requires a combination of discipline, healthy eating habits, and exercise. In many ways, treatment of food addiction is similar to drug and alcohol addiction treatment. The first step to recovery is recognizing and accepting the problem and identifying which foods cause allergic symptoms and cravings. However, unlike drug and alcohol addiction, food addicts can't quit cold turkey. Everyone has to eat. Instead of taking drastic measures, make the following changes gradually, one small step at a time. Here are a couple of suggested solutions:

- Plan meals. Food addicts often hide food or binge when they are alone. One way around this is

to avoid hiding a stash of food in a car, desk, or night stand. Also, plan out healthy meals in advance, portion out single servings on smaller plates, and make sure your teen eats scheduled meals at the dinner table. If your teen eats in front of the TV or while talking on the phone, they are more likely to eat large amounts of food without realizing it. Though it may take a few weeks to change eating patterns, their brain will eventually get used to smaller portions of healthy foods and generate fewer snack-food cravings.

- Finding healthy ways to cope. For food addicts, the next salt or sugar fix becomes the dominating force in their life. The best treatment is to find other ways to fill the void, like working out, hiking, going out with friends, or talking to a therapist. Exercise sparks the same pleasure centers of the brain as food, and offers a similar high without the guilt. If your child is not physically hungry but is struggling to resist a craving, suggest they brush their teeth, drink water, leave the house for a few minutes, or choose a healthy substitute like yogurt instead of ice cream or baked chips instead of potato chips.

From a prevention perspective, be careful of rewarding yourself, and especially your children, with food. Just as dangerous is using food for consolation such as, "I'm sorry things didn't go well today, how about we go for ice cream. It will make you feel better." When food is associated with either reward or as a salve for disappointment, it can easily set up a pattern of using food to deal with emotions, which can lead to addiction.

Food addiction can be a serious problem. Just ask the people who habitually visit the drive-thru at midnight or load up on candy bars on a daily basis. To beat the addiction, sometimes all you need is motivation to change and a few lifestyle modifications. In more severe cases, you may need to seek help from a food addiction group like Overeaters Anonymous, a mental health professional, or an addiction treatment center. In either case, a shift in outlook must occur: Eat to live, don't live to eat.



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Childhood Sleep Problems May Presage Adult Addiction

Children who have trouble sleeping may be at increased risk of alcohol and other drug problems when they reach young adulthood, according to research by the Idaho State University. The university studied the sleep patterns and drug-use history of 386 subjects, tracking them from ages 3 through 20.

Researchers found that 'having trouble sleeping' in early childhood, ages three to five, predicted a higher probability of 'having trouble sleeping' in adolescence, ages 11 to 17, which in turn predicted the presence of drug-related problems in young adulthood ages 18 to 21. Researchers found that overtiredness in early childhood predicted lower response inhibition -- that is, having problems inhibiting impulses and behavior -- in adolescence, which predicted higher numbers of illicit drugs used.

The research concluded that overtiredness in childhood also directly predict the presence of binge drinking, blackouts, driving after drinking alcohol, and the number of lifetime alcohol problems in young adulthood.

The above report was provided by Join Together a program of the Boston University School of Public Health and is the nation's leading provider of information, strategic planning assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment. To learn more about this organization and to subscribe to their newsletters, please go to www.jointogether.org.

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