Reasons Why Children and Adolescents with ADHD Stop and Restart Taking Medicine

WB Brinkman, JO Simon, JN Epstein

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Abstract

Objective
To describe the prevalence of reasons why children and adolescents stop and restart attention-deficit/hyperactivity disorder (ADHD) medicine and whether functional impairment is present after stopping medicine.

Methods
We used the prospective longitudinal cohort from the Multimodal Treatment of Study of Children with ADHD. At the 12 year follow-up when participants were a mean of 21.1 years old, 372 participants (76% male, 64% Caucasian) reported ever taking ADHD medicine. Participants reported the age when they last stopped and/or restarted ADHD medicine and also endorsed reasons for stopping and restarting.

Results
Seventy-seven percent (286/372) reported stopping medicine for a month or longer at some time during childhood or adolescence. Participants were a mean of 13.3 years old when they last stopped medicine. The most commonly endorsed reasons for stopping medication related to 1) medicine not needed/helping, 2) side effects, 3) logistical barriers of getting/taking medication, and 4) social concerns/stigma. Seventeen percent (64/372) reported restarting medicine after stopping for a month or longer. Commonly endorsed reasons for restarting related to 1) medicine needed/helped, 2) resolution of logistical barriers to getting/taking. For both stopping and restarting, the proportion endorsing some reasons differed by age range, with the overall pattern suggesting that parental involvement in decisions decreased with age. Nearly all participants had impairment at the assessment after stopping regardless of whether medication was resumed.

Conclusions
Different reasons for stopping and/or restarting medicine are relevant at different times for different teens. Tailored strategies may help engage adolescents as full partners in their treatment plan.