The management of attention-deficit/hyperactivity disorder in children: Updated 2016

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Abstract

Attention-deficit hyperactivity disorder (ADHD) is a disorder that is commonly diagnosed and involves the academic, social and family functioning of the child. Prevalence of the disorder is approximately 5.3% worldwide and occurs mostly in boys. The consequences of ADHD may be substance abuse and other personality disorders, e.g. delinquency. Research has indicated that drug or behavioural interventions may decrease the rate of conduct and personality disorders. Diet therapy may include polyunsaturated fatty acids (fish oil) and iron supplements in children with low ferritin levels which may improve ADHD symptoms. Drug therapy that involves stimulants (methylphenidate) has been proven to be effective with a good safety profile. However, concerns have been raised about cardiac, psychiatric and growth side-effects. The nonstimulants (atomoxetine) have no abuse potential and reduce insomnia. They also have a better effect on growth in children. Other therapies include antidepressants and α2 -agonists. It is important to treat each patient using individualised therapy. The role of the pharmacist is important to monitor and minimise side-effects. New treatment options comprise modified formulations of currently available medicines.