

Farrelly¹³ Protocol for a Medication Trial

Always begin with regular or **brand name Ritalin**. If this is desired, the physician should check “no substitutes” on the prescription or else the pharmacist may use the generic brand or SR (Sustained Release). Dr. Farrelly considers these to be less effective than the brand name and suggests that the generic or SR can be tried once the medication trial has been completed to see if the same results are obtained.

Begin with a dosage of 1/2 tablet of Ritalin, taken twice a day – just before breakfast and before lunch or around 8 a.m. and noon. Stay at each dosage level for three days. On the third day at each dosage level, take a third dose between 4-5 p.m. This allows one to assess the effect of this amount of medication on homework, sports or other evening activities. Increase the dose by 1/4 of a tablet per dose **every three days**, as follows:

1/2	tab or 5.0 mg.
3/4	tab or 7.5 mg.
1	tab or 10.0 mg.
1 1/4	tab or 12.5 mg.
1 1/2	tab or 15.0 mg.
1 3/4	tab or 17.5 mg.
2	tab or 20.0 mg.*

Complete a **Screening Checklist** every day of the trial so that responses can be monitored. Continue increasing the dosage level until signs of too much medication are noted (i.e., tiredness, irritability, light-headedness, feeling uncomfortable or “not oneself”). Then immediately cut back to previous level. If the medication is helping, examine the Screening Checklists to see what minimum dose was that gave the optimal results and stay on this amount. If Ritalin was not effective, other types of medication can be tried.

* Some individuals may require more than 20 mg. per does, but this level should be very carefully supervised.

Dr. Farrelly advises that whenever possible, try to conduct the trial during a period of **stability** in the environment (i.e., avoid change in routine). **Each** individual is **unique** and their symptoms vary in severity. Individual responses may vary from dosage to dosage. The response can also be difficult to predict as some **small** individuals require **large** dosages, while some large individuals require small dosages. For this reason, a trial using **gradual increases in the amounts** of medication is really the only way to determine the exact dosage required. The

¹³ This approach to a medication trial was developed by Dr. Geraldine Farrelly, a Calgary pediatrician who has worked with children with A.D.D. for over 16 years. For more information on how to use this protocol and on questions related to medication issues and A.D.D., see [The A.D.D. Guidebook](#) (Scholten, 2002).

response of the individual should be closely **monitored** across **many situations** such as home, school, workplace, recreation by the use of **rating scales**. **The Screening Checklist for Attentional Concerns** (p. 3) should be completed by involved individuals (i.e., patient, partner, parent, teacher). Daily use of the Screening Checklist will assist the physician and/or mental health practitioner in assessing the response to medication. Keep in mind that feedback from the person him/herself is essential, regardless of age.

Reminder!!!

A positive response to medication does NOT confirm a diagnosis of AD/HD. There are many reasons that a person might show attentional symptoms and respond to the items on the Screening Checklist for Attentional Concerns, p. 3.

If there are 4-5 checkmarks in the Pretty Much to Very Much columns, all this tells us is that there ARE attentional concerns, NOT the cause of these concerns. That is why it is so important to rule out physical and emotional causes and to understand educational and personality factors before making a diagnosis of AD/HD and engaging in a medication trial. See Mac's story on p. 12.