NeuroFX
Changing Minds

CHILDREN AND ADHD · 6.4

Should My Child Try ADHD Medication? Honest Answers to the Real Questions

The decision about whether to start a child on ADHD medication is one of the harder conversations in paediatric care. This is decision-support: what the evidence shows, what to expect, and how to think about it in your child's case.

FOR
Parents thinking about ADHD medication for their child

AUDIENCE AGE
6–17

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IN SUMMARY

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What the medication does and does not do

- **It supports the regulation systems the ADHD brain has difficulty with.** Stimulants increase availability of dopamine and noradrenaline, the neurotransmitters that handle attention, working memory, motivation and behavioural regulation. When it works, parents and teachers usually describe a child who is 'more themselves', not a different child.
- **It does not change personality, intellect or family dynamics.** A bright child becomes more able to demonstrate their ability; the underlying intelligence is unchanged. Anxiety, mood, social skills, learning difficulties and family stress all still need their own attention.
- **It does not last beyond the medication window.** A typical school-age modified-release stimulant covers most of the school day. Evenings and weekends are usually not covered unless additional doses are prescribed. The medication is a tool used at specific times, not a permanent state.

What the evidence and the NICE pathway show

- **NICE NG87 supports medication in children aged 5 and over.** Where ADHD symptoms cause significant impairment after environmental modifications and parenting support have been tried. Methylphenidate is usually first-line; lisdexamfetamine (Elvanse) is usually second-line.
- **Effect sizes are large by psychiatric standards.** The 2018 Cortese meta-analysis in Lancet Psychiatry showed stimulants outperform placebo and non-stimulants substantially. Methylphenidate is the best-tolerated first-line option in children and adolescents.
- **Around a third of children find the first stimulant is not the right fit.** A switch within the same family or to the other family produces a working option for most of them. One trial does not settle the question.
- **Common side effects mostly settle in two weeks.** Reduced appetite at lunchtime, mild sleep disturbance, a small rise in heart rate, occasional headache or rebound irritability. Persistent effects are a conversation with the prescriber, not a reason to stop on your own.
- **Growth and cardiovascular monitoring are part of the standard pathway.** Baseline height, weight, blood pressure and heart rate before starting. Repeat measurements at each review. Slowed growth in weight (and sometimes height) usually returns to expected trajectory after the medication is stopped.

How to think about the decision for your child

- **Impairment is the main question.** If ADHD-related difficulties are seriously affecting school, friendships, family life and self-esteem, the threshold for trying medication is lower. If they are mild and the child is coping, the threshold is higher.
- **Your child's view matters, especially in older children.** Honest, age-appropriate conversation is part of the preparation. A child who does not understand why or who actively does not want to is less likely to engage with the trial.
- **NeuroFX provides specialist prescribing under NICE NG87.** Private ADHD assessment for children aged 6 and upwards, with structured medication initiation and titration over the first three months where appropriate. Your concerns get honest answers, not dismissal.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP or your specialist prescriber about whether medication is appropriate for your child. NHS routes for paediatric ADHD assessment and prescribing exist; private specialist prescribing is available where the NHS wait is not workable. Seek urgent help via 111, 999 or A&E for any acute mental health crisis or significant safety concern.

SOURCES

NICE NG87; BNFc; Cortese et al. 2018 (Lancet Psychiatry); Faraone et al. 2021 (Neurosci Biobehav Rev)