The Farrelly[1] Protocol for a Medication Trial

Always begin with regular or **brand name Ritalin.** The prescribing physician should indicate and intitial "no substitutes" on the prescription pad; otherwise the pharmacist might substitute 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 ½ of a 10 mg tablet of brand name Ritalin. Take it three times a day (i.e. just before breakfast, before lunch and between 4-5 p.m.) Never take the third dose after 6 p.m., as it may interfere with sleep. This third dose allows one to assess the effect of this amount of medication on homework, sports or other evening activities. Stay at each dosage level for three days. Increase the dose by 1/4 of a tablet per dose ***every three days,*** as follows:

Days	1-3	½ tab or 5.0 mg.
	4-6	¾ tab or 7.5 mg.
	7-9	1 tab or 10.0 mg.
	10-12	1¼ tab or 12.5 mg.
	13-15	1½ tab or 15.0 mg.
	16-18	1¾ tab or 17.5 mg.
	19-21	2 tab or 20.0 mg.*

Complete a **Screening Checklist for Attentional Concerns** 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 and stay on this dose until your next appointment. At this time, the Screening Checklists can be examined to see if you have responded to the medication and to identify the smallest dose that gave the optimal results. Once the correct dosage is determined, other medications that are taken once a day may be tried to see if similar effectiveness can be achieved. If Ritalin was not effective, other types of medication can be tried.

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

[1] This approach to a medication trial was developed by Dr. Geraldine Farrelly, a Calgary pediatrician who has worked with A.D.D. for over 20 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 by Dr. Teeya Scholten.

Dr. Farrelly advises that whenever possible, try to begin on a Saturday, in case the third dose results in wakefulness. Also, when possible, 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 **response** of the individual should be closely **monitored** across **many situations** such as home, school, workplace, and recreation by the use of **rating scales. The Screening Checklist for Attentional Concerns** should be completed by involved individuals (i.e., client/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. See Mac's story on p. 12 of **The A.D.D. Guidebook** by Dr. Teeya Scholten**.**

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.

Adapted Sept 27, 2004