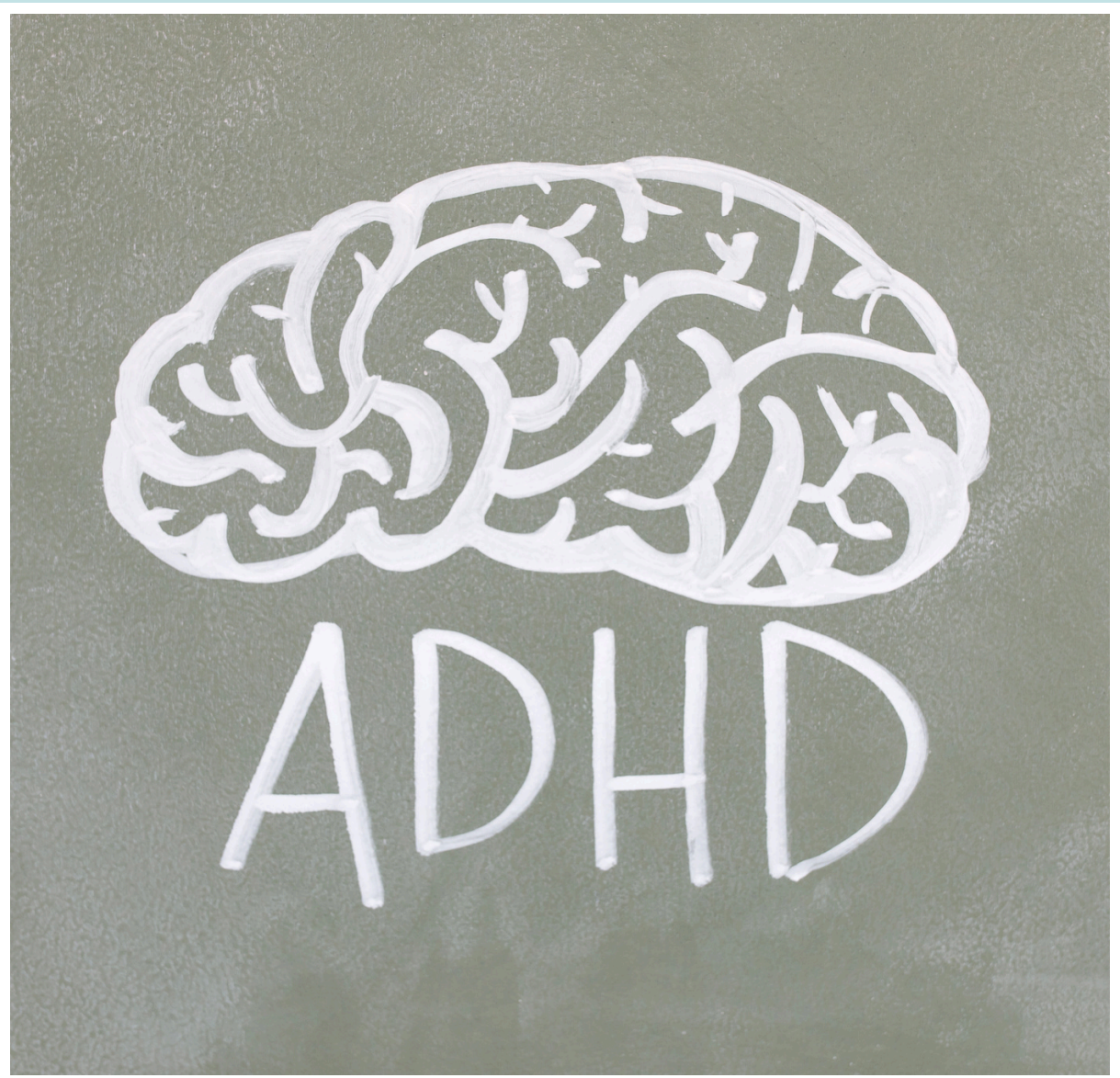


ADHD MEDICATIONS:
SEPARATING FACT FROM FICTION

ADHD Meds Myth Buster Guide



www.ariellerubinmd.com

Why I Made This Guide

This guide aims to address the most common myths about ADHD medications with evidence-based information, helping you make informed decisions for yourself or your loved ones.

Dr. Arielle Rubin specializes in complex neurodevelopmental presentations, with particular expertise in the intersection of autism and ADHD. With 15+ years of clinical experience and research in medication management for neurodivergent individuals, Dr. Rubin is committed to personalized, evidence-based approaches that honor neurodiversity while addressing challenges that impact quality of life.



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Understanding the ADHD Brain: Why Medication Helps

Before we explore specific myths, it's important to understand the neurobiological basis of ADHD. This condition involves differences in brain structure, function, and neurotransmitter systems—particularly those involving dopamine and norepinephrine. These differences affect executive functioning, which includes abilities like:

- Sustaining attention
- Managing emotions
- Organizing tasks
- Controlling impulses
- Working memory

Medication works by targeting these specific neurochemical systems, effectively providing the brain with tools it needs to function more optimally.



What We'll Cover

- 01 ADHD MEDICATIONS CAUSE BRAIN DAMAGE
- 02 ADHD MEDICATIONS DON'T REALLY WORK
- 03 ADHD MEDICATIONS LEAD TO FUTURE SUBSTANCE ABUSE
- 04 AUTISTIC CHILDREN CAN'T TAKE STIMULANT MEDICATIONS
- 05 THERE ARE ONLY TWO OPTIONS: RITALIN AND ADDERALL
- 06 ADHD MEDICATIONS STUNT GROWTH
- 07 ONCE YOU START ADHD MEDICATION, YOU'RE ON IT FOR LIFE
- 08 ADHD MEDICATIONS JUST "DRUG CHILDREN" TO MAKE THEM COMPLIANT



CONTACT DETAILS

If you have questions about ADHD treatment options or would like to schedule a consultation, please don't hesitate to reach out!

WEBSITE

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Myth #1: ADHD Medications Cause Brain Damage

THE REALITY: NOT ONLY IS THERE NO EVIDENCE THAT PROPERLY PRESCRIBED ADHD MEDICATIONS CAUSE BRAIN DAMAGE, BUT RESEARCH SUGGESTS QUITE THE OPPOSITE.

Camila, a 12-year-old patient with both autism and ADHD, came to my practice after her parents read concerning online posts about stimulants "shrinking the brain." During our consultation, I shared several key research findings:

- Longitudinal brain imaging studies show that untreated ADHD is actually associated with delayed brain development and reduced volume in certain regions
- Treatment with stimulant medication has been shown to normalize these developmental trajectories
- Over 30 neuroimaging studies referenced by ADHD expert Dr. Russell Barkley demonstrate improved neural growth in regions affected by ADHD after extended medication treatment

In a two-year follow-up scan, Camila showed improved density in her prefrontal cortex—the brain's "executive center"—after appropriate medication treatment. As I explained to Camila's parents, risks do exist, but only with improper use such as:

- Intravenous administration
- Crushing and snorting medication
- Taking doses significantly higher than prescribed
- Using someone else's prescription

When taken as prescribed under medical supervision, ADHD medications have been used safely for over 70 years.



Myth #2: ADHD Medications Don't Really Work

THE REALITY: ADHD MEDICATIONS ARE AMONG THE MOST EFFECTIVE TREATMENTS IN ALL OF PSYCHIATRY.

The evidence for stimulant medication efficacy is overwhelming:

- Response rates of 70-90% for appropriately diagnosed individuals
- Effect sizes of 0.8-1.2 (an effect size of 0.8 is considered large in medical research)
- Hundreds of randomized controlled trials consistently demonstrating efficacy

It's true that approximately 10-15% of children with ADHD don't respond to stimulant medications. This non-response may indicate:

- The need to try a different medication class
- The presence of co-occurring conditions requiring different approaches
- A need to reassess the diagnosis
- The need for additional non-medication interventions

Even among responders, medication works best as part of a comprehensive treatment plan that includes behavioral strategies, academic accommodations, and other supportive interventions.



Myth #3: ADHD Medications Lead to Future Substance Abuse

THE REALITY: RESEARCH CONSISTENTLY SHOWS THAT TREATING ADHD WITH APPROPRIATE MEDICATION ACTUALLY REDUCES THE RISK OF SUBSTANCE USE DISORDERS.

Multiple long-term studies have found:

- Individuals with untreated ADHD have 2-3 times higher rates of substance use disorders
- Treatment with stimulant medications reduces this risk by approximately 85%
- Earlier treatment appears to provide greater protective effects

This protective effect makes sense when we understand that:

1. Untreated ADHD often leads to academic failure, social rejection, and low self-esteem
2. These negative experiences increase vulnerability to substance use
3. Many individuals with untreated ADHD attempt to "self-medicate" their symptoms
4. Proper treatment reduces these risk factors and provides healthy dopamine regulation



Myth #4: Autistic Children Can't Take Stimulant Medications

THE REALITY: MANY AUTISTIC CHILDREN WITH CO-OCCURRING ADHD CAN BENEFIT SIGNIFICANTLY FROM STIMULANT MEDICATIONS WHEN PROPERLY PRESCRIBED AND MONITORED.

In my practice specializing in complex neurodevelopmental presentations, I've worked with hundreds of autistic children who also meet criteria for ADHD. What we know from research:

- 30-50% of autistic individuals also meet criteria for ADHD
- Similar response rates to stimulant medications as non-autistic individuals with ADHD
- Some considerations for dosing and monitoring may differ
- Individual assessment is essential, as autism is a spectrum with diverse presentations

Jake, an 8-year-old autistic boy with significant attention challenges, struggled immensely in school despite appropriate sensory accommodations and educational supports. His parents had been told by multiple providers that "stimulants don't work for kids with autism."

After a comprehensive evaluation confirming co-occurring ADHD, we initiated a careful medication trial with close monitoring. The transformation was remarkable—Jake could finally access his learning environment, participate in social activities, and apply his considerable intellectual gifts.

While Jake's medication required more careful titration and attention to potential sensory side effects, the principles of treatment were similar to those for any child with ADHD.



Myth #5: There Are Only Two Options: Ritalin and Adderall

THE REALITY: THE LANDSCAPE OF ADHD MEDICATION HAS EXPANDED DRAMATICALLY, OFFERING NUMEROUS OPTIONS WITH DIFFERENT MECHANISMS, DURATIONS, AND DELIVERY SYSTEMS.

Current medication options include:

Stimulant Medications

Methylphenidate-based:

- Ritalin (immediate release)
- Concerta (extended release)
- Focalin (d-methylphenidate)
- Quillivant XR (liquid formulation)
- Daytrana (patch delivery)
- Jornay PM (evening-dosed, morning-activated)

Amphetamine-based:

- Adderall (mixed amphetamine salts)
- Vyvanse (lisdexamfetamine)
- Dexedrine (dextroamphetamine)
- Adzenys XR-ODT (orally disintegrating tablet)
- Mydayis (triple-bead extended release)

Non-stimulant Medications

- Strattera (atomoxetine)
- Intuniv/Tenex (guanfacine)
- Kapvay (clonidine)
- Wellbutrin/Zyban (bupropion)
- Qelbree (viloxazine)

This variety allows for personalized treatment approaches based on:

- Individual response
- Co-occurring conditions
- Daily routine and schedule
- Sensory or swallowing issues
- Duration of coverage needed
- Side effect profiles



Myth #6: ADHD Medications Stunt Growth

THE REALITY: WHILE MODEST EFFECTS ON GROWTH HAVE BEEN OBSERVED IN SOME STUDIES, THESE EFFECTS ARE TYPICALLY...

- Small (approximately 1-2 cm in final height)
- Temporary (growth velocity often normalizes with continued treatment)
- Manageable with medication holidays or evening dosing
- Potentially non-existent with proper nutrition and medication management

Interestingly, untreated ADHD itself has been associated with irregular eating patterns that can affect growth and nutrition. This is particularly relevant for autistic individuals who may already have selective eating patterns.

Myth #7: Once You Start ADHD Medication, You're On It For Life

THE REALITY: MANY INDIVIDUALS TAKE ADHD MEDICATION DURING SPECIFIC DEVELOPMENTAL PERIODS OR SITUATIONS, WHILE OTHERS BENEFIT FROM CONSISTENT TREATMENT ACROSS THE LIFESPAN.

The need for medication often changes with:

- Brain development and maturation
- Environmental demands
- Development of compensatory strategies
- Life transitions
- Changes in support systems

Treatment decisions should be regularly reassessed, with periodic trials of reduced dosage or medication holidays when appropriate to evaluate continued need.



Myth #8: ADHD Medications Just "Drug Children" to Make Them Compliant

THE REALITY: EFFECTIVE ADHD TREATMENT IS ABOUT ENABLING SELF-REGULATION, NOT SUPPRESSING PERSONALITY OR CREATIVITY.

When medication is working appropriately, parents and teachers typically report:

- "I see more of the real child, not just the ADHD symptoms"
- "Their natural creativity and talents can finally shine through"
- "They can make choices about their behavior rather than being driven by impulses"
- "They have access to their capabilities now"

Proper medication treatment should enhance, not diminish, a person's unique qualities and strengths.

Making Informed Decisions About ADHD Treatment

If you're considering medication treatment for yourself or your child, here are some guidelines:

1. Seek comprehensive evaluation from providers experienced with neurodevelopmental conditions
2. Consider comorbidities like autism, anxiety, or learning disabilities
3. Start with low doses and adjust gradually based on response
4. Monitor both benefits and side effects systematically
5. Combine medication with behavioral, educational, and environmental supports
6. Involve the individual in treatment decisions as appropriate for their age
7. Maintain regular follow-up with prescribing professionals
8. Remember that medication is a tool, not a cure or complete solution

The Path Forward: Integrating Evidence and Individual Experience

Every person's neurological profile is unique, and treatment decisions should always be individualized. What works beautifully for one person may not work for another, even with similar diagnoses.

The goal should never be medication for its own sake, but rather finding the right combination of supports that enable each individual to thrive according to their own definition of success.

By moving beyond myths and focusing on evidence-based approaches tailored to individual needs, we can help more people with ADHD, including those with co-occurring autism, access their full potential and experience greater well-being.



Want more support on your mental health journey?

In my commitment to empowering the autism community, I've created a variety of free resources to support you on your journey. If you're looking for more personalized guidance, I also offer one-on-one support—please don't hesitate to reach out or schedule a session. You don't have to navigate this alone.

LET'S WORK TOGETHER

ASK ME ABOUT OTHER FREE RESOURCES

- ✓ Weekly Newsletter
- ✓ Supplement Guides
- ✓ Autism Terminology Guide
- ✓ Medication Guides
- ✓ Diagnostic Screeners
- ✓ Parent Quiz

JOIN MY ONLINE COMMUNITY

Autism Roadmaps is a doctor-led online community designed to support families, caregivers, and professionals navigating the autism journey. Founded by Dr. Arielle, the platform offers daily challenges to promote mental wellness, masterclasses on topics ranging from therapies and treatments to co-occurring conditions, and regular virtual meetups that create space for connection and shared experience. With a dedicated Q&A forum and a growing network of families on similar paths, Autism Roadmaps is more than a resource—it's a community built on guidance, growth, and genuine support.