

## May 2017 post: Adolescent ADHD and SCHOOL FAILURE

You are seeing this very pleasant and articulate, previously healthy 15-year-old female for the first time in 2 years for a sore throat. You briefly inquire about her menses, home life, dating, mood, and her schoolwork. When asked about her grades, you encountered hesitancy, and a monosyllabic reply of “okay.” And she just looks at her mother, and says “You tell him.” She had two failing grades freshman year, struggling since high school began. But, she did very well in middle school (A/B average). Her mother says that now she is irritable and angers easily, mopes around, and avoids the family by going into her room most evenings. She admits to crying many days. However, she has lofty goals for the future (physical therapist), and good insight, diction, and articulateness.

How can this bright girl be barely surviving high school academically? You notice her “spaciness!” You now conjure up your quick differential diagnoses for academic failure in high school:

Inattentive ADHD	Severe mood disorder or anxiety
Drug abuse, particularly marijuana	Psychosocial Stressors- Home environment
Slow learner	Adolescent adjustment reaction

Today, along with your streptococcal testing, a current urine drug screen was negative.

By the follow-up visit next week, you have received recent report cards, ACT scores, achievement tests, along with some current ADHD checklists from a few teachers. You are perplexed that most of her achievement scores were in the upper quartile, her ACT scores were 26 as a freshman, and her freshman grades were mostly Cs and Ds with an A in chemistry. Her teachers’ ADHD checklists were markedly positive for inattention, daydreaming, defiance, and sadness.

She is probably afflicted with a moderately severe case of [inattentive ADHD](#) and mild reactive depression. In your experience, inattentive ADHD is the most common cause for school failure or underachievement in high school among students who have otherwise average or above intelligence. [Zoega and colleagues](#) reported that among children with much later-treated ADHD vs. ADHD treated by fourth grade, test performance scores from fourth grade to seventh grade declined by 73% in mathematics and by 43% in language arts. And the math decline was even worse among girls than boys.

### **Treatment**

You explain that [successful ADHD treatment](#) could profoundly improve grades into the A-B-C range. Her reactive depression would likely abate soon—as SCHOOL WAS the unhappy situation where she spent the majority of her waking hours. You discussed the more common possible adverse effects, in particular weight loss, appetite suppression, headaches, abdominal discomfort and insomnia and provide [resources for parents](#).

[Regarding medication selection](#), you are not the pill “policeman” for drug diversion or prescription theft, a common problem with many stimulant drugs, even in “good households.” Therefore, you rarely ever prescribed the easily on-the-street-marketed ADDerall products or short acting methylphenidate. You use only longer acting, difficult-to-divert stimulant drugs like Concerta, Vyvanse, or Focalin XR, which would last 8 to 12 hours and could be used intermittently; or non-stimulant drugs like very expensive atomoxetine or often sedating guanfacine, requiring 1-2 times daily dose but lasting all day. A urine drug screen and follow-up visits would be performed every 4- 6 months. Any positive tests for illicit drugs would preclude further use of stimulants.

### **Course**

Within 3 months of initiating Concerta 36 mg daily, her grades have risen to the A-B honor roll category. Her irritability and bad moods have mostly subsided.

You have just experienced one of the more rewarding aspects of adolescent medicine — helping to totally turn around a formerly struggling bright young lady’s academic and emotional life.

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