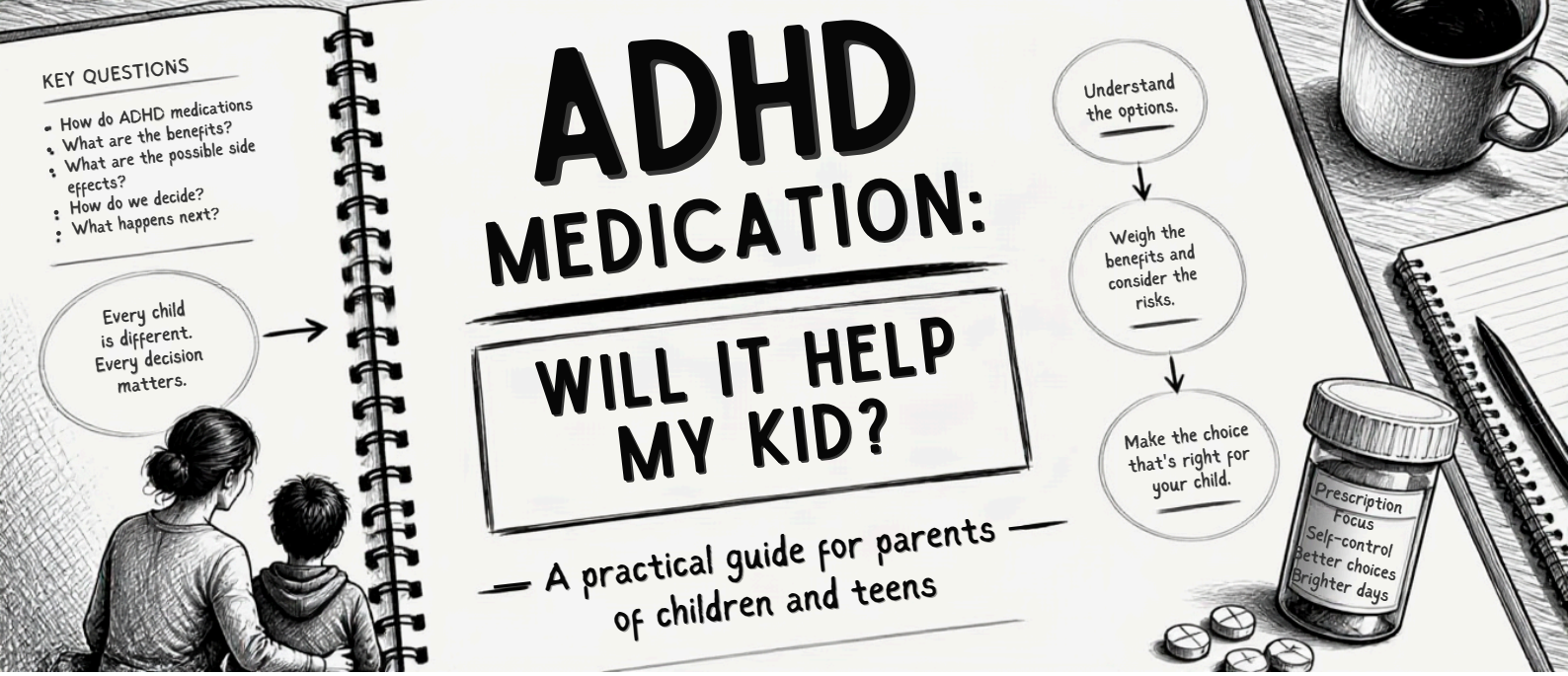


ADHD Medication: Will It Help My Kid?

A practical guide for parents of children and teens.

START HERE

You may be wondering whether ADHD medication could make daily life easier for your child—or whether it might change who they are. The goal is not a different child. The goal is better daily functioning and wellbeing while keeping your child's personality intact.

01 · What might treatment help with?

ADHD treatment may help with attention, impulse control, and everyday participation. It can support a child in school, at home, with friends, and during routines—but medicine is only one part of the picture.

Under 6

For children under 6, behavior-based support is an important starting point. Talk with the child's clinician about what fits your child and family.

Ages 6 and older

For children ages 6 and older, medication may be considered along with behavioral and school supports.

Teens

Teens need a plan that includes their perspective, medication safety, and support for daily functioning.

LOOK FOR THIS

A useful question is: Is life getting easier—and how does my child feel?

ADHD treatment is a process of noticing what helps, what does not, and what your child says and shows over time. Bring the whole picture to the child's clinician. [1]

---

02 · Choosing a medication

A busy brain may have trouble holding attention, pausing before acting, or staying with an everyday task. Stimulant medicines work on brain chemicals including dopamine and norepinephrine. Examples include methylphenidate and amphetamine medicines.

Stimulants are often tried first because they may help ADHD symptoms for many children and teens. Nonstimulants are another medication group. The right choice depends on the child, the symptoms to target, the day-to-day response, and the clinician's guidance. [2][3]

THE BIG IDEA

Medication should support a better day—not make a different child.

Stimulants and nonstimulants at a glance

The question	Stimulants	Nonstimulants
What are they?	Medicines such as methylphenidate and amphetamine.	Medicines that are not stimulants, including medicines such as atomoxetine and guanfacine ER.
What might they help with?	Attention, impulse control, and everyday participation.	Attention, impulse control, and everyday participation.
How quickly might a change show up?	The timing of benefit depends on the medicine and the child.	The timing of benefit depends on the medicine and the child.

What should families watch?	Appetite, sleep, mood, growth, pulse, blood pressure, and other changes.	Appetite, sleep, mood, growth, pulse, blood pressure, and other changes.
What if the fit is not right?	Share what you notice with the prescriber rather than changing the dose yourself.	Share what you notice with the prescriber rather than changing the dose yourself.

Details vary by medicine.

---

03 · Benefits in real life

A BETTER DAY, NOT A DIFFERENT CHILD

Look for practical changes: staying with a task, pausing before an impulse, joining everyday activities, and recovering from frustration. Medication may help symptoms; it does not teach every skill a child needs.

Make the goal visible

Notice	Ask	Track
Attention, impulse control, participation, and frustration.	What does the child notice? Does the child feel more able to do the things that matter?	Medicine, dose time, benefit, sleep, food, mood, and side effects.

04 · The 4 p.m. plot twist

The afternoon can look very different from the school day. Notice the timing: a medicine's effect may be wearing off, or a rebound change may appear. Hunger, exhaustion, and school stress can add to the picture.

NOTICE THE TIMING

School day → medicine timing → 4 p.m. change

Write down when the change starts, what it looks like, what your child has eaten, how tired they are, and what happened at school.

Practical landing steps

- [ ] Offer a calm transition from school.
- [ ] Notice hunger, exhaustion, and school stress before drawing conclusions.
- [ ] Track the medicine and dose time alongside the afternoon change.
- [ ] Share the pattern with the prescriber.
- [ ] Do not change doses on your own.

Guanfacine ER can have side effects such as sleepiness or dizziness and can affect pulse or blood pressure. Do not stop guanfacine abruptly. Ask the prescriber how it should be tapered. [5]

---

05 · Side effects and follow-up

Side effects are easier to discuss when they are described as observable changes. Look at the whole day: what changed, when it changed, and what else was happening.

WHAT TO NOTICE · WHAT TO TRY

Appetite: Notice what and when your child eats; share changes with the prescriber.

Sleep: Notice bedtime, falling asleep, and sleep quality.

Mood: Notice irritability, sadness, unusual behavior changes, or a child who seems unlike themselves.

Daily function: Notice attention, impulse control, frustration, and participation—not just whether a symptom is quieter.

Follow-up is part of treatment

The clinician may monitor growth, pulse, and blood pressure, along with appetite, sleep,

mood, and the child's overall response. Bring observations from home, school, and after school so the plan can be reviewed with the whole picture. [4]

Teen medication-safety rules

- [ ] Know the name of the medicine and why it is being taken.
- [ ] Take it only as prescribed; do not change the dose or share it.
- [ ] Keep medication stored securely and follow the clinician's and label's instructions.
- [ ] Tell a trusted adult or the prescriber about unsafe use, missing medicine, or concerning symptoms.

Atomoxetine has a warning about suicidal thinking and behavior in children and teens. Watch for new or worsening suicidal thinking, unusual behavior changes, or severe symptoms, and contact the prescriber promptly. [6]

Medication Guide reminder: Read the Medication Guide that comes with the medicine and keep it available for questions at follow-up.

---

06 · When to get help

EMERGENCY CARE NOW

CALL 911

Call 911 for immediate danger, a suicide attempt, an immediate risk of self-harm, unsafe behavior that cannot be kept safe, trouble breathing, a seizure, loss of consciousness, severe chest pain, or another severe symptom that needs emergency care.

988

In the U.S., call or text 988 for crisis support when a child or teen is having suicidal thoughts or is at risk of self-harm. If there is immediate danger, call 911.

WHEN TO CALL

CONTACT THE PRESCRIBER PROMPTLY

Call about new or worsening suicidal thinking, self-harm concerns, unsafe behavior, severe mood or behavior changes, severe symptoms, concerning appetite or sleep changes, or changes that worry you. Do not change the dose or stop guanfacine abruptly while waiting for advice.

Questions worth bringing

- [ ] What symptoms are we trying to help, and what would a better day look like?
- [ ] When should we notice benefit, and when should we notice the medicine wearing off?
- [ ] What should we watch for with appetite, sleep, mood, growth, pulse, and blood pressure?
- [ ] What should we do about an afternoon change or rebound?
- [ ] How should guanfacine ER be tapered if it needs to be stopped?
- [ ] How should the medicine be stored and kept safe?

BRING THE WHOLE PICTURE

Bring the child's perspective, school observations, after-school patterns, food, sleep, mood, side effects, and the questions you wrote down. The goal is a plan that supports daily functioning and wellbeing while keeping the child's personality intact.

Sources and further reading

Citations [1]–[7] retain the numbering used in the supplied source. Full source entries and further-reading references are preserved in the source list accompanying the guide.

[1] [2] [3] [4] [5] [6] [7]

Reviewed October 2026.

Copyright Murray Center for Behavioral Wellness © 2026. All rights reserved.

Disclaimer: This patient-education guide is for general information and does not replace advice, diagnosis, or treatment from your child's clinician. Use it with the medication label, Medication Guide, and follow-up instructions provided by the care team.