



ADHD in Youth with ASD:

Parents' Medication Guide

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

The purpose of this guide is to provide a broad overview of available treatments for ADHD in youth with ASD. It is not meant to provide medical advice or to encourage any particular form of treatment. Instead, we hope this guide will provide sufficient information in lay terms to allow patients and families to have meaningful discussions with their health care providers about ADHD treatments for youth with ASD.

American Academy of Child and Adolescent Psychiatry (AACAP) Parents' Medication Guides may become outdated after five years, as they may not reflect more recent research. This document may be used as a general guide for youth and their families. Please visit the AACAP website for the most current guides.



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Medications for Treating Attention-Deficit/Hyperactivity Disorder (ADHD) in Children with Autism Spectrum Disorder (ASD)

You may be reading this guide because you are thinking about using medication to help your child who has attention-deficit/hyperactivity disorder (ADHD) plus autism spectrum disorder (ASD) or noticeable symptoms of ASD. When your child is undergoing an evaluation for possible ADHD, it is important for you and the child's practitioner to fully understand your child's strengths and

challenges, as well as the treatment options that have been recommended to you by professionals. This Medication Guide includes frequently asked questions, an overview of what happens when children have both ADHD and ASD, and a discussion of the effects of ADHD medications on youth with ASD, including how medications can help improve symptoms as well as their potential side effects.





Basics of Using Medication in Children and Adolescents

Frequently asked questions

I have been told that my child may have both ADHD and ASD. What are the next steps?

Parents should first talk with their child's primary care practitioner, primary teacher, developmental-behavioral pediatrician, and/or mental health specialist, such as a child and adolescent psychiatrist or psychologist, about their concerns and potentially getting a full evaluation for their child (see below).

Who can diagnose ADHD and ASD? Several types of professionals can diagnose ADHD and ASD, including child and adolescent psychiatrists and psychologists, developmental-behavioral pediatricians, child neurologists, and other licensed healthcare clinicians with relevant experience.

Why is it important to have a full evaluation?

After children and adolescents with ADHD and ASD have a full evaluation, they can benefit from careful medication management by a child and adolescent psychiatrist, developmental-behavioral pediatrician, child neurologist, or other licensed healthcare clinician with experience in treating ADHD and ASD. Psychotherapy for behavioral, emotional, and academic issues may also be useful, and can be provided by a licensed mental health clinician with experience in treating these issues.

What do I do if my child doesn't think anything is wrong? Many children and adolescents with ASD may not have insights into their symptoms or that they would benefit from treatment, including medication. It is helpful to see this as a process that may

take some time for your child to fully absorb. Try to encourage acceptance by having a calm, honest discussion about the difficulties your child is experiencing or turn to reliable sources of information such as the [CHADD](#), [Autism Speaks](#), or [AACAP](#) websites (see *References and Sources of Further Information* at the end of this guide). It is also helpful to reinforce that these symptoms or problems do not define them, and that treatment is part of promoting health as well as opportunities to learn and grow.

What if my child refuses to take medication?

Some children and adolescents refuse to take medications without giving a specific reason. Explore with your child what they think might happen if they take medicine. Some children fear that medication may change their brains, others may think that taking medicine means that there is something seriously wrong with them, or they may resent taking something that may control or change them. For those who are taking medication, ask about any difficulties they may have in swallowing the medication, the time they take the medication, or any side effects, and work with the child's clinician to minimize side effects.

I am afraid of using medications for my child. Many parents would prefer not to use medication to treat their child's ADHD. It is important to recognize, however, that medications are one part of the treatment plan, along with educational and behavioral plans to support their learning. Medications for ADHD are safe and helpful, and working closely with a clinician will help in finding an option that is not only beneficial, but well tolerated.

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Basics of a Psychiatric Evaluation

Medical professionals generally do not prescribe medication or other treatment until they understand a child's challenges and have made a diagnosis. The best way to do this is for a professional to conduct a comprehensive evaluation of your child and discuss the results with you and your child.

A medication assessment typically includes a detailed history of your child, family, and environment that can take up to two hours. Your child's birth and growth history is important, as is your family's history of diagnosed or suspected ASD and mental health, sleep, learning, or substance use problems. This important information will help your clinician understand what factors may be affecting your child. It is also important to talk about your child's current and past school functioning and peer relationships. Your child may receive additional testing, including parent and teacher rating scales for ADHD and/or ASD, as well as testing for their learning style, known as cognitive or neuropsychological testing, to understand your child's strengths and challenges. Generally, children considered for medication benefit from a thorough medical check-up, including a physical examination by their pediatric practitioner to ensure that: 1) the child is well; 2) an underlying medical problem, including sleep problems, is not causing or worsening the child's symptoms of ADHD and ASD; and 3) no major medical problems, such as heart issues, would complicate the use of medications.

Diagnosis and treatment plan

It is important to consider a child's developmental stage in understanding whether behavior is typical or a sign of ADHD and/or ASD. If ADHD and ASD are diagnosed in a child or adolescent aged six years or older, medication can be an effective treatment. For preschoolers exhibiting symptoms of

Your Child's Medication Evaluation May Include:

- Birth and growth history
- Family history of diagnosed or suspected ASD
- Family history of diagnosed or suspected problems related to mental health, sleep, learning, or substance use
- Current and past academic functioning
- Peer relationships
- Parent and teacher rating scales for ASD and ADHD
- Cognitive or neuropsychological testing
- Medical check-up and physical exam by the child's pediatrician

ADHD and ASD, behavior therapy should be considered prior to using medication. Often, medication is used together with education about the disorders, behavior modification, family therapy, and/or school supports.

Role of parents/guardians in evaluation

Parents serve a critical role in helping to describe the child's symptoms. Children under 12 years old, and those with more noticeable ASD symptoms or developmental delay along with ADHD, may have difficulty communicating their own behavioral and emotional symptoms and/or sleep patterns. School (teacher) reports are very important and can be obtained by asking teachers to send verbal or written reports or to complete rating scales that a clinician has suggested. Your clinician may also ask you to complete rating scales. Repeating teacher ratings as treatment progresses can be useful to evaluate improvement in both ADHD and ASD symptoms in the classroom.

It is important to consider a child's developmental stage in understanding whether behavior is typical or a sign of ADHD and/or ASD.

Overview of ADHD and ASD

Before treatment options are described in the next section, some well-known characteristics of ADHD and ASD are listed below to help provide you with a better understanding of these conditions.

- ADHD (what used to be called ADD with or without hyperactivity) is the most common neurobehavioral health disorder in children. It affects up to 10 percent of school-age children, about 70 percent of whom will continue to have the disorder into adolescence, and half into adulthood.
- ADHD commonly occurs with other disorders, including ASD.
- Symptoms of ADHD are listed in **Table 1** and include inattention, distractibility, forgetfulness, and sometimes hyperactivity and impulsivity, in ways that are beyond what we would expect for the child's age. The hyperactivity tends to decrease with age; however, the problems with impulse control, as well as attention and organization, frequently remain and may lead to more challenges as schoolwork and other responsibilities become more advanced in the higher grades. Some young people with ADHD also have some moodiness or get frustrated easily as part of their ADHD. ADHD usually causes problems in a child's school, social, and home life.
- ASD, which used to be called pervasive developmental disorder, autistic disorder, or Asperger's disorder, is a neurodevelopmental disorder that affects one in 44 school-age children in the United States.
- Children with ASD have difficulties with social communication along with narrow and overfocused interests, inflexible repetitive behaviors, or discomfort with certain sounds, smells, and textures. Communication problems include difficulty understanding facial expressions, verbal communication, tones of voice and social "rules," making it hard for many to make or keep friends. Although people with ASD may want to have friends, difficulties in understanding these kinds of communication can make it very hard. Children with ASD can be quite different from one another, even though many have similar challenges. Some children with ASD may find schoolwork, including speaking and writing, very easy. Others may struggle in school or have limited speech.
- ADHD is very common in children with ASD. On the other hand, ASD occurs in far less of the children with ADHD. Children who have both can have many more difficulties socially, with school performance, and work completion, than those with either ADHD or ASD alone.

Table 1. ADHD Symptoms in Youth with ASD that May Respond to ADHD Medication

Inattentive Symptoms	Hyperactive/Impulsive Symptoms
Inattention/"day dreaming"/short attention span	Hyperactivity/overactivity/fidgetiness
Distractibility	Impulsivity/acting without thinking
Poor concentration	Low frustration tolerance
Forgetfulness	Excessive talking
Difficulty with organization	Verbal and physical interruption of others

Treatment Options for ADHD in Youth with ASD

It is important to think about both the risks of treatment and the risks of not treating with options like behavioral interventions and medications. Left untreated, ADHD can lead to increasing difficulties understanding and completing schoolwork, more difficulties with relationships, low self-esteem, and problems with mood and anxiety. Children with untreated ADHD are at higher risk for accidents and nicotine/drug/alcohol use. Many studies show that children do better in all of these areas with early and continuing treatment for ADHD, particularly given the long-term safety of the medications to treat ADHD.

Non-Medication Interventions

There are several different types of therapy that can help children with ADHD and ASD. Behavioral, cognitive-behavioral, and a type of ASD therapy called applied behavioral analysis (ABA) therapies in children can also help treat ADHD and ASD. In preschoolers, a

therapy called parent training is advised first, with medication recommended for children who still have extremely challenging behavior problems after therapy is tried. Sleep-related problems (which could worsen ADHD and ASD symptoms) may be improved by keeping consistent bedtimes and wake-up times and sticking to bedtime routines, reducing daytime naps, and limiting screen use at night.

If children with ADHD and ASD are struggling in the classroom, school accommodations (such as a 504 plan or an Individualized Education Program [IEP]) should be considered. The remainder of this guide will focus on medication treatment for youth who have both ADHD and ASD.

Medications

Medication is considered an important part of the treatment plan for youth with ASD and ADHD. Approximately one-half to three-

Treatment Options for Treating ADHD in Youth with ASD	
Psychotherapy	• Parent training (behavior management training for parents of younger children) • Behavioral and cognitive-behavioral therapies • Applied behavior analysis (ABA) therapy
School-based accommodations	• Individualized Education Program (IEP) or 504 plan • For more information, see AACAP's Facts for Families: School Services for Children with Special Needs: Know Your Rights
Medication treatment	• Stimulant medications • Nonstimulant medications • Combination medication treatments

quarters of youth with ASD and ADHD will respond to one or more of the medications used to treat ADHD. There are several different categories of medication that have been approved by the US Food and Drug Administration (FDA) as safe and effective for the treatment of ADHD. Medications used for ADHD appear to work as well in youth with both disorders as in those with ADHD alone, when the child has average or above-average language and intelligence. In those youth with ASD who have delayed language and/or intellectual disabilities, the medications may not work as well, and they may be more likely to have side effects. It may be that medications that did not work or were not tolerated well when a child was younger may work as the child ages. Because of the sensitivity to medications in those with ADHD and ASD, medications are often started at very low doses and

increased very gradually, and children are monitored carefully for side effects. The goal is to find a dose that balances improvement in symptoms of ADHD while minimizing side effects. With effective medication treatment, parents may notice not only improvement in symptoms of ADHD but also better social skills and reduced moodiness, irritability, and oppositional behaviors.

Listed below and in **Table 2** are the major medications used for children with ADHD and ASD, with brief descriptions in the context of youth who also have ASD. It is strongly recommended that parents track all of the medication trials to ensure they do not repeat any previous trials and/or to assist in the management of their children's side effects. More details on how ADHD medications work, typical doses, interactions with other medications, and common side effects



can be found in AACAP's *ADHD: Parents' Medication Guide*, at: https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/ADHD_Medication_Guide-web.pdf.

STIMULANT MEDICATIONS

Stimulants are the most effective and commonly prescribed medications for ADHD. The stimulants include both methylphenidate (Ritalin, Concerta, Focalin[XR], Metadate[CD], Daytrana, and others) and amphetamine (Adderall [XR], Vyvanse, and others). Research shows that methylphenidate and amphetamine may work slightly differently in the brain. This

means that one stimulant may work better than another to help your child's ADHD symptoms or may have fewer side effects. Therefore, if a trial of methylphenidate is not effective or tolerated, it is useful to try one of the amphetamines and vice versa.

Preparations and dosing. The good news is that there are many types of stimulants available in a wide variety of forms. How long the stimulant will work (duration) is important. Some stimulants last for a few hours (e.g., regular Ritalin, immediate-release methylphenidate), whereas others last for 12 hours (e.g., Adderall XR, amphetamine salts extended-release). Some children with ASD and ADHD

Table 2. ADHD Medications Utilized in Children and Adolescents with ASD

Medication	Potential Side Effects
Stimulants	
• Amphetamine* • Methylphenidate (Ritalin [immediate and extended release])	• Decreased appetite • Emotional outbursts • Headaches • Insomnia • Irritability • Repetitive behaviors • Stomachaches
Nonstimulants	
• Noradrenergic Agents • Atomoxetine (Strattera) • Viloxazine XR (Quelbree)*	• Decreased appetite • Early morning awakening • Fatigue • Nausea/vomiting
• Alpha Agonists • Clonidine (Catapres, Kapvay) • Guanfacine (Tenex, Intuniv)	• Anxiety • Drowsiness • Dry mouth • Emotional/tearful • Irritability • Low blood pressure/slow heart rate

*These medications have not been systematically studied for use in children and adolescents with ASD; however, they are used by clinicians.

Note: Medications such as tricyclic antidepressants, and bupropion (Wellbutrin, Zyban), which are also used for youth with ADHD, have not been systematically studied in individuals with ADHD and ASD but may be recommended by your child's clinician if the above FDA-approved medications are not effective and/or have too many side effects.

Stimulants are the most effective and commonly prescribed medications for ADHD.

benefit from the longer lasting stimulant formulations, while other children have more side effects in mood, appetite, and/or sleep, making shorter-acting stimulants preferable. Many of the stimulants can be substituted for one another in the case of specific medication shortages (e.g. Adderall XR).

Medication formulations and compliance.

Another important consideration for the many children with ADHD and ASD who have taste or texture sensitivities is what form the medication takes—in other words, the “preparation.” Many stimulants are available as pills or tablets, which should usually be taken whole. If medication is in a capsule form, most maintain their effectiveness and are safe if opened and sprinkled into food such as applesauce or pudding, to make swallowing easier. Other available forms include liquids, tablets that dissolve in the mouth, and patches to be placed on the skin. Liquid forms (suspensions) make it easier to increase the dose very gradually.

Finding the correct dose. The clinician will typically start with a low dose and gradually increase until you and the child’s teachers are noticing improvement, or until side effects make it so the dose cannot be further increased. When treating ADHD in youth with ASD, it is recommended to start with an immediate-release formulation of stimulants at a very low dose. If that dose does not cause side effects, the dose can be slowly increased until there is improvement in symptoms of ADHD with minimal side effects (including not worsening ASD symptoms). Once an effective dose is reached, an extended-release formulation of the stimulant medication can be substituted that the child could take once a day.

Side effects. Some children will experience side effects while taking stimulants; the most common ones often can be managed. For strategies on how to help manage your child’s side effects, see AACAP’s *ADHD: Parents’ Medication Guide*, at https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/ADHD_Medication_Guide-web.pdf). In general, the most commonly reported short-term side effects of stimulants in children

with ASD are trouble sleeping, decreased appetite, irritability, agitation, headaches, stomachaches, and increased repetitive behaviors. Many parents worry if their child does not feel like eating. Weight loss of less than 5 pounds within the first six months of starting stimulants is generally not concerning. Height and weight should be measured regularly and recorded on a growth chart. If there are major growth changes, this should be discussed with your clinician. Similarly, if a child is not getting enough sleep either as a result of having ADHD and ASD or because of the treatment, the medications may not work as well. Good sleep hygiene, such as getting up around the same time each day, reducing or stopping naps, and avoiding screens before bedtime, should be tried first to improve sleep. For stimulant medications, there are essentially no interactions with other medications to worry about, including with medications used for ASD and with most over-the-counter medications, but you should always check with your pediatrician about any new medication or over-the-counter medication to make sure it is safe to use.

FIRST-LINE NONSTIMULANT MEDICATIONS

Nonstimulant medications are also effective for treating symptoms of ADHD in youth with ASD. These may be used first or later, if your child does not respond to and/or cannot tolerate stimulants. Sometimes a nonstimulant may be used together with a stimulant medication, to improve effectiveness and reduce side effects.

Atomoxetine (Strattera). Atomoxetine has been studied not only in ADHD alone, but also in ADHD plus other mental health conditions, including ASD. These studies showed that atomoxetine was as well tolerated by children with ASD and ADHD as those with ADHD alone. However, in youth with both ADHD and ASD, the positive response was less than that observed in children without ASD. Symptom improvement was greater for hyperactivity than for inattention. Atomoxetine may be particularly helpful in youth with ADHD and ASD who also have anxiety or tics. The dose should be started low and increased slowly to avoid excessive tiredness. A response

to the medication is typically observed within 2–4 weeks after starting. Some children do better when the daily dose is divided into two doses daily instead of one. Side effects of atomoxetine in youth with ASD and ADHD can include nausea, decreased appetite, insomnia, excessive tiredness, stomachaches, and headaches. There are other, much less common side effects such as irritability or aggression (infrequent), suicidal thoughts (rare), and liver problems (very rare).

Alpha agonists. Other commonly used nonstimulants for ADHD include medications called alpha agonists. The alpha agonists used for ADHD and in children with ASD include guanfacine (Intuniv, Tenex) and clonidine (Kapvay, Catapres). These medications have been used not only for the treatment of ADHD in youth with ASD, but also for associated motor/vocal tics, aggression, sleep disturbances, and behavioral dysregulation.

Guanfacine is longer acting than clonidine and may be given 2 to 3 times a day. Clonidine is a short-acting medication lasting 4 to 6 hours in children and often requires 3 to 4 doses per day. A once daily form of guanfacine (Intuniv) and twice daily clonidine (Kapvay) are available. These medications may be safely used along with stimulants to treat ADHD in youth with ASD if your child has a partial response to a stimulant or used alone if your child has tics or side effects from stimulants.

Research shows that guanfacine and clonidine are effective in treating symptoms of ADHD in children with ASD. These medications can also improve the severity of ASD symptoms, oppositional behaviors, and possibly anxiety. Children with ASD may have more frequent side effects with these medications. Sleepiness is the most common side effect, although greater with clonidine than guanfacine, but this tends to improve with time. Other side effects include mood symptoms, slowing of the heart rate, low blood pressure, and dizziness. It is important to not stop higher doses suddenly, because your child’s blood pressure may increase for a short time.

USEFUL SECOND-LINE NONSTIMULANTS

The following medications are not FDA-approved for treatment of ADHD and have limited research but some clinical experience in youth with ASD and ADHD. These medications may be useful options if the stimulants or nonstimulant medications described above do not work well or produce too many side effects.

Bupropion (Wellbutrin, Zyban). Bupropion is an antidepressant that has been shown to be effective for ADHD in children and adults. Given its use in reducing cigarette smoking and improving mood, bupropion may be used for adolescents or adults with complex cases of ADHD and ASD, and youth with substance use or a mood disorder.

Viloxazine XR (Quelbree). This is a new nonstimulant that has not been tested in youth with ASD, but has been effective in children, adolescents, and adults with ADHD. Viloxazine may also be helpful with symptoms such as anxiety and mood that are common in youth with ASD. Until more data are available, it is advised to start with low doses and increase the dose slowly, so as not to worsen ASD symptoms. The most common side effects are tiredness, decreased appetite, nausea, insomnia, and irritability. Very rare emergence of suicidal thinking is possible.

Tricyclic antidepressants (TCAs). The TCAs imipramine (Tofranil), desipramine

(Norpramin), and nortriptyline (Pamelor) are third-line treatments (meaning often two or more types of medications are usually tried before these) and can help reduce behavior and attention problems associated with ADHD, as well as some additional problems such as tics and anxiety that are common in ASD. Blood levels and electrocardiographic monitoring (EKG) are recommended at higher than minimum doses.

Modafinil (Provigil, Sparlon). Modafinil is a medication that works on the parts of the brain that help keep us awake and alert, is FDA-approved for narcolepsy, and has been shown to be helpful for the treatment of ADHD in children and adolescents, but not adults. Modafinil may be useful for helping with motivation and alertness.

COMBINATION TREATMENTS

Do not be surprised if your child's clinician recommends a combination of medications. This might be needed to obtain better control of ADHD symptoms or because your child with ADHD may have other mental health conditions. For example, stimulants can be combined with alpha agonists like guanfacine or clonidine, atomoxetine, and/or other types of medication for moodiness and outbursts. In highly anxious children with ADHD and ASD, stimulants may worsen the anxiety and atomoxetine (Strattera) may be useful as a single medication. If stimulants alone

are ineffective, adding a selective serotonin reuptake inhibitor (SSRI) such as fluoxetine (Prozac) may be helpful (see AACAP's *Anxiety Disorders: Parents' Medication Guide*, at https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf). Similarly, for children with ADHD, ASD, and depression, the use of antidepressants plus stimulants can be effective. When ADHD in children with ASD is associated with high levels of moodiness and irritability, treatment with medication for improving mood may be offered before treating symptoms of ADHD. Your child may be offered treatment with one of the second-generation antipsychotics, such as risperidone or aripiprazole. For more information on medications used for more severe moodiness, see AACAP's *Autism Spectrum Disorder: Parents' Medication Guide* (https://www.aacap.org/App_Themes/AACAP/Docs/resource_centers/autism/Autism_Spectrum_Disorder_Parents_Medication_Guide.pdf).

Treatment of youth with ADHD and ASD should include check-ins with the clinician throughout the year to see if medications can be lowered or discontinued; or if there is a need for them to be increased. If a child is doing well and symptoms are continuing to improve, staying on the medication may be recommended while checking on any side effects or concerns.



References and Sources of Further Information

Websites

AACAP Parents' Medication Guides:

https://www.aacap.org/AACAP/Families_and_Youth/Family_Resources/Parents_Medication_Guides.aspx

AACAP ADHD Resource Center:

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

AACAP Autism Resource Center:

https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Autism_Resource_Center/Home.aspx

Additude Magazine's ADHD Medication List:

<https://www.additudemag.com/adhd-medication-list-treatments-children-adults/>

ADHDology:

<https://adhdology.com/adhd-medication-chart/>

American Academy of Pediatrics:

<https://publications.aap.org/>

The American Professional Society of ADHD and Related Disorders:

<https://apsard.org/>

Attention Deficit Disorder Association:

<https://add.org/>

The Autism Society:

<https://autismsociety.org/>

Autism Speaks:

<https://www.autismspeaks.org/>

Centers for Disease Control and Prevention (CDC)

- ADHD: <https://www.cdc.gov/ncbddd/adhd/index.html>

- ASD: <https://www.cdc.gov/ncbddd/autism/index.html>

Children and Adults with ADHD (CHADD):

<https://chadd.org/>

Cohen Children's Medical Center
Northwell Health:

<http://adhdmedicationguide.com/>

National Institute on Mental Health (NIMH):

- ADHD: <https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd>

- ASD: <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd>

Books

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Medication Tracking Form

Use this form to track your child’s medication history. Bring this form to appointments with your provider and update changes in medications, doses, side effects and results.

Date	Medication	Dose	Side Effects	Reason for keeping/stopping

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