

Linda Roggli:

It's October, 2020, and even in the midst of a crazy year, it's still ADHD awareness month. And we're still here with TADD Talks from ADDA, the Attention Deficit Disorder Association, nine minutes short, pithy soundbites on living with adult ADHD. Stay tuned, here it comes.

Dr. Bill Dodson:

Hello, I'm Dr. Bill Dodson. I'm a general adult psychiatrist specializing in ADHD in Denver, Colorado. Today, I would like to talk with you about the subject that I'm going to be presenting at the international conference in November on the alpha2 agonists group of medications for ADHD. The alpha agonists have been around for a long time. They have been approved for the treatment of ADHD since 1983. They've also got uses just across the board. They were originally blood pressure medications. They can treat tics and Tourette's syndrome. They're an anesthetic for eye surgery. It will prevent the experience of opiate withdrawal, on and on and on. So they're very versatile medications and we really don't know how and why they do all of this. The full name is really a tongue twister. It's alpha2a selective adrenergic receptor agonists. And that's why we cut it down to just alpha agonists.

Dr. Bill Dodson:

They make up less than 3% of the prescriptions for ADHD filled every year. And that's unfortunate. It should be up closer to 50% or 60%. And the main reason is most physicians have not been trained in their use, when to use them, how to adjust the dose. We're going to talk about that today. And hopefully it's something that people out there who have ADHD may want to talk to their clinician about. The adrenaline system is a small system, only 10,000 nerves out of 2 trillion, but it's like a giant neural amplifier. Each adrenaline nerve activates a half million others. And that level of adrenaline is regulated by autoreceptors that measure how much adrenaline is out in the synapses and what these medications do is that they get in that receptor, trick it into thinking there's way too much adrenaline out there, it has to send a message all the way back to the cell body to lower the amount of adrenaline being produced, and it has to get all the way back. And that round trip takes about five days.

Dr. Bill Dodson:

So we only change the dosage every fifth day because it takes five days in which to see what the previous dosage adjustment did. The stimulants are great. They do one thing and they do it spectacularly well, and that is if you're already engaged with something, the stimulants keep you from being distracted, but there's a lot of impairment in ADHD that the stimulants never touch. I think this was the reason why a lot of people will eventually get to the point where they say, I really liked my stimulant, don't get me wrong, but there's got to be more than this. And the answer is yes, there is.

Dr. Bill Dodson:

There's the alpha agonists. Because they pick up on all the other impairments of ADHD that the stimulants never touch. Specifically, it's the hyperactivity, hyperarousal and impulsivity components of ADHD and mood regulation in the form of rejection sensitive dysphoria, which we will talk about in just a moment. So the things that you're going to look for are: how does a person sleep? Most people with ADHD are night owls. They don't even think about getting into bed until two in the morning, and even then it takes them two hours to shut their brain and body off to go to sleep. Another person that would greatly benefit from the alpha agonists is the person who has three to five thoughts going on simultaneously. Three to five completely separate autonomous lines of thought. And this alone is distracting to have that many thoughts going on. People who are very impulsive, who say, do and buy things without thinking that they may immediately regret, but it's too late.

Dr. Bill Dodson:

The other big one is rejection sensitive dysphoria. The question on the questionnaire that I use goes: for your entire life, have you always been much more sensitive than other people you know, to rejection teasing criticism or your own perception that you've failed or fallen short? It's important to note that while

everybody would say this, it's a universal experience, nobody likes being rejected. Nobody likes being criticized or teased. What makes this an important thing in ADHD is the intensity with which these emotional episodes occur. The word dysphoria literally in Greek means unbearable. And that's what people say. I can hardly stand it when one of these episodes hits me. People are incapacitated. They can't carry on with what they were doing. That episode just has to run its course, and the person has to pick themselves up and get started again. And that sometimes can take days. So this is a very intense impairing emotional experience that may be very specific just to ADHD.

Dr. Bill Dodson:

So these medications, the alpha agonists, can help with all of those things, can almost get them away, get rid of them. And especially if it gets rid of the rejection sensitivity, it can be truly lifesaving. But disappointment is that there's a very low response rate to the alpha agonists. If you took 100 people, started them on which ever one of the agonists that you wanted to start with, they seem to be about equal, only about 30% of people are going to have this robust life-changing level of response. But it's a different 30% to each molecule. So if you start with guanfacine, 30% of people will have a great response, 70% will have nothing at all, or some mild side effects. If you take those 70 and you try them on the other alpha agonists, again, 30 out of 100 people will get a very robust life-changing level of response.

Dr. Bill Dodson:

So if you end up having to try both molecules, it'll end up at about a 55% to 60% response rate. So what should you look for? What people describe is: I'm comfortable in my own skin, I'm at peace, I have one thought at a time and it's the thought that I want to have. And they describe that they sleep naturally. They just fall asleep. They don't feel groggy. They can drive a car if they needed to, and they don't wake up with a hangover in the morning. Finally, the rejection sensitivity almost goes away. People describe it as emotional armor that they still see the slings and arrows of outrageous fortune, but now it no longer hurts them, wounds them. So the dosage range is fairly large. But the important thing to remember is that 80% of people who do get that robust response is going to do so at three tablets.

Dr. Bill Dodson:

So 3-1 milligram tablets of guanfacine, 3-10th (0.1) of a milligram tablets of clonidine. Now there's another 20% that's below and above that, but that's by far the most common dosage. And I would tell you that you really haven't given them a try until you've gotten up to three tablets. Side effects are usually mild, and they're only four. Anytime you're down regulating the adrenaline system, sedation is going to be a part of the mixture. Usually it is very mild. It helps you get to sleep, but it's gone the next morning. If you're having trouble functioning the next morning because it's too sedating, that medication is not going to work for you. That's nature's way of saying quit this one, go to the other alpha agonist. A lot of people will get dizzy when they stand up quickly. That's a universal experience to begin with, it can be made worse by the alpha agonists because they do lower blood pressure.

Dr. Bill Dodson:

The response to that is to drink a lot of water. Because almost always people who do have an increase in orthostasis, technical term, do so because they are dehydrated. Some people get mild headaches. Those usually go away in three to four days. One unusual thing is about 2% of people who take guanfacine will become extremely irritable, mean as a snake irritable, and that doesn't go away. If that happens for you, just stop the medication, that irritability will go away this afternoon. And you just never take that medication again. So in summary, these are very good, very well tolerated medications. They are in Europe called the ideal combination because each addresses a different aspect of the ADHD syndrome. And with it, you get much more complete symptom relief. They are well known, they're safe, they don't interact with other medications. And so they're very low on side effects. They really are something that most people should at least give a look to a short trial to do. So thank you very much for listening to me today. And I hope that you enjoy this presentation and all the others that are part of the TADD series. If

you have any questions, please give me an email at my email address, [billdodson19@gmail.com](mailto:billdodson19@gmail.com). Thank you very much.

Linda Roggli:

Okay, that's today's ADHD wisdom. Much more to come. And why not join us for the virtual 2020 international ADHD conference coming up in November? Details at [add.org](http://add.org). And while you're at it, why not join ADDA? It's a great investment in your ADHD life.