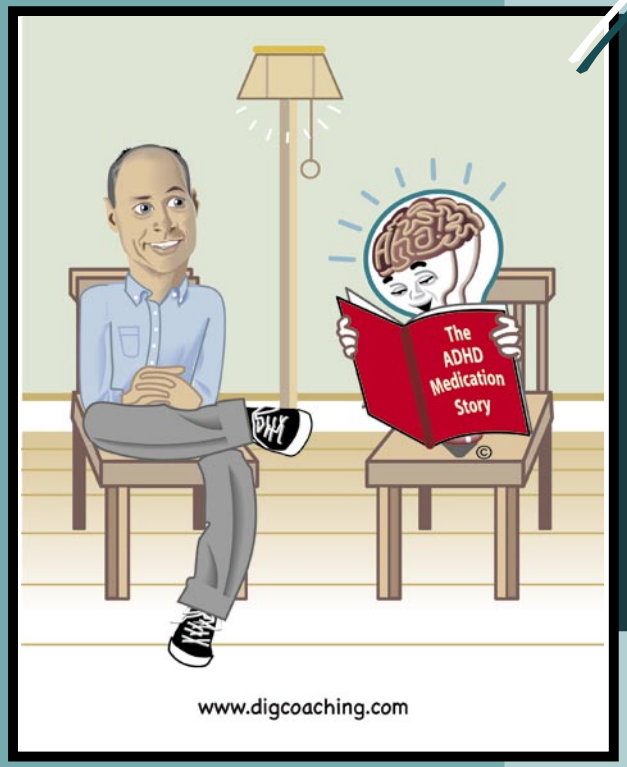
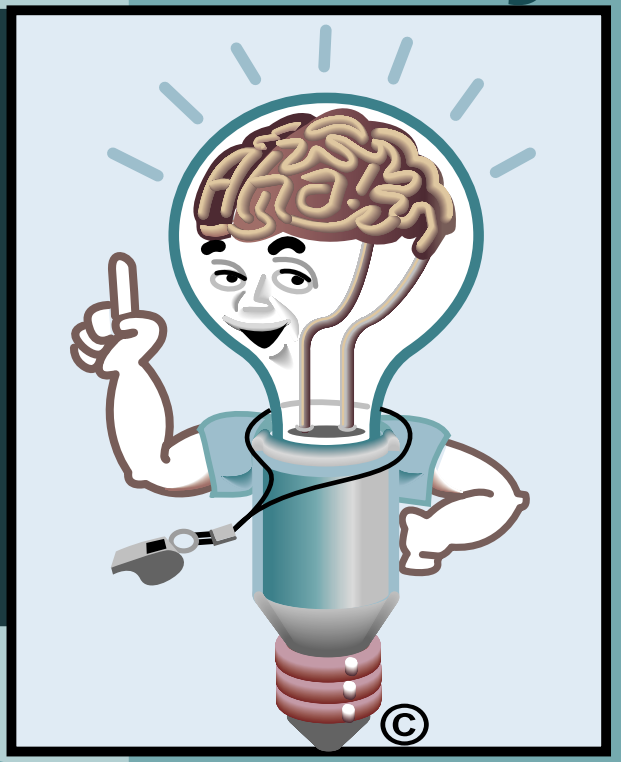
The ADHD Medication Story:



Its History and the Basics



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The ADHD Medication Story:
Its History and the Basics

Jeff Copper

In my years as a coach, many people have asked questions about ADHD medication and isolation. To answer the questions, it's often helpful to understand things within a much larger context.

That context cannot be only history but must include comparisons to other alternatives. Often, it's a challenge to find someone who can take such complicated information and explain it in a way that's simple and fun and really makes a lot of sense. I found that person in John I. Bailey, Jr., M.D.

My first encounter with Dr. Bailey was via social media, podcasts, or other auditory discussions. Then one day I found him at a conference presentation. He was brilliant at explaining things, so I invited him to be a guest on my podcast to share the story of ADHD medications from his perspective. This eBook is a synopsis of that interview. While some of the information is quite entertaining, I have not been able to verify all of the information; however, some of it makes a lot of sense. For example, is Vyvanse actually named after the actress Vivian Vance from "I Love Lucy"? We don't really know, but it is fun to think about.

BIO:

John I. Bailey, Jr., M.D.

Dr. John I. Bailey Jr., was Dean of ADHD Treatment Physicians in Alabama. In 1995, he founded the Center for Attention and Learning, the state's first specialty clinic for ADHD, and his practice grew to four states across the Gulf Coast and expanded to include many conditions associated with ADHD. He lectured and educated both patients and physicians across the United States. He is a graduate of the University of Alabama where he earned his medical degree and is board certified in family medicine. At a time when there were only four ADHD clinics in the South, he began to specialize in ADHD and related conditions. Since then, he treated approximately 4,000 individuals with ADHD from age four to 22. He is currently retired from practice and enjoying life.

The ADHD Medication Story:
Its History and the Basics

An Interview with John I. Bailey, Jr., MD

Jeff: *I reached out to Dr. Bailey some time ago because he's exceptionally articulate and just patiently waited my turn. Upon his retirement, we finally found time to have him as a guest on Attention Talk Radio. I'm absolutely delighted to have him talk about ADHD, the history of ADHD medications, and some of the basics, because he's really good at articulating things. And with that, Dr. Bailey, welcome to the show.*

Dr. Bailey: Hey, Jeff, thank you for having me on. I appreciate it. Good to see you again.

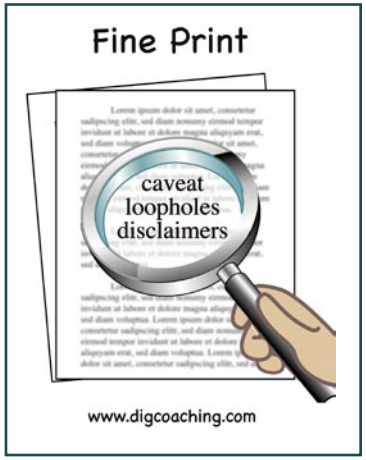
> ***We're helping to educate our audience, but we're not providing treatment or prescriptions.***

Jeff : *With every good physician, we're here to help provide some information, and we need to be really careful what we're doing. We're going to talk a lot about ADHD meds, but I'd like you to give us a kind of caveat here because we want to be careful. We're helping to educate our audience, but we're not providing treatment or prescriptions.*

So, Dr. Bailey, can you just go through our little caveat so we can get into the show?

> ***"Caveat" is an old Latin word for cover your butt.***

Dr. Bailey: Yeah, "caveat" is an old Latin word for cover your butt… yours, mine, whatever. Today we are talking about general education, not even general medical education.



Everything I say is not going to be gospel. It won't be everything you would need to know to treat the condition. Not everything I say has had ideal scientific study. Not every statement has received any study sometimes.

I'm not trying to establish a standard of care and I'm really not endorsing or condemning any product. I may say some good things about a product, I may say something negative. I may use brand names at times because of the audience's familiarity, not necessarily because of the recommendation.

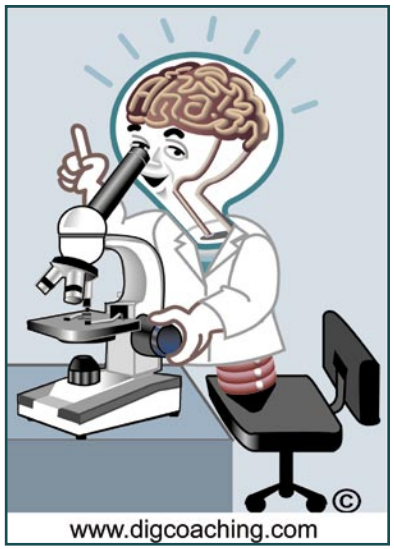
And particularly the ages and the dosages and the frequencies and the generations that I may discuss with you or you may ask me about, they're not going to conform to the FDA and manufacturers' product or information.

So don't rely on what I say without going through your physician with it. It has to be a mutual decision of the risks and the pros and cons. But it comes down to the patient and their physician, not a radio interview.

Jeff : *And thank you for that. It's important. And one thing that I always like to have experts like Dr. Bailey talk about is education. Because when it comes to this stuff, education is key. The more you know as a consumer, the better questions that you can ask and really get to the end that you're seeking with your physician.*

So, with that, let's begin. I think it's kind of fascinating, but can you tell us the story of ADHD medications and specifically when stimulants first were discovered to help those with ADHD?

Dr. Bailey: That's a really interesting story. I was a chemist in college. Chemistry was a big deal even in the Middle Ages. I don't go back that far, but our pharmacological chemistry advanced really rapidly in the late 1800s and the early 1900s.



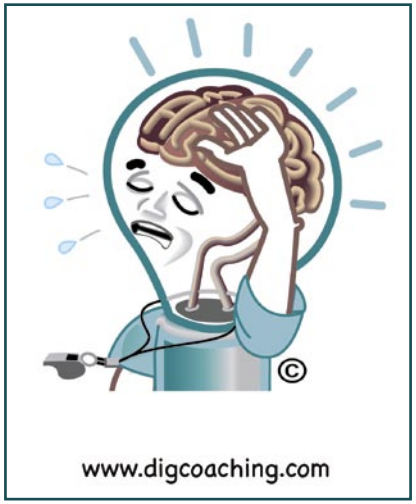
And it really advanced faster than the science of medicine. **Medicine didn't get very modern in the United States until the 1920s or so. What we had were drugs and chemicals that were invented that were in search of diseases.**

And back then, we were describing conditions very poorly. We didn't know what they were. Those old words, "She has the vapors," "He had dropsy." The problem was a weak constitution, malaise, or he is intemperate. Or it's a condition that must be a thing called postoperative depression, and we need to come up with a drug for that. Grumpy, phlegmatic. So, a lot of these chemicals were being discovered in the late 1800s.

In 1887, amphetamine was synthesized in Germany. Let me tell you the story of a young girl. We need something positive in the United States after the stories of this week.

There's a single girl named Emma Pendleton Bradley. She was born in Connecticut in 1880. She did fine until 1887. She got encephalitis. She never recovered. She died at age 27, never really having improved any. Her parents were rich. Her father worked with Alexander Graham Bell. He brought doctors into the home for 20 years. And so, she never got any better.

They created a hospital as her legacy in Providence, Rhode Island, around 1930 or so and hired a guy that was her cousin for the medical director. Really, the first scientific child psychiatrist in the United States. There were no other hospitals like this. And he started doing studies on kids.



And back then, all you did before was you just sat down and talked to people, Freud's couch and all that. And I guess you used a small couch for kids or you used a bigger stick. I don't know what was used.

But it was a psychiatric practice. That was what the practice was. And he's saying, what's going on here? They didn't have CT scans. They didn't have MRI scans. They had an EEG and they had the Xray. And you do an Xray of the head and you see a big bone but you don't see a brain.

So, you couldn't get your hands literally or figuratively around what's going on with these people who didn't do what the rest of the world did or didn't do it real well.

So, he started doing something called a pneumoencephalogram. And it's pretty rough as much as it sounds. You do a spinal tap and you squirt air up the spinal cord, and it rises up and it outlines the brain. Then you take an Xray and you see the brain. Problem is, it hurts like H-E-L-L.

Jeff : *Wow!*

Dr. Bailey: It's bad. Well, wow is right. They don't do that very much anymore. I've only had one patient who's ever had that in 40 years of doctoring. And so, these kids that he was

not trying to torture but was trying to figure out something to help the world, they wound up with these terrible headaches.

And for some reason he thought that this amphetamine compound, that I said was invented in Germany in 1887, might take away their headaches. It might make more water to fill around the brain or something. Well, they didn't do that

But what happened… this was a hospital, and this was a long-term hospital. So, these kids were staying there and they had doctors and nurses and nannies, and they also had teachers. And this was very progressive for the 1930s, especially for the only hospital for children in the world.

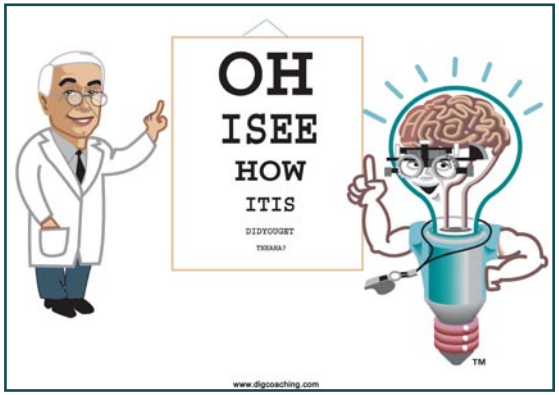
And they sent them to class. **And the teachers, the nurses and the doctors in the halls said the people that you're giving this headache medicine to, they're listening in class. They are learning. They are asking questions. They are even coming to the teachers and saying, "Can I have my pill?" They called them their arithmetic pills. "Can I have my arithmetic pill?"** Can you believe this?

And this is at a time when these kids had minimal brain dysfunction, minimal brain damage. They thought these children couldn't sit still because they had brain damage, and they were being given a medication changing their learning for the first time in the world. My goodness.

So maybe it wasn't brain damage after all. Maybe all of us with our ADHD aren't brain damaged. What a wonderful thought that would be.

So, in 1937, this Dr. Bradley published this. It came out just before the war. It got lost in the literature. In fact, I saw it online. First publication of this 1937 paper was in 2006 online. Yeah, it was in paper before then, but at first it got in electrons just in the last decade or so.

And what he found was, he said he could see a single daily dose of this provide a greater improvement in school performance than the combined efforts of a staff working in the world's most favorable setting. It would be all but demoralizing to these teachers had not the improvement been so gratifying from a practical viewpoint.



So, this is where we went. The paper got hidden. People started looking at it in 1958-59 or so. The chemical that was used was Dexedrine, dextroamphetamine, in 1940 and during the war. The British used 12 million dosages of that in the war. The Americans used 18 million dosages of that.

So, afterwards, there was sort of a marketing explosion. But as I said, it was for things that were vaguely labeled… the depression, the sluggishness, the grumpiness, the irritability, and so forth. And some of these people would wake up, but it wasn't considered for use of ADHD. There wasn't any ADHD, so they weren't treating ADHD.

The first time-release Dexedrine or time-release ADHD medication came out in the 1970s. It was a Dexedrine… Obetrol. Who has heard of Obetrol? Can you imagine what O-B-E-T-R-O-L was supposed to control?

It was an obesity medication. It was methamphetamine and amphetamine together. They reformulated that in 1994 and sold it to a small drug company called Richwood, who renamed it Adderall.

So, with the methamphetamine out of it and with the formula revised for Dexedrine and dextroamphet-

amine salts, then along came Adderall. **Did you ever hear why Adderall supposedly got its name? It treats all people with ADD, add-er-all?**

That's where the marketing name came from. The company told me back 20-some years ago. They never used it as a slogan because the FDA… it doesn't treat all. But somebody should have gotten paid for that back in the marketing department. The same company, of course, came up with Vyvanse.

You ever hear where Vyvanse reportedly got its name? Who was Lucy Ricardo's girlfriend? Ethel Mertz. But what was her name? Vivian Vance. So, she was Vyvanse. The company kind of smirks when you ask them that, but they won't deny it. So, we wound up with Vyvanse in 2007.

We wound up with ProCentra and Vyvanse and Evekeo and Zenzedi and Dyanavel XR and and the latest one, Mydayus, all through 2017. And that doesn't even touch with those with methylphenidate, which has its own story.

Jeff : *I think this is the first time I've really heard this kind of comprehensive explanation. So, in a weird kind of way, it was discovered to have an impact in school. They thought originally it was just to reduce headaches.*

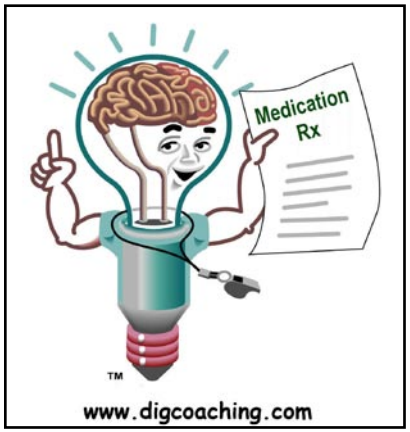
> ***They thought originally it was just to reduce headaches. And all of a sudden it became the arithmetic pill, and the rest is history.***

And all of a sudden it became the arithmetic pill, and the rest is history. It was a simple discovery. That's fascinating to me.

Dr. Bailey: That's correct. That's it. That's what happened. Well documented.

Jeff : *Wow. So, Dr. Bailey, moving forward, there's so much to cover. So, what makes the most sense? To talk about all the different kinds of drugs that are approved at this point? What do you think?*

Dr. Bailey: Well, let me just briefly, since we're going to go into the other stimulant, methylphenidate, let me tell you where that came from and we won't take as long. Methylphenidate, we call Ritalin, early 20th century, got synthesized a related chemical. And during the war, this gentleman was a Ciba-Geigy chemist, an Italian gentleman named Leandro Panizzon, I guess, built methyl-alpha-phenyl-2-piperidine-acetate.



So, he had to make a shorter name for that. It didn't sound real well, so they called it methylphenidate. It's an abbreviation for that. And back then it wasn't quite as organized in the American pharmaceutical industry. Now we have to test to get approval from the scientific groups at the colleges to use it on dogs or rats or certainly humans.

This gentleman decided he would use it on his wife first, Marguerite. And she had a condition we would call dysautonomia now. And dysautonomia means that, when you exercise, instead of your blood pressure going up, it goes down. And she couldn't play tennis when that happened.

So, he said, "Let's try this stuff. I think it's going to work on that." And lo and behold, it did. She could play tennis as long as she wanted to play, and he decided that it was a product that he should push forward to the company, and he needed a name for it.

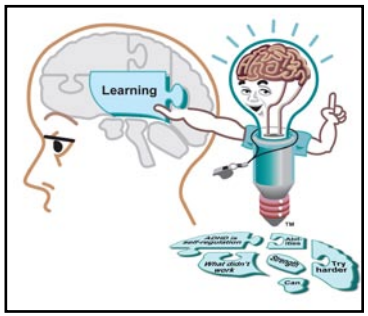
His wife's name was Marguerite… he called her Rita… .and so he created a compound called Ritaline, R-I-T-A-L-I-N-E. They took the "E" off the end of it and made it Ritalin and that's what we've heard of. So, that's where that came from in 1944.

And it passed the FDA in 1955 and started to be sold for clinical use: depression, fatigue, lethargy, spirits, outlook, performance. Notice we didn't use the word ADHD then. Not even normal brain dysfunction, oversedation,

post-op, and so forth. We had a lot of usages then.

And then we started to get the longer time release medicines like Concerta and Ritalin LA and Focalin XR, and the patches, and so forth, as the 21st century came along.

Jeff: *Wow, that's fascinating. Again, this is great information. I didn't necessarily know this, but this is kind of cracking me up. This is good stuff. Okay.*



Dr. Bailey: Thank Rita.

Jeff: *Thank God, Rita.*

Okay, so with that, let's talk. So, we have the stimulant medications. Just give us a landscape of all the different ones and just kind of walk us through it.

Dr. Bailey: All right. Well, we have non-prescription drugs. We have herbals and nutraceuticals and nootropics and homeopathics and dietary supplements. And I get questions about all these, but I would cut to the chase on that and just say what I say in a speech.

> ***No rigid, placebo-controlled, scientific study has ever shown a useful and statistically valid benefit from any such agent.***

No rigid, placebo-controlled, scientific study has ever shown a useful and statistically valid benefit from any such agent. If you can find it, please let me know. So those are the non-prescription medications we have,

We have prescription medications. And those are divided up into those that are FDA-approved and those that aren't. And people ask about the ones that are not approved, about miscellaneous ones to use as, Let's go to this. Can we try this? Can we try that? And those are the medicines that were invented for narcolepsy, alertness, Provigil, Nuvigil.

The appetite suppressants, phentermine, and Adipex has been a particularly useful medication, not approved, but it works for ADHD pretty well. It's probably the best of all of those that I would think. Some of the anti-Parkinsonian medications, Lisinopril, Amantadine.

Dr. Ned Hallowell tried that, as I recall, years ago and nothing really ever came of it much. But the ones that are pushed a lot are the antidepressants, particularly Wellbutrin, Effexor, Cymbalta, maybe some of the old tricyclics.

There's a confusion here. And, Jeff, one of the reasons that it's said so often and referred to that these meds work for ADHD, which they don't, in my humble opinion, is that depression... What are the symptoms of depression?

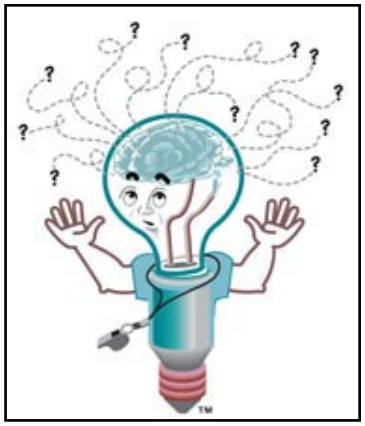
So, there are problems with concentration and memory and focus and motivation and interest, right? Yeah. What are the symptoms of ADHD? Problems with interest and motivation, focus, memory, and concentration. **So, you catch your ADHD somehow probably from sex… at birth,** and then you end up with…

Jeff: *(Laughing)*

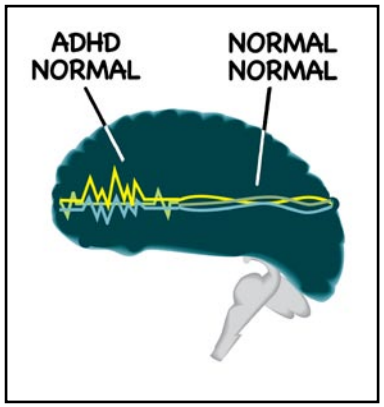
Dr. Bailey: Well, it happens. Yeah. And you wind up with, it's harder to live with it. That's where the depression comes from. Twice as hard, half as far. And you wind up with these problems due to your depression.

So, you get treated with an antidepressant and you get better. And either (a) you see you didn't have ADHD at all or (b) these meds really work for your ADHD. "You've brought me this article and it lists the symptoms of ADHD and we've fixed a whole lot of them with it, but I guess you still have some depression left. But let's hang in there. Go get some counseling and we'll get you better."

And that's where it gets confused, that the antidepressants work on ADHD. But in that community, they don't. So, you're left with what is prescribable that is indicated for ADHD. And so, we're down to six medications and you can focus on those six medications, and you divide those up.



So, you're left with three stimulants and three non-stimulants. It's clear with a doctorate or a smart boy or a PowerPoint presentation. There's Strattera, which is a dopamine reuptake inhibitor combined with norepinephrine reuptake inhibitors. We're talking about neurotransmitter molecules.



And we have two of what we call alpha agonists. I always call that… it's such a catchy name… alpha agonist. Very hard to explain what they do. It's hard to understand what they do. That's guanfacine and clonidine.

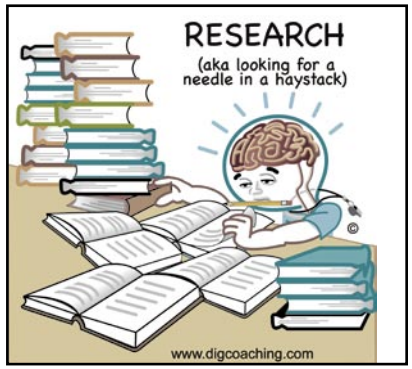
And then we have our three stimulants that are approved. The two that we've talked about historically… methylphenidate and amphetamine… and all the different brands there are, but there are two drugs as such.

And then we have methamphetamine, which is actually approved for use and treatment of ADHD. All sorts of arguments, pros and cons about that. Not many pros, at least that are spoken of.

I have used methamphetamine twice in 4,000 patients when nothing else would do. They were actually both children, believe it or not, and I had a long talk with the parents. The children were going to be thrown out of kindergarten, first and second grades, and they've been thrown out three or four times. They got put on those medications very carefully.

We watched them along and they got transferred as they matured. Lived happily ever after. And I hope they have been to college by now. The other 3,998 patients were treated with stimulants; with those other two medications, methylphenidate or some form of amphetamine.

There's the run. There's the universe of ADHD treatment medications.



Jeff: *We've just gotten a good education on the landscape of both non-approved medications and approved medications. But stimulant medications, Dr. Bailey, there's a lot of conversations about that. I'd like to talk about that a little bit.*

So, first, I'd like to give you just a synopsis of what stimulant medications are, and another issue that I'd like to talk about is their effectiveness.

I think there's a lot of confusion. We probably should dedicate a whole show to that. But can you just talk about what it is? And let's talk a little bit about the effectiveness, and we'll go from there.

Dr. Bailey: Sure, Jeff. When I tried to make a lecture about stimulants years ago, I went and looked through the Web and looked through the book and then I could not find a decent diagnosis or definition of a stimulant. And so, like any good ADHD-er, I just made one up.

Jeff: *(Laughing)*

Dr. Bailey: Yeah, it works. It works for me. It works for you, too, doesn't it?

Jeff: *Yeah.*

Dr. Bailey: **A stimulant, one which causes a temporary arousal of central nervous system activity and results in an increase in… and I'm going to give you half a dozen things here… alertness, wakefulness, consciousness, awareness, stimulus recognition**, noticing there's a car just crossing your lane, noticing the stop sign, noticing the fact your paper is due tomorrow in class, a sense of well-being, mood, energy, interest, and motivation.

You can argue about what some of these things mean. My wife and I argue about what consciousness and awareness mean all the time, but these are all good things.

There's not a thing on that list that is not an advantage to a human being as they go through their lives. **So, a stimulant revs up and increases and arouses the central nervous system activity,** and those are the results.

Jeff: I love that. It's funny because I was doing some presentations on boredom, and it was interesting to me, Dr. Bailey, that up until, I think it was 2013, the scientists couldn't come up with a unified definition of what boredom was. Well, it's a ubiquitous experience and everybody knew what it was, but they couldn't agree on a definition. So, I like what you put together there.

Dr. Bailey: I'm glad you said that. Let me throw this in, Jeff. **You want a definition of ADHD? It is a running away from boredom. That is all ADHD is. It's the running away from boredom.**

Jeff: And so, it's interesting because there's different kinds of boredom in my research and one those with ADHD are susceptible is what's called agitated boredom, and I ran across a definition of that I think you'll like. It's the physical discomfort where one is motivated to escape the plight. In other words, they're so physically uncomfortable, they're going to do whatever they can to get comfortable.

> ***"It's the physical discomfort where one is motivated to escape the plight … They're so physically uncomfortable, they're going to do whatever they can to get comfortable***

And it's funny, Dr. Bailey, because I describe that to many people that I coach and they really can identify. Many of them say, "I have this anxiety and I'm kind of pacing around."

A lot of times I'll deal with a parent or a spouse and I'll say, "Have you ever thought about a time when you were really, really, really, really cold? I mean, really cold, like five below. And did you ever do something, break into a building, or do something that you shouldn't have?"

And it's been interesting how many of them have. I say, "You're so physically uncomfortable, you're going to do anything you can to get comfortable." And so, I'm sharing that because it's the running away from boredom that just kind of mirrors it. And it's fun because I talk about that a lot and what I'm doing. So, kudos.

Dr. Bailey: So true.

Jeff: So, let's just talk about the effectiveness of stimulant medications, because I think there's a lot of confusion out there. And I really think getting the right dose and the right amount at the right time is somewhat complex, and I think it clouds a lot of people's thought

process about the effectiveness of stimulants. But just talk about its effectiveness and we'll go from there.

Dr. Bailey: **To me, stimulant medication, I think Dr. Hallowell uses the term, "the gold standard of ADHD treatment," is not for everyone, but they work better than anything else that's out there.**

> ***It is time to quit apologizing for stimulants. Not everybody needs them. Not everybody can take them, but if you can … they will hopefully last forever and will work very wonderfully.***

It is time to quit apologizing for stimulants. Not everybody needs them. Not everybody can take them, but if you can take them and your doctor knows how to use them and you are in a situation where you can get the feedback and get in contact with a physician and get it adjusted, they will hopefully last forever and they will work very, very wonderfully.

It's more likely that your lifestyle and your life will change and make them become unnecessary. I mean, you may be promoted and get a great secretary and not need your medication, but that hasn't changed your neurons inside. You may get a great coach and they may start listening to Attention Talk Radio and learn all sorts of things. The gold standard of ADHD treatment is stimulants.

Jeff: *But one of the things I think is really important that I want to draw out, and it's important, is a doctor that knows them and knows how to use them, because they are complex in terms of getting the right amount, the right drug, the right type. It's not just to take two pills and call me in the morning. Is that an accurate statement?*

Dr. Bailey: That true. To be honest, my first physician, bless her heart for diagnosing me in 1995, my goodness, did say, "Here, try this and come back in four months." That's not what you do. No. It's not so much danger.

If you've got an intelligent patient, they will call you and tell you they've got a problem. But ADHD was born ADHD. What they are is their definition of normal. And I say "they," I'm talking "we." That's not a derogatory term. But they've been there in utero.

Every day of their life has been this way. And so, until they get to where they can be, what their potential is… you have to push them, and you have to work with them. You don't push in giant leaps. But what I say when someone comes back in and says, "This is wonderful, I am great," and I look at them straight in the face. If I got an intelligent patient I'll say, "Fine, we go up," and we'll go up a small percentage.

Then, "You come back and tell me how that is. And then after we've gotten your drug adjusted, we work through the different forms, say, methylphenidate, and we come up with what you need."

And they finally realize the blessings, hopefully, of taking it seven days a week from the minute they get up to at least late into the evening if possible. Then I will look at them and say, "Okay, fine. Let's change your drug," because they don't know what amphetamine will do if methylphenidate has been the only thing that they've been on. I'm not going to insist and jump up and down say, "No, you have to change." No. No. No!

I'll say gently, "This is a suggestion I would make for you. Here's what other patients have seen. They have seen major differences if you change the drug. Let's work on that. Now we know the general range. I don't have to start from zero. We don't need another six months or four months. Let's try this. And guess what? When you come back and you tell me what works best for you and I will write that prescription for you."

Jeff: *So, number one, there's a lot of things out there I think that people confuse as ADHD. So, if we can do a control for that and we know it's ADHD and you've got a doctor that understands the medications and works with the person over a period of time, both in terms of the dosage, the right amount, the right drug, et cetera, and it really works for them, I think that this is really pretty complicated.*

And I know, Dr. Bailey, as a coach, I spend a lot of time educating the people that come to me and I say, "Have an expectation that you're going to have to change your meds 12 to 15 times," just to get them to work with the doctors to get that right.

But let's say that you've worked with somebody over a period of time and you get them into that sweet spot. And if you can't answer this, I totally respect it. But in terms of effectiveness compared to maybe an antibiotic or some type of other drug, can you speak to how effective it is in treating ADHD to maybe other drugs like that? Is it 50% or is it 90%? Again, don't say anything you're not comfortable with, but I'm just kind of curious what you can tell us.

> ***With either stimulant of the two main kinds, you can get 85% of properly diagnosed ADHD patients to a really good place.***

Dr. Bailey: I think I'm getting what you're talking about, and two different issues here. One is that with one or the other of the stimulants, with either stimulant of the two main kinds, you can get 85% of properly diagnosed ADHD patients to a really good place, and that leaves you 15% of people that you haven't treated. So, then you change the drug. And since the other drug will get 85% of people, there's very few people that fall in that one or two percent gap that's not included in both of those.

And a lot of times those are the ones that are erroneously diagnosed or have a major other problem that you have overlooked, such as bipolar disorder that needs to be treated along with the ADHD before the ADHD can be treated. That's the subject for another whole discussion someday.

> ***There are very few drugs in the drugstore that, with between two drugs in a category, you can get 98% of people treated.***

But these are 9 on a scale of 10 drugs. There are very few drugs in the drugstore that, with between two drugs in a category, you can get 98% of people treated. That's a wonderful drug.

Jeff: *Well, the one thing I want to emphasize with our audience is if you're talking about 98%, I really want to emphasize, talking to all the experts, it's going to take some work to figure that out, and you need somebody who's knowledgeable and you need to have some feedback and you need to go deal with somebody who's had some experience.*

So, clearly, we've only scratched the tip of the iceberg on a lot of things that we need to cover. But based on what we covered, any final thoughts or comments before we close out today?

Dr. Bailey: Well, I'll tell you one thing. Have you as a coach ever talked to a physician who has ever hired an ADHD coach in their office? I will tell you that **I believe in ADHD coaching,**

because I had an American coach graduate that I hired, and we worked together in the office for several years.

And combining those two things with the medication, combining the coach and counseling, if necessary, because I know they're not the same thing, there's just so much you can do if you spend the time to educate yourself and you find a physician who cares about you and listens to you.

If you get a feeling that the physician…. It's kind of like when you visit a church. If you're uncomfortable the first time, come back. I mean, you don't know where the bathroom is and so forth. Come back a couple of times. If you don't feel comfortable after the second or third time, go somewhere else.

The same thing's true with doctors for your ADHD. **If you think the doctor doesn't know what they're doing after the second visit, move along, but stick with them.** Tell them that you are not pushing to have an immediate cure, that you will stick with them, you will hang in there, and you have a life and you want a life, and keep on slowly working to this and you will get there.

> ***"If you have ADHD and you get the proper diagnosis and the proper treatment … you can live a very, very fulfilling life." Dr. Ned Hallowell***

Jeff: *Absolutely. I like what Dr. Ned Hallowell has said before, "If you have ADHD and you get the proper diagnosis and the proper treatment, which includes a multimodal approach, you can live a very, very fulfilling life." And it doesn't come without a little bit of work but, I mean, there definitely is promise. So, with that, Dr. Bailey, thank you so much for being here today.*

Dr. Bailey: It's been a blast.