



Pharmacist Jason Greene answers a phone call as he works at Reeves-Sain drugstore in Murfreesboro on Wednesday, Jan 11, 2012. Jae S. Lee / The Tennessean

ADHD med shortage puts squeeze on parents

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Jason Greene can easily predict which customers ask for Ritalin or Adderall. Their faces are new to him, but their anxious looks have become familiar.

“The parents do get a little rattled sometimes when they are trying to help their children,” said Greene, a pharmacist at Reeves-Sain Drug Store in Murfreesboro.

The independent pharmacy has picked up new customers due to a shortage of ADHD medicines that has parents scurrying from drug store to drug store as if competing in a poker run. This week he ran out of the quick-release version of the pills, and he’s not sure when he can get them back in stock.



The stimulants in the most common treatments for ADHD are controlled substances, which are kept in a locked cabinet at at Reeves-Sain drugstore. Jae S. Lee / The Tennessean

Rolling shortages of ADHD medications have been occurring nationwide for six months, and the situation is getting worse. Almost half of people who need the medicines — 47 percent as of Thursday morning — have reported difficulty getting their prescriptions filled, according to an ongoing survey by Children and Adults with Attention-Deficit/Hyperactivity Disorder, or CHADD.

The organization attributes the kink in the pipeline to manufacturing restrictions set by the U.S. Drug Enforcement Agency.

The stimulants in the most commonly prescribed — and often the cheapest — treatments for the disorder are controlled substances, so the DEA sets limits. Each manufacturer is rationed a set amount of the stimulant ingredients in the medicines. The drugs are often abused by people seeking a speed rush or college students using them to cram for exams. Demand is also on the rise because more children are being diagnosed with ADHD.

As Adderall has come into short supply, physicians have begun prescribing other medications. But then the availability of those drugs gets crimped, resulting in rolling shortages.

Parents' pocketbooks are also taking a hit because the most widely available medicines may be costly brand-name drugs with no generic alternative.

Greene's best advice for parents is to develop a relationship with a personal pharmacist and try to establish direct communication between that person and the physician. Doctors often don't know which medicines are in short supply.

This week, the pharmacy where Greene works had the extended-release version of Adderall available but not the quick-release form. They require different prescriptions.

"We haven't had a huge problem with it yet, but it is starting to become a problem in my practice," said Dr. Eddie Hamilton of Centennial Pediatrics in Brentwood. "So far, we have been able to work around it. For example, if someone is on a 20 mg dose and the pharmacies don't have the 20, we give them two 10s."

One person who does hear parents talk about the woes of hunting down medications is Terry Huff, a

licensed clinical social worker from Brentwood who counsels families affected by ADHD.

“Most of them get it, but they have to shop around and sometimes drive a distance to find someone who has it,” Huff said.

CHADD, a nonprofit advocacy organization for people with the disorder, is gathering information about the breadth and causes of the shortage. Its representatives are in contact with policy makers in Washington, D.C.

“Unfortunately, no one agency or manufacturer owns the problem,” Ruth Hughes, the chief executive officer of CHADD, wrote in a Jan. 5 blog post. “The Food and Drug Administration has responsibility for addressing medication shortages, but has no authority with the Drug Enforcement Agency. The DEA feels that it has a limited role of ensuring only the amount of medication legitimately needed is manufactured and the possibilities for diversion are reduced.”

Makers of the drugs have a manufacturing lag time of eight to 12 weeks, so even if the DEA allows additional production, the shortage isn’t alleviated.

“There is a fair amount of finger pointing and little problem solving,” Hughes concluded.

ADHD is a common childhood disorder that many young adults also have. The symptoms include difficulty staying focused, controlling behavior and being still. Treatments range from psychotherapy to medication — and can be prescribed jointly in combination therapy.

Diagnosis has been on the rise in recent years, according to surveys conducted by the U.S. Centers for Disease Control and Prevention. The percentage of children diagnosed with ADHD rose from 7.8 percent in 2003 to 9.5 percent in 2007. Tennessee’s rate of 11.3 percent is higher than the national average but lower than the rates in neighboring Kentucky, Alabama, Arkansas and North Carolina.

The diagnosis is sometimes made without sufficient testing, according to Hamilton, another reason for the shortage.

“I think the challenge for us is, ‘Are we over-diagnosing it?’” he said.

Abuse of the medications — people getting prescriptions to sell them — is difficult to measure. Some older students think they need the drug when they don’t.

“We have college students that will come to us and say, ‘My roommate is taking Adderall. They are doing better than I am, and I want to get some too,’” Hamilton said. “That happens quite often.”

ADHD medications

Commonly used drugs to treat ADHD:

Drug	Monthly cost	Generic version
Adderall	\$140-\$280	\$32-\$61
Dexedrine 10 mg	\$95	\$60
Focalin XR	\$211	not available
Vyvanse	\$197	not available

Ritalin 10 mg	\$86	\$32
Strattera	\$236	not available

ADHD by the numbers

- » 5.2 million children ages 3 to 17 diagnosed (8.4 percent of age group)
- » 21.8 percent increase of ADHD among ages 4 to 17 during 2003-2007
- » 42 percent increase among teens during 2003-2007
- » Boys are more than twice as likely as girls to have ADHD

State by state

Nevada has the smallest share of children 4-17 diagnosed with ADHD, at 5.6 percent, and North Carolina has the highest. Rates for Tennessee and its neighbors:

North Carolina 15.6 percent

Alabama 14.3 percent

Arkansas 13.1 percent

Kentucky 12.4 percent

Tennessee 11.3 percent

Missouri 10.8 percent

Virginia 10.2 percent

Mississippi 9.9 percent

Georgia 9.2 percent

Source: U.S. Centers for Disease Control and Prevention