



Tips on Dealing with Medication Side Effects

Preface

In this section, I've tried to compile some tips for how to manage some of the more common problems associated with medication side effects in the classroom, although many of the accommodations listed below are equally applicable to adults who are on these medications.

Dealing with medication side effects seems to be a bit more straightforward than dealing with other kinds of problems, as some accommodations are essentially required and there's not much point in debating or questioning when the parent tells you something like "He's on lithium and has to keep a water bottle with him so he can drink frequently." Other side effects will be harder to deal with and may require some collaborative experimenting to determine what works.

If the student is first going on medication for a neurobehavioral condition, expect that there may well be number of medication adjustments as medications need to be fine-tuned. Ask the prescribing physician to provide the school with a list of common, expected, or known side effects for the student. Also ask the parents to let you know about any side effects they observe in the home so that you are prepared for them in school.

If there is any change in a student's behavior that lasts for more than two weeks, teachers are encouraged to report it to the student's parent(s). Teachers should also consult with the student in a collaborative fashion as to how to deal with medication side effects. While a particular tip listed below may seem like a great idea, it may backfire for any one student, so do keep that in mind and individualize these tips.

Tips

These are organized by type of symptom:

If the student is experiencing increased thirst, allow the student to have unlimited access to water, juice, or whatever fluids their physician or they request. Many students may want to keep a water bottle on them at all times.

If the student is experiencing visual blurring as a side effect, reduce the amount to be read, provide a reader, and use books on tape if the student will be remaining on that medication.

If the student is experiencing frequent urination problems, nausea, vomiting, or diarrhea, allow the student

to have a permanent pass that they can use to just leave the room without having to ask. Note: if a student has these problems, inform all teachers that the student does not have to ask permission to leave the room and will just be leaving as needed. In conjunction with this, the student should be asked if they prefer to sit near the door or elsewhere in the room.

If the student is experiencing "rebound" problems of increased hyperactivity, weepiness, or irritability as a dose of a stimulant medication wears off, provide less demanding academic activities during that time and allow more opportunities for the student to move around or engage in activities that are gentle and calming for them. Also speak to the parents and/or physician about whether the in-school dosing schedule should be adjusted.

If the student has no appetite at lunch time, the in-school dosing of any stimulant medication may need to be adjusted if the child's lunch period can't be changed (although that would be the first thing to try). In general, stimulant medications should not be taken 30 - 40 minutes before mealtime, as they suppress appetite.

If the student experiences cognitive dulling, allow the use of word banks and other accommodations for word retrieval; allow more time for assignments.

If the student is on a neuroleptic (e.g., Risperdal, Zyprexa, Haldol, etc.) or Anafranil (clomipramine), they may experience increased appetite and significant weight gain. Speak with the parents and physician about whether to allow the student to have a snack on them at all times or whether to schedule snack breaks, etc.

If the student experiences tics (involuntary movements or sounds) while on a stimulant medication such as Ritalin, Concerta, Metadate, Dexedrine, or Adderall, inform the parents so that they are aware of the tics, but in the meantime, do not comment on the tics (ignore them) while you figure out what types of interference they are creating so that you can make accommodations for the tics (see the handout on accommodating tics for specific accommodation ideas).

If the student is on an SSRI (Prozac, Zoloft, Luvox, Paxil, Celexa) and seems to be getting more aggressive or "wild," inform the student's parents and the prescribing physician, as this may mean that the medication is triggering hypomania or a manic episode.

If the student cannot wake up in the morning to attend school (due to a medication side effect or a sleep component of the condition itself), there are various accommodations to explore:

- Reduce the student's course load and allow the student to start the day later.
- Schedule "heavy" academic courses later in the day.
- Allow the student to start the day later and provide tutoring in the home so that the student doesn't become demoralized over falling further behind.
- Ask the student if scheduling a highly motivating class for first period might help them wake up; be guided by their assessment of their situation.
- If the student is falling asleep in school due to medication side effects or the condition itself, speak to the physician about whether to let the student sleep or to try to rouse them, but provide the student with hard copies of all notes and presentations, and insure that all assignments are recorded.

- Conference with the parent about whether the student is capable of keeping up with homework or is falling asleep at home. You may need to reduce homework or significantly extend time on assignments.

If the student is experiencing impaired concentration and/or memory due to side effects or the condition itself:

- You may need to record the student's assignments for him/her. This can be done by the teacher or assistant but responsibility for it should be assigned to a staff member.
- For older students, provide hard copies of all board work and lecture notes.
- Remind the student at the end of the school day which materials he or she needs to take home, or provide Resource Room as the last period of the day so that the student can use the time to go get missing papers, notes missed while out of class, materials, etc.
- Allow extended time on in-class assignments, homework, and big projects. Conference frequently with student on big projects to assist them in getting started and staying on schedule.
- Provide a second set of books for the student to use at home.
- Assign an assistant teacher or paraprofessional to the class to assist the student discreetly.
- Pitch to the student's strengths. By providing enriching and interesting materials, the student's focus and energy levels will be enhanced.
- Testing accommodations may have to include alternative forms of testing such as allowing for word banks if the student is experiencing word retrieval problems due to medication side effects.