

## **Resources:**

### **Psychedelics:**

- MAPS (Multidisciplinary Association for Psychedelic Studies): [www.maps.org](http://www.maps.org)
- Erowid (harm reduction and substance information): [www.erowid.org](http://www.erowid.org)
- DanceSafe (drug checking and harm reduction): [www.dancesafe.org](http://www.dancesafe.org)
- The Third Wave (microdosing and psychedelic education): [www.thethirdwave.co](http://www.thethirdwave.co)

### **Substance Use Support:**

- Smoking Cessation Resources: 1-800-QUIT-NOW
- SAMHSA National Helpline: 1-800-662-4357

### **Trauma and ADHD Resources:**

- CHADD (Children and Adults with ADHD): [www.chadd.org](http://www.chadd.org)
- National Center for PTSD: [www.ptsd.va.gov](http://www.ptsd.va.gov)
- Somatic Experiencing International: [www.traumahealing.org](http://www.traumahealing.org)

## **For Individuals with ADHD**

### **Books:**

- *Driven to Distraction* by Edward M. Hallowell and John J. Ratey
- *ADHD 2.0* by Edward M. Hallowell and John J. Ratey
- *Taking Charge of Adult ADHD* by Russell A. Barkley
- *The ADHD Effect on Marriage* by Melissa Orlov
- *Thriving with Adult ADHD* by Phil Boissiere
- *You Mean I'm Not Lazy, Stupid or Crazy?!* by Kate Kelly and Peggy Ramundo

### **Websites & Organizations:**

- CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder): [chadd.org](http://chadd.org)
- ADDitude Magazine: [additudemag](http://additudemag.com)

## **Appendix 1.0**

# Comprehensive Guide to ADHD Medications

This guide provides detailed information about medications commonly prescribed for ADHD, including how they work, their benefits, and potential side effects. This information is for educational purposes and should not replace consultation with a qualified healthcare provider.

## STIMULANT MEDICATIONS

Stimulants are the first-line treatment for ADHD and are effective for 70-80% of people. They work by increasing dopamine and norepinephrine in the brain.

Medication Name	How It Works	Benefits & Duration	Common Side Effects
<b>METHYLPHENIDATE-BASED STIMULANTS</b>			
Ritalin / Methylin (Immediate-Release)	Blocks reuptake of dopamine and norepinephrine, increasing availability in prefrontal cortex and striatum. Works within 20-30 minutes.	Lasts 3-4 hours. Fast onset good for dose titration and testing tolerance. Can be used for short-duration needs (homework, specific tasks). Flexible timing.	Appetite suppression, insomnia if taken late, increased heart rate, headaches, stomach upset, irritability as it wears off ('crash'), anxiety, dry mouth. May need multiple daily doses.
Ritalin LA / Metadate CD (Extended-Release)	Biphasic release: immediate-release beads provide initial dose, delayed-release beads provide second dose 4 hours later. Same mechanism as IR.	Lasts 6-8 hours. Smoother coverage than IR. Once-daily dosing. Can open capsule and sprinkle on food. Good for school/work day coverage.	Similar to IR but smoother: appetite suppression, sleep difficulties, stomach upset, headaches, dizziness. Less pronounced 'crash' than IR. May still need afternoon booster dose.
Concerta (Extended-Release)	OROS delivery system: tablet has laser-drilled hole that releases medication steadily via osmotic pressure. 22% immediate-release, 78% extended over time.	Lasts 10-12 hours. Smooth, consistent delivery throughout day. Once-daily dosing. Good for full school/work day plus evening. Minimal peaks/valleys.	Appetite suppression, insomnia, headaches, stomach upset, increased blood pressure and heart rate, dizziness, irritability. Tablet shell visible in stool (normal). Cannot be crushed or split.

Medication Name	How It Works	Benefits & Duration	Common Side Effects
Daytrana (Transdermal Patch)	Delivers methylphenidate through skin absorption. Provides steady medication level while worn. Can be removed early if needed.	Lasts 10-12 hours while worn, effects continue 2-3 hours after removal. Good for people who can't swallow pills or have GI issues. Flexible duration (can remove early).	Skin irritation/redness at patch site (common), itching, appetite suppression, insomnia, emotional lability. Must rotate patch placement. Can fall off with swimming/sweating. More expensive.
Focalin / Focalin XR (Dexmethylphenidate)	Contains only the d-isomer (active form) of methylphenidate. More potent per milligram. Same mechanism but may have fewer side effects.	IR lasts 4-5 hours. XR lasts 8-10 hours. May need lower dose than regular methylphenidate. Some people tolerate better than standard methylphenidate. Smoother effect reported by some.	Similar to other methylphenidates but potentially milder: appetite suppression, insomnia, headaches, stomach upset. Some people experience fewer side effects than with Ritalin. Anxiety, increased heart rate.
<b>AMPHETAMINE-BASED STIMULANTS</b>			
Adderall (Immediate-Release)	Mixed amphetamine salts (25% d-amphetamine, 75% d,l-amphetamine). Increases dopamine and norepinephrine release and blocks reuptake. More potent than methylphenidate.	Lasts 4-6 hours. Strong focus and motivation effects. Works well for severe symptoms. Can titrate dose precisely. Flexible timing for specific needs.	Appetite suppression (often significant), insomnia, dry mouth, increased heart rate and blood pressure, anxiety, irritability as it wears off, potential for dependence, headaches, stomach upset, emotional blunting, teeth grinding.
Adderall XR (Extended-Release)	Same mixed amphetamine salts as IR. Capsule contains two types of beads: 50% immediate-release, 50% delayed-release (4 hours later).	Lasts 10-12 hours. Once-daily dosing. Smooth coverage for full day. Can open capsule and sprinkle on food. Good for school/work day. Strong efficacy.	Similar to IR but smoother: significant appetite suppression, insomnia (take early), increased heart rate/blood pressure, dry mouth, anxiety, irritability, headaches, mood changes, potential for dependence. May cause more cardiovascular effects than methylphenidate.

Medication Name	How It Works	Benefits & Duration	Common Side Effects
Vyvanse (Lisdexamfetamine)	Prodrug: inactive until metabolized in body. Lisdexamfetamine is converted to d-amphetamine by enzymes in blood. Cannot be abused by crushing/snorting (lower abuse potential).	Lasts 10-14 hours. Very smooth, gradual onset and offset. Minimal 'crash.' Lower abuse potential. Once-daily dosing. Consistent, predictable effect. FDA-approved for binge eating disorder too.	Appetite suppression (very common and can be severe), insomnia, dry mouth, increased heart rate and blood pressure, anxiety, irritability, headaches, nausea, dizziness, weight loss. Slower onset may reduce efficacy perception. More expensive.
Dexedrine / Zenzedi (Dextroamphetamine)	Pure d-amphetamine (the more active isomer). Increases dopamine and norepinephrine release and blocks reuptake. More potent and cleaner than mixed amphetamine salts.	IR lasts 4-6 hours. Spansule (ER) lasts 8-10 hours. Strong efficacy. Some people tolerate better than Adderall. Less peripheral side effects for some. Good alternative if Adderall doesn't work well.	Appetite suppression, insomnia, increased heart rate and blood pressure, dry mouth, anxiety, irritability, headaches, stomach issues, potential for dependence. May be slightly smoother than Adderall for some people.
Evekeo (Amphetamine Sulfate)	Equal parts d-amphetamine and l-amphetamine (50/50 ratio). Both isomers active. Different ratio than Adderall may provide different effect profile.	Lasts 4-6 hours (IR). Some people respond better to this specific ratio. May have different side effect profile than other amphetamines. Good alternative for non-responders.	Similar to other amphetamines: appetite suppression, insomnia, increased heart rate and blood pressure, dry mouth, anxiety, headaches, irritability. Individual response varies based on isomer ratio.
Mydayis (Extended-Release)	Mixed amphetamine salts with triple-bead system: immediate, delayed (8 hours), and late-delayed (13 hours) release. Longer duration than Adderall XR.	Lasts 16 hours. Designed for full waking day coverage. Once-daily dosing. Good for people needing late afternoon/evening coverage. Reduces need for afternoon booster.	Similar to Adderall XR but extended: appetite suppression, significant insomnia risk if taken late, increased cardiovascular effects, dry mouth, anxiety, irritability, headaches. Higher dose may increase side effects. Very expensive.

# NON-STIMULANT MEDICATIONS

Non-stimulants are used when stimulants are ineffective, cause unacceptable side effects, or when there's concern about abuse potential. They're also useful for treating co-occurring conditions.

Medication Name	How It Works	Benefits & Duration	Common Side Effects
Strattera (Atomoxetine)	Selective norepinephrine reuptake inhibitor (SNRI). Increases norepinephrine in prefrontal cortex. Takes 4-6 weeks to reach full effect. Not a controlled substance.	24-hour coverage once therapeutic level reached. No abuse potential. Helps with anxiety and emotional regulation. Good for people with substance abuse history or tics. May help with sleep if taken at night.	Nausea (especially first few weeks), decreased appetite, fatigue, dizziness, mood swings, constipation, dry mouth, insomnia or sedation (varies), sexual side effects, increased heart rate and blood pressure, urinary hesitation. Black box warning for suicidal ideation in children/adolescents.
Intuniv (Guanfacine ER)	Alpha-2A adrenergic agonist. Strengthens prefrontal cortex connections. Improves working memory and impulse control. Not a stimulant. Originally blood pressure medication.	24-hour coverage. Helps with hyperactivity and impulsivity more than inattention. Reduces emotional dysregulation. Helps with sleep. Can be combined with stimulants. Good for tics and anxiety. No abuse potential.	Sedation (especially initially, usually improves), fatigue, dizziness, low blood pressure, dry mouth, constipation, irritability, headaches, stomach upset. Cannot stop abruptly (must taper to avoid rebound hypertension). Takes several weeks for full effect.
Kapvay (Clonidine ER)	Alpha-2 adrenergic agonist. Similar mechanism to guanfacine but affects both alpha-2A and alpha-2B receptors. Modulates norepinephrine release.	Helps with hyperactivity, impulsivity, and aggression. Very helpful for sleep. Can be combined with stimulants. Good for tics and emotional outbursts. Reduces anxiety. No abuse potential.	Sedation (can be significant), fatigue, dizziness, dry mouth, low blood pressure, constipation, irritability, headaches. Cannot stop abruptly (must taper). More sedating than guanfacine. May cause rebound hypertension if stopped suddenly.
Wellbutrin (Bupropion)	Norepinephrine-dopamine reuptake inhibitor (NDRI).	Helps ADHD and depression simultaneously. Good	Insomnia (take early in day), anxiety or jitteriness, dry mouth, headaches, nausea, increased

Medication Name	How It Works	Benefits & Duration	Common Side Effects
	Increases both dopamine and norepinephrine. Also used as antidepressant and for smoking cessation.	energy and motivation boost. May help with appetite control. No sexual side effects. XL version provides 24-hour coverage. Not a controlled substance.	heart rate, risk of seizures at high doses (contraindicated with seizure disorders or eating disorders), agitation, tremor, sweating.
Qelbree (Viloxazine)	Norepinephrine reuptake inhibitor with serotonin modulation. Newer non-stimulant ADHD medication. Exact mechanism still being studied. Not a controlled substance.	24-hour coverage. FDA-approved for both children and adults. No abuse potential. May help with mood and anxiety. Once-daily dosing. Alternative for people who can't tolerate stimulants or Strattera.	Somnolence (very common, especially initially), fatigue, decreased appetite, nausea, vomiting, insomnia (paradoxically, in some people), irritability, increased heart rate, headaches. Black box warning for suicidal ideation. Relatively new, so long-term data limited.
Provigil / Nuvigil (Modafinil / Armodafinil)	Promotes wakefulness through unclear mechanism. Affects dopamine, histamine, norepinephrine, and orexin systems. Originally for narcolepsy. Off-label for ADHD.	Long duration (12-15 hours). Improves alertness and sustained attention. Less euphoria than traditional stimulants. Lower abuse potential. Helpful for fatigue. Good alternative for adults with mild ADHD.	Headaches (very common), nausea, nervousness, insomnia, dizziness, dry mouth, anxiety, back pain. Rare but serious: Stevens-Johnson syndrome (severe rash), psychiatric symptoms. May reduce effectiveness of hormonal contraceptives.

## IMPORTANT CONSIDERATIONS

**Cardiovascular Monitoring:** All stimulants increase heart rate and blood pressure. Baseline cardiovascular evaluation recommended before starting. Regular monitoring during treatment. Use with caution in people with heart conditions.

**Medication Interactions:** ADHD medications can interact with other drugs. Particularly important: MAO inhibitors (contraindicated with stimulants), antidepressants, blood pressure medications, antacids (affect absorption), and certain pain medications. Always inform providers of all medications and supplements.

**Tolerance and Dependence:** Stimulants can lead to tolerance (needing higher doses over time) and physical dependence (withdrawal symptoms if stopped abruptly). This doesn't mean

addiction—when used as prescribed for ADHD, abuse and addiction are rare. However, people with personal or family history of substance abuse need careful monitoring.

**Pregnancy and Breastfeeding:** Limited data on safety during pregnancy. Stimulants are generally avoided in pregnancy unless benefits clearly outweigh risks. Strattera, guanfacine, and clonidine may be safer alternatives. All ADHD medications pass into breast milk. Discuss thoroughly with provider.

**Growth Concerns in Children:** Stimulants may cause temporary slowing of growth (height and weight) in children. Usually catch-up growth occurs. Regular monitoring of height and weight recommended. Drug holidays (medication breaks during summer) sometimes used to promote catch-up growth.

**Mental Health Monitoring:** All ADHD medications can affect mood. Stimulants can worsen anxiety in some people or trigger mania in people with bipolar disorder. Non-stimulants carry black box warnings for suicidal ideation. Regular mental health screening essential.

**Generic vs. Brand:** Generic medications are chemically equivalent but may have different inactive ingredients affecting absorption or tolerability. Some people notice differences between generic and brand or between different generic manufacturers. Extended-release generics particularly variable.

**Medication Shortages:** Stimulant shortages are common, especially for popular medications like Adderall. Having a backup medication option and maintaining good relationships with pharmacy helpful. Consider using specialty pharmacies or mail-order for better availability.

## FINDING THE RIGHT MEDICATION

Trial and error is normal. Most people don't find their optimal medication on the first try. The process typically involves:

- Starting with first-line treatment (usually stimulant)
- Titrating dose to find sweet spot between benefits and side effects
- Trying alternative formulation if side effects problematic
- Switching medication classes if no response
- Considering combination therapy (e.g., stimulant + non-stimulant)
- Adjusting timing and dosing schedule

Be patient with the process. Keep detailed notes about effects and side effects. Rate symptoms on a scale daily. Track sleep, appetite, mood, focus, and any side effects. This data helps your provider make informed adjustments.

The goal is finding a medication regimen that: Significantly improves ADHD symptoms, Has tolerable or manageable side effects, Maintains effectiveness over time, Fits with your lifestyle and schedule, Addresses co-occurring conditions if present.

# DISCLAIMER

This information is for educational purposes only and does not constitute medical advice. ADHD medication should always be prescribed and monitored by a qualified healthcare provider. Individual responses to medications vary significantly. What works well for one person may not work for another. Side effects listed are not exhaustive. Always read the full prescribing information and discuss all concerns with your provider. Never adjust doses or stop medications without consulting your healthcare provider, especially for medications that require tapering.

## Appendix 2.0

# Comprehensive Guide to Supplements for ADHD Symptoms

**IMPORTANT DISCLAIMER:** This information is for educational purposes only and should not replace professional medical advice. Always consult with a qualified healthcare provider before starting any supplement regimen, especially if taking medications or have underlying health conditions.

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## Core ADHD Symptoms and Targeted Supplements

SYMPTOM	SUPPLEMEN T	MECHANISM/RATI ONALE	TYPICAL DOSAGE	RESEARCH SUPPORT	CONSIDERAT IONS
INATTENT ION & FOCUS	Omega-3 Fatty Acids (EPA/DHA)	Supports brain cell membrane function, dopamine transmission, reduces inflammation	1000- 2000mg daily (higher EPA ratio)	Moderate to strong evidence	May take 8-12 weeks; use quality source; fish oil vs algae oil
	L-Tyrosine	Precursor to dopamine and norepinephrine	500- 2000mg daily (empty stomach)	Moderate evidence	Take early in day; may increase anxiety in some

SYMPTOM	SUPPLEMENT	MECHANISM/RATIONALE	TYPICAL DOSAGE	RESEARCH SUPPORT	CONSIDERATIONS
	Phosphatidylserine	Supports cell membrane health and neurotransmitter function	100-300mg daily	Moderate evidence	Generally well-tolerated
	Ginkgo Biloba	Increases blood flow to brain, antioxidant properties	120-240mg daily (standardized extract)	Mixed evidence	May interact with blood thinners
	Bacopa Monnieri	Enhances acetylcholine production, neuroprotective	300-450mg daily (standardized to bacosides)	Moderate evidence	Takes 8-12 weeks for effects; take with fat
	Lion's Mane Mushroom	Promotes NGF (nerve growth factor), supports neuroplasticity	500-3000mg daily	Emerging evidence	Generally safe; quality varies by brand
	Rhodiola Rosea	Adaptogen; reduces mental fatigue, supports dopamine	200-600mg daily (standardized extract)	Moderate evidence	Take in morning; may be stimulating
	Alpha-GPC	Increases acetylcholine for focus and memory	300-600mg daily	Moderate evidence	May cause headaches in some
<b>HYPERACTIVITY &amp; IMPULSIVITY</b>					
	Magnesium (Glycinate, Threonate, or Taurate)	Calms nervous system, supports GABA, regulates dopamine	200-400mg daily	Moderate to strong evidence	Different forms have different benefits; may cause loose stools

<b>SYMPTOM</b>	<b>SUPPLEMENT</b>	<b>MECHANISM/RATIONALE</b>	<b>TYPICAL DOSAGE</b>	<b>RESEARCH SUPPORT</b>	<b>CONSIDERATIONS</b>
	L-Theanine	Promotes alpha brain waves, reduces overstimulation	100-400mg daily	Moderate evidence	Synergistic with caffeine; generally safe
	Zinc	Cofactor for dopamine synthesis and regulation	15-30mg daily (with copper)	Moderate evidence	Check levels first; can cause deficiency if overused
	Inositol	Supports serotonin and dopamine receptor function	12-18g daily (high dose needed)	Limited evidence for ADHD	Generally safe; may help anxiety
	Ginseng (Panax)	Reduces hyperactivity, modulates dopamine	200mg daily (standardized extract)	Limited evidence	Should not be used long-term without breaks
<b>EMOTIONAL DYSREGULATION</b>					
	Magnesium (see above)	Calms nervous system, reduces stress response	200-400mg daily	Strong evidence	Multiple forms available
	Omega-3 Fatty Acids	Anti-inflammatory, mood stabilization	1000-2000mg daily	Strong evidence	Consistent use needed
	Vitamin B Complex (esp. B6, B9, B12)	Supports neurotransmitter synthesis, methylation	B-complex daily	Moderate evidence	Active forms (methylated) preferred for some
	SAMe (S-Adenosyl Methionine)	Supports dopamine and serotonin production	400-1600mg daily	Moderate evidence for mood	May trigger mania in bipolar; expensive
	5-HTP	Precursor to serotonin	50-300mg daily	Limited ADHD evidence, better for mood	Do not combine with SSRIs; take at night
	Ashwagandha	Adaptogen; reduces cortisol and anxiety	300-600mg	Moderate evidence	May lower thyroid function

SYMPTOM	SUPPLEMENT	MECHANISM/RATIONALE	TYPICAL DOSAGE	RESEARCH SUPPORT	CONSIDERATIONS
			daily (standardized extract)		with long-term use
	<b>EXECUTIVE FUNCTION</b>				
	Citicoline (CDP-Choline)	Increases acetylcholine and dopamine	250-500mg daily	Moderate evidence	Generally well-tolerated
	Alpha-GPC (see above)	Acetylcholine support for working memory	300-600mg daily	Moderate evidence	More bioavailable than other choline sources
	Phosphatidylcholine	Cell membrane health, choline source	1200-2400mg daily	Limited direct evidence	Essential for brain function
	Acetyl-L-Carnitine (ALCAR)	Mitochondrial function, energy production	500-2000mg daily	Moderate evidence	May be stimulating; take early
	N-Acetyl Cysteine (NAC)	Antioxidant, supports glutathione, reduces oxidative stress	600-1800mg daily	Emerging evidence	May help with impulsivity and compulsivity
	<b>SLEEP &amp; CIRCADIAN RHYTHM</b>				
	Melatonin	Regulates sleep-wake cycle	0.5-5mg 30-60 min before bed	Strong evidence for sleep	Start low; extended release may help
	Magnesium Glycinate	Promotes relaxation and sleep quality	200-400mg before bed	Strong evidence	Calming form of magnesium
	L-Theanine	Promotes relaxation without sedation	200-400mg before bed	Moderate evidence	Safe, non-habit forming

<b>SYMPTOM</b>	<b>SUPPLEMENT</b>	<b>MECHANISM/RATIONALE</b>	<b>TYPICAL DOSAGE</b>	<b>RESEARCH SUPPORT</b>	<b>CONSIDERATIONS</b>
	Glycine	Calming neurotransmitter	3-5g before bed	Moderate evidence	Improves sleep quality
	Valerian Root	GABAergic effects, promotes sleep	300-600mg before bed	Moderate evidence	May not work for everyone
	<b>WORKING MEMORY</b>				
	Bacopa Monnieri (see above)	Enhances memory consolidation	300-450mg daily	Moderate evidence	Requires consistent use
	Ginkgo Biloba (see above)	Improves blood flow and memory	120-240mg daily	Moderate evidence	May interact with medications
	Huperzine A	Acetylcholinesterase inhibitor	50-200mcg daily	Limited evidence	Use cautiously; powerful effects
	<b>ENERGY &amp; MOTIVATION</b>				
	Iron	Essential for dopamine synthesis	Only if deficient; 18-50mg daily	Strong evidence if deficient	Check ferritin levels first; can cause constipation
	Vitamin D	Supports dopamine function, reduces inflammation	2000-5000 IU daily	Moderate evidence	Check levels; deficiency common
	Coenzyme Q10 (CoQ10)	Mitochondrial energy production	100-300mg daily	Limited ADHD evidence	Supports cellular energy
	B Vitamins (see above)	Energy metabolism, neurotransmitter synthesis	B-complex daily	Moderate evidence	Essential cofactors
	Creatine	Cellular energy, cognitive function	5g daily	Limited evidence	Well-studied for cognition
	<b>TIME BLINDNESS &amp; DOPAMINE</b>				

SYMPTOM	SUPPLEMENT	MECHANISM/RATIONALE	TYPICAL DOSAGE	RESEARCH SUPPORT	CONSIDERATIONS
	Mucuna Pruriens	Direct L-DOPA source (dopamine precursor)	300-500mg daily (standardized to L-DOPA)	Limited evidence	Powerful; may cause tolerance; use cautiously
	L-Tyrosine (see above)	Dopamine precursor	500-2000mg daily	Moderate evidence	Better for stress-related depletion
<b>SENSORY PROCESSING</b>					
	Magnesium (see above)	Calms nervous system, reduces sensory overload	200-400mg daily	Moderate evidence	Multiple benefits
	Vitamin B6	Supports GABA production	50-100mg daily (as part of B-complex)	Limited evidence	Do not exceed 100mg without supervision
<b>INFLAMMATION &amp; OXIDATIVE STRESS</b>					
	Omega-3 Fatty Acids (see above)	Anti-inflammatory	1000-2000mg daily	Strong evidence	Foundation supplement
	N-Acetyl Cysteine (NAC) (see above)	Glutathione precursor, antioxidant	600-1800mg daily	Emerging evidence	Supports detoxification
	Curcumin (Turmeric)	Anti-inflammatory, neuroprotective	500-1500mg daily (with piperine)	Limited direct ADHD evidence	May support brain health
	Resveratrol	Antioxidant, anti-inflammatory	150-500mg daily	Limited evidence	May support mitochondrial function
<b>GUT-BRAIN AXIS</b>					

SYMPTOM	SUPPLEMENT	MECHANISM/RATIONALE	TYPICAL DOSAGE	RESEARCH SUPPORT	CONSIDERATIONS
	Probiotics	Supports gut microbiome, reduces inflammation	Varies by strain	Emerging evidence	Multi-strain formulas may be best
	Prebiotics (Inulin, FOS)	Feeds beneficial gut bacteria	5-10g daily	Limited evidence	May cause gas initially
	Digestive Enzymes	Improves nutrient absorption	With meals	Limited direct evidence	May help if digestive issues present

## Foundational Supplement Stack for ADHD

Many practitioners recommend starting with these foundational supplements before adding others:

### TIER 1: Essential Foundation

1. **Omega-3 Fatty Acids (EPA/DHA)** - 1000-2000mg daily
2. **Magnesium Glycinate** - 200-400mg daily
3. **Vitamin D** - 2000-4000 IU daily (after testing levels)
4. **High-Quality Multivitamin with B-Complex** - Daily
5. **Zinc** - 15-30mg daily (if deficient)
6. **Iron** - Only if ferritin is low

### TIER 2: Symptom-Specific Additions

Based on individual symptom profile, add:

- **For Focus:** L-Tyrosine, Citicoline, or Bacopa
- **For Hyperactivity/Impulsivity:** L-Theanine, additional Magnesium
- **For Sleep:** Melatonin, Glycine
- **For Mood/Emotional Regulation:** Ashwagandha, SAMe, or 5-HTP

### TIER 3: Advanced/Experimental

- NAC, Lion's Mane, Rhodiola, Phosphatidylserine

# Important Considerations

## Timing Matters

- **Morning (empty stomach):** L-Tyrosine, ALCAR, Rhodiola
- **With Food:** Omega-3s, fat-soluble vitamins (D, E), Bacopa, Curcumin
- **Evening:** Magnesium Glycinate, Melatonin, Glycine, L-Theanine
- **Spread Throughout Day:** B vitamins, Vitamin C

## Quality & Bioavailability

- Choose third-party tested supplements (USP, NSF, ConsumerLab)
- Look for active/methylated forms of B vitamins if you have MTHFR variations
- Omega-3s should be tested for purity and oxidation
- Standardized herbal extracts ensure consistent dosing

## Interactions & Contraindications

- **Blood Thinners:** Avoid high-dose Omega-3s, Ginkgo
- **Stimulant Medications:** Be cautious with L-Tyrosine, stimulating adaptogens
- **SSRIs/Antidepressants:** Do not combine with 5-HTP or high-dose SAME without medical supervision
- **Bipolar Disorder:** Avoid SAME, L-Tyrosine (may trigger mania)
- **Pregnancy/Breastfeeding:** Many supplements are not studied; consult healthcare provider

## Timeline for Effects

- **Quick (days to 1 week):** Magnesium, L-Theanine, Melatonin
- **Moderate (2-4 weeks):** L-Tyrosine, Vitamin D, Zinc, B vitamins
- **Slow (8-12 weeks):** Omega-3s, Bacopa, some adaptogens

## Testing Before Supplementing

Consider testing for deficiencies before supplementing:

- **Ferritin** (iron stores) - aim for 50+ ng/mL
  - **Vitamin D** - aim for 50-80 ng/mL
  - **Magnesium** (RBC magnesium is more accurate than serum)
  - **Zinc** (serum or RBC)
  - **Omega-3 Index** - aim for 8%+
  - **B12 and Folate**
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## Combination Supplements & Nootropic Stacks

Some companies offer ADHD-specific formulations combining multiple ingredients:

- Focus blends (often contain L-Tyrosine, Citicoline, B vitamins)
- Calm/focus combinations (Magnesium + L-Theanine)
- Sleep support (Magnesium + Glycine + L-Theanine + Melatonin)

**Pros:** Convenience, synergistic effects, cost-effective **Cons:** Can't adjust individual ingredients, may contain unnecessary additives, harder to identify what works

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## Research Quality Notes

**Strong Evidence:** Multiple well-designed studies, systematic reviews, meta-analyses **Moderate**

**Evidence:** Some quality studies with positive results, but more research needed

**Limited/Emerging Evidence:** Preliminary studies, theoretical rationale, anecdotal support

**Mixed Evidence:** Studies show conflicting results

Most supplement research for ADHD is less robust than pharmaceutical research. Many studies are small, short-term, or industry-funded. That said, certain supplements (Omega-3s, Magnesium, Zinc, Iron for deficiency) have strong enough evidence to be recommended by many ADHD specialists.

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## The Role of Diet

Supplements work best alongside dietary interventions:

- **High protein breakfast** (supports dopamine production)
  - **Eliminate food sensitivities** (common: gluten, dairy, artificial additives)
  - **Blood sugar balance** (prevents energy crashes)
  - **Adequate hydration** (dehydration worsens symptoms)
  - **Whole foods, Mediterranean-style diet** (anti-inflammatory)
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## When to Seek Professional Guidance

Work with a healthcare provider, especially an integrative or functional medicine doctor, if:

- You're taking prescription medications
- You have multiple health conditions
- You're not seeing improvement after 3 months

- You experience side effects
  - You're pregnant or breastfeeding
  - You want comprehensive testing and personalized recommendations
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## Bottom Line

Supplements are tools, not cures. They work best as part of a comprehensive approach that includes:

- Proper diagnosis and medical management
- Behavioral strategies and skills training
- Environmental modifications
- Sleep hygiene
- Exercise and movement
- Stress management
- Therapy (especially for trauma, emotional regulation)
- Community and support

**Start slow, track carefully, and be patient.** It can take 3-6 months to find the right combination and dosages for your unique biochemistry.

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*This chart is meant to empower readers with information, not replace medical advice. ADHD is complex and individual—what works for one person may not work for another.*

## Appendix 3.0

# ADHD Accommodation Checklist

A Comprehensive Guide to Accommodations by Setting

This checklist provides concrete accommodations for ADHD across different settings. Check the boxes for accommodations you currently have or want to request. Not all accommodations will be appropriate for every person—choose what addresses your specific challenges.

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## SCHOOL ACCOMMODATIONS

### K-12 ACCOMMODATIONS (IEP/504 Plan)

#### Testing Accommodations

- Extended time on tests (typically time-and-a-half or double time)
- Quiet, distraction-reduced testing environment (separate room or small group)
- Breaks during long tests
- Tests divided into multiple sessions across different days
- Permission to stand, move, or use fidget tools during tests
- Oral testing instead of written when appropriate
- Use of calculator, multiplication tables, or formula sheets
- Permission to circle answers in test booklet instead of filling bubbles on separate sheet
- Tests printed on colored paper or with increased spacing to reduce visual stress

- Read-aloud accommodation (tests read to student)

### **Assignment & Homework Accommodations**

- Reduced homework load (quality over quantity)
- Extended deadlines for long-term projects
- Breakdown of long-term projects into smaller checkpoints with individual due dates
- Written and verbal instructions for all assignments
- Assignment sheet signed by teacher and parent daily
- Extra set of textbooks for home
- Permission to type assignments instead of handwriting
- Checklist of required elements for multi-step assignments
- Teacher check-in before leaving class to verify assignment is written down correctly
- Access to teacher notes or guided notes with fill-in-the-blank format
- Use of graphic organizers for writing assignments
- Modified grading (grade for content, not spelling/grammar, or separate grades)

### **Classroom Environment Accommodations**

- Preferential seating (front of class, away from distractions, near teacher, near positive role models)
- Standing desk or ability to stand while working
- Flexible seating options (wobble stool, exercise ball, bean bag for reading)
- Use of fidget tools (stress balls, fidget spinners, resistance bands on chair legs)
- Noise-canceling headphones or earplugs during independent work
- Visual schedule posted and reviewed daily
- Transition warnings (5-minute and 2-minute warnings before activity changes)
- Structured breaks between tasks or every 20-30 minutes
- Movement breaks (classroom job, errand, or brief walk)
- Access to sensory tools (weighted lap pad, therapy putty, tactile items)

### **Instructional Accommodations**

- Multi-sensory teaching (visual, auditory, kinesthetic components)
- Frequent check-ins for understanding (private signal system)
- Repeat and rephrase important information
- Preferential calling on student during high-interest portions

- Permission to doodle or take notes during lectures to maintain attention
- Shortened tasks presented in chunks
- One-on-one or small group instruction for new concepts
- Highlighting or underlining key information in texts
- Study guides provided in advance
- Copies of classmates' notes (note-taking buddy)

### **Organizational Accommodations**

- Organizational skills instruction and support
- Daily planner check by teacher
- Color-coded folders and binders for each subject
- Weekly locker/desk clean-out with adult support
- Picture or written schedule taped to desk
- Checklist for morning arrival routine and end-of-day departure
- Teacher assistance with backpack organization at end of day
- Assignment posted on class website or learning management system
- Reminder system for materials needed (tomorrow we need art supplies)

### **Behavioral & Emotional Accommodations**

- Behavioral intervention plan (BIP) based on functional behavioral assessment
- Positive behavior support (focus on rewarding desired behaviors)
- Frequent positive reinforcement and specific praise
- Break card (student can request break when feeling overwhelmed)
- Cool-down space in classroom or designated area in school
- Private signal system for redirections (avoid public corrections)
- Modified discipline (different consequences for ADHD-related behaviors)
- Daily or weekly behavior report card
- Social skills instruction or group
- Counseling services (individual or group therapy at school)
- Clear, consistent, predictable rules and consequences
- Focus on teaching replacement behaviors rather than punishing problem behaviors

### **Schedule & Timing Accommodations**

- Preferential class schedule (difficult subjects during peak focus time, typically morning)

- Avoid back-to-back challenging classes
  - Movement break between classes or during long periods
  - Reduced course load if appropriate
  - Extended passing time between classes
  - Excused tardiness with pass system (recognizing time-blindness)
  - Flexible attendance for medical appointments related to ADHD
- 

## COLLEGE/UNIVERSITY ACCOMMODATIONS (Through Disability Services)

### Testing Accommodations

- Extended time on exams (typically 1.5x or 2x standard time)
- Distraction-reduced testing environment (separate room in disability services)
- Breaks during long exams
- Permission to use computer for essay exams (instead of handwriting)
- Ability to test over multiple days for cumulative finals
- Use of basic calculator even if not standard accommodation
- Formula sheets or reference materials for exams
- Flexible exam scheduling (not multiple exams in one day)

### Coursework Accommodations

- Note-taking services (copies of another student's notes or professional note-taker)
- Permission to record lectures (audio or video)
- Access to lecture slides or outlines before class
- Extended deadlines for assignments (typically 24-48 hours)
- Flexibility with attendance policy for ADHD-related absences (with documentation)
- Substitution of assignments when format is barrier (presentation instead of paper)
- Reduced reading load or alternative formats (audiobooks, digital text with text-to-speech)

### Registration & Scheduling Accommodations

- Priority registration (allows avoiding early morning classes, spreading out schedule)

- Reduced course load while maintaining full-time status (for financial aid purposes)
- Permission to take courses pass/fail when needed
- Ability to drop courses after deadline without penalty in extenuating circumstances
- Course substitutions when specific course creates barrier

## **Support Services**

- ADHD coaching (weekly meetings for accountability, planning, organization)
- Academic tutoring services
- Writing center support
- Access to study skills workshops
- Time management training
- Technology training (assistive technology, organization apps)
- Peer mentoring program
- Weekly check-ins with disability services counselor

## **Housing Accommodations**

- Single room (to reduce distractions and allow for different schedule)
  - Quiet floor or building
  - Room assignment compatible with ADHD needs (considering roommate habits)
  - Permission to have emotional support animal
  - Housing assignment near dining hall, classes, or other frequent destinations (reduces transitions)
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# **WORKPLACE ACCOMMODATIONS**

## **Physical Environment Accommodations**

- Quiet workspace (office, cubicle away from high-traffic areas, or enclosed space)
- Permission to use noise-canceling headphones
- Modified lighting (natural light, ability to adjust brightness, non-fluorescent options)
- Standing desk or adjustable desk
- Ergonomic furniture (fidget-friendly chair, footrest, adjustable monitor)

- Space for movement breaks (access to stairs, walking paths, or quiet areas)
- Organized, clutter-reduced workspace with storage solutions
- White noise machine or app to mask distracting sounds
- Visual barriers (screens, plants) to reduce visual distractions

### **Schedule & Time Accommodations**

- Flexible start and end times (allows working during peak focus hours)
- Flexibility to work from home/remote work options
- Modified break schedule (more frequent, shorter breaks vs fewer, longer breaks)
- Compressed work week (four 10-hour days instead of five 8-hour days)
- Permission to start later if taking medication that causes morning drowsiness
- Flexibility for medical appointments related to ADHD
- Ability to work non-standard hours when fewer people/distractions present
- Extended or flexible lunch breaks
- Time off for ADHD-related medical needs without penalty

### **Task & Project Accommodations**

- Written instructions for multi-step tasks
- Both written and verbal instructions for important information
- Advance notice for schedule changes or new projects
- Clear, specific deadlines with milestone check-ins for long projects
- Project broken into smaller tasks with individual deadlines
- Priority list or ranking of tasks when multiple assignments given
- Permission to record meetings or use recording device
- Access to meeting notes or minutes
- Agenda distributed before meetings
- Extended time for completing projects (when reasonable)
- Ability to tackle one major project at a time rather than juggling multiple
- Reduced number of simultaneous assignments when possible

### **Communication & Supervision Accommodations**

- Regular check-in meetings with supervisor (weekly or biweekly)
- Clear, direct communication style from supervisor
- Written follow-up to verbal instructions

- Email summary of important conversations or decisions
- Clear job expectations and evaluation criteria in writing
- Advance notice of performance reviews
- Frequent positive feedback and specific praise
- Private corrections rather than public criticism
- Patient repetition of information when needed
- Designated person to answer questions when supervisor unavailable

### **Organizational Support**

- Task management software or project management tools provided
- Training on organizational systems and tools
- Color-coded filing system
- Digital organization tools (shared drives with clear folder structure)
- Template documents for routine tasks
- Checklists for recurring procedures
- Administrative support for organizing files, scheduling, or data entry
- Reminder system (calendar notifications, app alerts, email reminders)
- Streamlined processes to reduce organizational burden

### **Technology Accommodations**

- Dual monitors (reduces tab-switching and lost information)
- Larger monitor or adjustable display
- Ergonomic keyboard and mouse
- Text-to-speech software
- Speech-to-text software for writing tasks
- Time management apps or software
- Focus apps that block distracting websites during work hours
- Digital task list or project management app
- Calendar app with notifications and reminders
- Note-taking software with organization features

### **Work Structure Accommodations**

- Clearly defined role and responsibilities
- Predictable routine when possible

- Advance notice of changes to routine or expectations
  - Ability to delegate or reassign detail-oriented tasks
  - Focus on high-level or creative aspects of projects
  - Variety in tasks throughout the day (avoid monotony)
  - Permission to listen to music while working (if helpful for focus)
  - Modified performance standards that account for ADHD challenges
  - Focus on output/results rather than process (flexibility in how work gets done)
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## HOME ACCOMMODATIONS

These are accommodations you implement for yourself or request from family members

### **Physical Environment**

- Designated 'drop zones' for keys, wallet, phone (basket by door, specific hooks)
- Open storage systems (clear bins, open shelves) instead of closed drawers
- Labels on everything (pantry items, storage containers, drawers)
- Minimal visual clutter (reduce decorative items that create distraction)
- Separate spaces for different activities (work area, relaxation area, sleep area)
- Good lighting in all areas (especially task areas)
- Comfortable, ergonomic furniture for tasks requiring extended focus
- Kitchen organized for visibility (frequently used items in plain sight)
- Hooks for coats, bags instead of closets (make putting away easier)
- Reduced overall possessions (less stuff = less to organize and lose)

### **Time & Schedule Management**

- Visual calendar in central location (family calendar with all events)
- Multiple alarms for important activities (medication, appointments, leaving times)
- Clocks in every room (especially bathroom, bedroom, kitchen)
- Time timer or visual timer for task awareness
- Buffer time built into schedule (plan to leave 15 minutes earlier than needed)
- Routine bedtime alarm and morning wake-up routine

- Sunday meal planning and prep session
- Weekly review of upcoming week's obligations
- Shared digital family calendar with notifications
- Reminders for routine tasks (trash day, bill due dates, appointments)

## **Task & Routine Support**

- Written morning routine checklist posted in bathroom/bedroom
- Evening routine checklist (prep for next day, lay out clothes, pack bag)
- Cleaning schedule broken into daily small tasks (not saving for 'cleaning day')
- Meal planning system (planned before shopping, prevents decision fatigue)
- Prepared meal components (pre-cut vegetables, batch-cooked proteins)
- Paper plate/minimal dish option for overwhelming times
- Laundry done more frequently in smaller loads (reduces overwhelm)
- 'Good enough' standards (bed doesn't need to be made perfectly)
- Autopilot tasks paired with rewards (podcast while folding laundry)
- Body doubling (family member present while tackling difficult task)

## **Organization Systems**

- One inbox for all incoming paper (bills, mail, school papers)
- Weekly inbox processing session (scheduled, with accountability)
- Broad filing categories only (not dozens of specific folders)
- Digital copies of important documents (photos on phone as backup)
- One spot for each frequently lost item (phone charger, scissors, tape)
- Medicine organizer filled weekly with alarm for daily dose
- Meal planning and grocery list system (app, whiteboard, or recurring list)
- Automatic bill pay for all recurring bills
- Subscription services for household essentials (reduces decision fatigue)
- Calendar notification 3 days before prescription refill needed

## **Technology & Automation**

- Smart home devices (Alexa/Google for reminders, timers, lists)
- Automated lighting (reduces decisions about turning lights on/off)
- Robot vacuum (reduces executive function needed for cleaning)
- Automatic bill payments through bank

- Online grocery ordering with saved lists
- Meal kit services for nights when cooking is overwhelming
- Calendar app with notifications synced across all devices
- Shared family task app (like Cozi or OurHome)
- Medication reminder app with logging
- Location tracking for keys/wallet (Tile, AirTag)
- Smart watch for notifications and reminders on wrist

## **Family & Partner Support**

- Family education about ADHD (understanding it's neurological, not choice)
- Partner assistance with task initiation (body doubling or gentle prompts)
- Shared responsibility for household management
- Division of labor based on strengths (partner handles detail work, you handle crisis management)
- Accountability partnerships (check-ins about goals or tasks)
- Patience with ADHD-related struggles (time blindness, forgetfulness)
- Celebration of successes and progress
- Designated time for communication about household needs and planning
- Family meeting time to coordinate schedules and responsibilities
- Partner holds passwords to distracting apps/sites if requested
- Gentle reminders without judgment or criticism
- Backup plans for when ADHD symptoms are high (easy dinner options, paper plates)

## **Self-Care & Lifestyle**

- Protected time for exercise (scheduled, treated as non-negotiable)
- Simplified morning routine (same breakfast, similar outfits)
- Adequate sleep prioritized (consistent bedtime routine)
- Medication taken consistently (visible reminder, alarm, connected to existing habit)
- Regular therapy or coaching sessions
- Hobby time scheduled (not just leftover time)
- Social activities scheduled in advance (not spontaneous)
- Quiet time or alone time built into schedule
- Meal and snack planning (prevents blood sugar crashes)

- Reduced commitments (saying no to prevent overload)
  - Grace and self-compassion on difficult days
  - Connection with ADHD community (support group, online community)
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## USING THIS CHECKLIST

How to approach accommodations:

1. Start by checking accommodations you currently have or use
2. Mark accommodations you want to request or implement
3. Prioritize 3-5 accommodations that would make the biggest difference
4. Request those first rather than overwhelming yourself or your accommodations provider
5. Implement home accommodations gradually (pick one area at a time)

Remember:

- Not all accommodations will be appropriate or helpful for every person with ADHD
  - Accommodations are not 'cheating'—they level the playing field
  - You're entitled to reasonable accommodations under disability law (ADA, Section 504, IDEA)
  - Accommodations can be modified or changed as needs evolve
  - Requesting accommodations is advocating for your needs, not being difficult
  - Home accommodations require trial and error—what works for others may not work for you
  - Systems will fail sometimes—that's expected, not evidence of failure
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## DOCUMENTATION NEEDED

### **For School (K-12):**

ADHD diagnosis from qualified healthcare provider, evidence that ADHD substantially limits learning or behavior, typically requires psychoeducational evaluation.

### **For College:**

Recent documentation (typically within 3-5 years) from qualified professional (psychologist, psychiatrist, neurologist), specific ADHD diagnosis, description of functional limitations,

recommendation for specific accommodations. Check your school's disability services office for specific requirements.

**For Work:**

Letter from healthcare provider stating you have ADHD, the condition substantially limits one or more major life activities, and specific accommodations would help job performance. You do NOT need to provide detailed medical records.

**For Home:**

No documentation needed—these are accommodations you implement for yourself or discuss with family members. However, educating family about ADHD neurology can help them understand why these accommodations are necessary, not just preferences.

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*This checklist is for informational purposes only and does not constitute legal or medical advice. Consult with disability services professionals, HR departments, attorneys specializing in disability law, or healthcare providers f*