

# Manque d'appétit dû aux médicaments : Informations pour les parents et les soignants



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**Sommaire :** Many medications may reduce one's appetite and lead to reduced intake, such as stimulant medications used for ADHD. Fortunately, this side effect often gets better over time and there are many strategies that can help.

## Introduction

Certain medications can reduce appetite, resulting in people eating less. For example, people taking ADHD stimulant medications in the morning may notice that it reduces their appetite for breakfast and lunch. Their appetite might return later in the day for dinner, after the ADHD stimulant medication wears off.

For many people, this is not a big problem because loss of appetite is minor and improves gradually over time.

However, in some people, the loss of appetite is severe to the point that a child or youth might stop growing, or an adult might lose weight.

## General Advice

Let your healthcare provider know about any medication side effects (such as loss of appetite).

Be patient and wait things out, as issues with appetite and weight often improve over time. With ADHD medications, many patients on stimulant medications report appetite improvement after a few months (Silver, 2019).

For children and youth, monitor height and weight to share with the healthcare provider.

- Measure the height and weight regularly, such as once a week or once a month.
- Download the WHO Growth Charts for Canada (<https://www.dietitians.ca/growthcharts>)
- Fill in the height and weight on the growth chart to see if growth is on track.

## Are You a Parent with a Child on ADHD Medications with Reduced Appetite?

Collaborate with your child on finding a solution to the loss of appetite, as opposed to simply coming up with your own plan and telling them what you will do.

- First, explain your concerns.
  - "When you eat enough healthy food, your body can grow -- taller and bigger."
  - "On one hand, your medicine helps you to focus and makes life easier at home and school. On the other hand, in some people, it tricks your brain into forgetting that you are hungry and need to eat. Have you noticed that?"
  - "Its like with a car -- What happens to a car if you don't feed it gas? It won't work properly."
  - "What happens to your body if you don't feed it enough food and drink? It won't work properly -- You might get cranky, tired, or have a headache or stomach ache. And if you don't eat enough, then your body doesn't have enough energy and nutrients to grow properly."
  - "The good news is that there are many things we can do to help give your brain and body the fuel it needs."
  - "How does that sound to you?"
- Problem-solve with your child.
  - "Do you have any ideas on how we can help you get more food into you?"
  - "What foods would help for breakfast, lunch, and dinner?"
  - "What about if we tried smaller portions at a time?"
  - "What snacks would you like to have?"

## Mealtime Strategies

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### When to Eat?

Daily, consistent, regular meal times (as opposed to having different meal times every day), such as the classic:

- Breakfast around 7-8 AM
- Morning Snack around 10-11 AM
- Lunch around 11-1 PM
- Afternoon snack around 3-4 PM
- Dinner around 5 PM-6:30 PM

Be mindful that if the child starts snacking too much, they may lose appetite for meals.

What about grazing?

- Grazing is eating small amounts continuously throughout the day. Some professionals recommend grazing. Others do not because it prevents a child from feeling hungry. See what works best in your situation.

### What to Eat?

Offer foods that are high (or higher) calories and healthy at the same time. It is better to increase calories through calorie-dense foods, or higher-fat foods (rather than simply more sugary foods or junk food.)

#### Examples

Fruits	Apple, oranges, banana, mango (as opposed to strawberries and berries)
Vegetables	Starchy vegetables such as potatoes. Cook starchy vegetables in a rich soup that can be more easily and quickly eaten. Are you serving raw vegetables such as carrots or celery sticks? Offer with a rich dip, e.g. mayonnaise or full-fat yogurt.
Carbohydrates	Whole grain pasta, bread, bagels Home-made muffins

Protein	<ul style="list-style-type: none"> <li>Eggs</li> <li>Beans</li> <li>Peanut butter, almond or other nut butter</li> <li>Nuts</li> <li>Chicken drumsticks and thighs (with skin)</li> <li>Hamburger</li> <li>Cold cuts (the less processed the better)</li> </ul>
Dairy	<p>Cheese: Add grated cheese to foods.</p> <p>Butter: Add butter vegetables, pasta, bread, etc.</p> <p>Milk with higher fat content (2% or homo, rather than skim or 1%)</p> <p>High-fat yogurt (rather than low-fat yogurt)</p>
Liquid nutrition	<p>Shakes and smoothies.</p> <p>Liquid meal supplements such as Boost, Ensure, or Pediasure -- best to speak to your health care provider or dietician about liquid meal supplements.</p>

## How to Serve Food?

Serve food in smaller portions.

- People with ADHD can get overwhelmed at the sight of a large task (or large amount of food), so it helps to break large tasks into smaller ones (or food into smaller, appetizer-size portions.)
- Instead of serving a whole sandwich, cut it into smaller pieces.
- Instead of serving a whole fruit, cut it into smaller pieces.

Ensure food is visually appealing, as people with ADHD tend to be visual.

- Try to prepare food so that it looks attractive. Interestingly enough, eating colourful fruits and vegetables is also healthy. The colour of fruits and vegetables comes from phytochemicals. The most colourful fruits and vegetables are the richest in vitamins, minerals and antioxidants.

## During Mealtimes and Snacks

Does your child have hyperactivity or trouble sitting still at the table?

- If so, allow your child to move and fidget. Consider special 'mobility' seating (such as the wedge cushion), which helps your child to sit and yet still move at the table. Let them stand if they can't sit. Ask them to fetch things for people.

Consider distraction during mealtimes.









- In general, it is ideal for people to eat together with others without distraction such as from music or video. On the other hand, if you have tried other strategies and your child is struggling with low intake, then consider distracting with a family TV show, the news, etc. This is likely something to try during snacks versus the family mealtime.

## Don'ts

- Don't make eating stressful. When your child doesn't eat, frustrated parents might get angry or upset or threaten consequences. Unfortunately, it's hard for people to eat if they feel stressed and upset over eating.
- Don't order your kids around if triggers 'counter-will.' Some children can easily follow their other's directions. Other children have a stronger need for autonomy and may get upset when their parent orders them to eat. If so, consider using gentle comments (i.e. declarative language) that can help by being less pressuring than commands.
  - Examples
    - Instead of "It's time to eat now," you might say, "Dinner is ready! It's always so much more delicious when it's warm."

- Instead of “You have to eat!” say, “I know your body appreciates it when you refuel it with food.”
- Don’t deny food as a consequence or punishment. This may risk setting up food as a potential power struggle.
- Don’t increase calories with highly processed or junk foods. Try to increase calories through higher calorie healthy foods (e.g. rich yogurt or cheese or cold cuts), as opposed to junk foods (e.g. chocolate bars), as junk food can cause other problems, e.g. diabetes. Studies show that highly processed foods are not good for the brain, e.g. increasing the risk of depression and possibly ADHD symptoms.
- Don't give drinks before eating. With some people, drinking liquids before eating will reduce the amount of food that they eat, thus consider giving the liquid a minutes after they start eating. (After all

## Example of Daily Meal Schedule with Strategies for Low Appetite

Morning		<p>Breakfast (before medication)</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Eggs, bacon, sausage, potatoes.</li> <li>• High-fat yogurt (rather than low fat yogurt).</li> <li>• High calorie granola.</li> </ul>
		<p>Refusing to eat solid foods?</p> <ul style="list-style-type: none"> <li>• Consider liquid breakfast (such as homemade smoothies; Breakfast Carnation Drink, Boost, etc.).</li> </ul>
		<p>Medication (after breakfast)</p>
Snack		<p>Healthy snack at school</p> <ul style="list-style-type: none"> <li>• Yogurt, granola bar, etc.</li> </ul>
Lunch		<p>Serving a sandwich?</p> <ul style="list-style-type: none"> <li>• Cut a standard sandwich bread into 4 pieces to make it seem smaller and less effort to eat.</li> </ul> <p>Ask the school to help monitor if lunch is being eaten, and encourage your child to eat before going out.</p>
After school snack		<p>Healthy snack after school</p> <ul style="list-style-type: none"> <li>• Ensure healthy snacks and foods are ready and available, with minimal effort, to prevent them from seeking out junk food.</li> </ul>
Dinnertime		<p>Family dinner</p> <ul style="list-style-type: none"> <li>• At the family dinner, it is ideal if everyone can eat dinner together.</li> <li>• However, if the child is taking ADHD stimulant medication, they may not be hungry yet if the medication is still in their system. <ul style="list-style-type: none"> <li>◦ Accept that they might not yet be hungry, as opposed to nagging them to eat and triggering conflict.</li> </ul> </li> </ul>
After dinner snack		<p>Does your child get hungry after the medication wears off later in the evening?</p> <ul style="list-style-type: none"> <li>• Many parents report their child may have a “second supper” after the medication wears off.</li> <li>• Accept that you may need to reheat dinner for them at this time; or simply eat like many Europeans do, with a later 7-8 PM dinner.</li> </ul>

## Still Having Low Appetite?

Registered dietician

- Consider seeing a registered dietician who can help with dietary strategies.

Ask your healthcare provider about medication options.

- Is low appetite due to ADHD medication? If so, ask about
  - Changing the dosage
  - Switching to a different stimulant or a non-stimulant.
  - Adding a medication to increase appetite.
  - Changing from a long-acting to shorter-acting ADHD medication. Long-acting medications might suppress the appetite too long during the day. Shorter-acting medications that wear off within 4-hrs or so might give more opportunity to have breakfast and lunch.
- Is low appetite due to anti-depressant or anti-anxiety medication? If so, ask about:
  - Changing the dosage,
  - Switching to a different medication,
  - Adding a medication to increase appetite.
  - Trying non-medication strategies.
    - For mood/anxiety conditions, it can be helpful to see a therapist for psychotherapy.
- Ask about drug holidays, which is not taking the medication during certain times, often used in ADHD, for example:
  - Not taking ADHD medications on weekends.
  - Not taking ADHD medications during holidays, such as summer or winter break.
  - This allows catch-up caloric intake and thus, allows for catch-up growth.

Ask your healthcare provider about non-medication treatments for treating the ADHD, anxiety, depression or other issue, such counseling/therapy.

## Co-Occurring Conditions

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Are there other issues that might be contributing to low appetite, such as the following:

Is the person fearful about gaining weight, due to worries about their body image?

- If so, speak to a primary care provider to explore further for disordered eating or an eating disorder.

Is the person an extremely picky eater and has trouble eating due to sensory concerns? E.g. food textures? Extreme sensitivity to taste or smells? Sensitive to sound at the mealtable, such as sounds of other people chewing or breathing? Are there troubles with swallowing, e.g. frequent choking when trying to swallow?

- If so, speak to an occupational therapist, speech/language therapist to explore further.

Are there issues with abdominal pain after eating? Do certain foods such as dairy or gluten trigger abdominal pain?

- If so, speak to a primary care provider.

## About this Document

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Written by the health professionals at CHEO and the University of Ottawa.

## Disclaimer

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