Clinical observations on the use of Oral Nutritional Supplements in children with documented weight and appetite loss due to ADHD medication

A Ottenblad[1], H Frid[2]

1) Nutricia, Danone AB, Sweden 2) Child and Adolescent Psychiatry, Region Västmanland, Sweden

Objectives

- Appetite suppression is a common side effect of medication in ADHD. It may cause weight loss, undernutrition and growth delays, and ultimately force children to stop medical treatment.[1-4]
- Oral Nutritional Supplements* (ONS) can be used to support catch-up growth in children with undernutrition.
- The aim was to explore healthcare professionals' clinical observations of ONS use in children with ADHD with documented weight loss/ faltering growth due to ADHD medication.

Conclusion

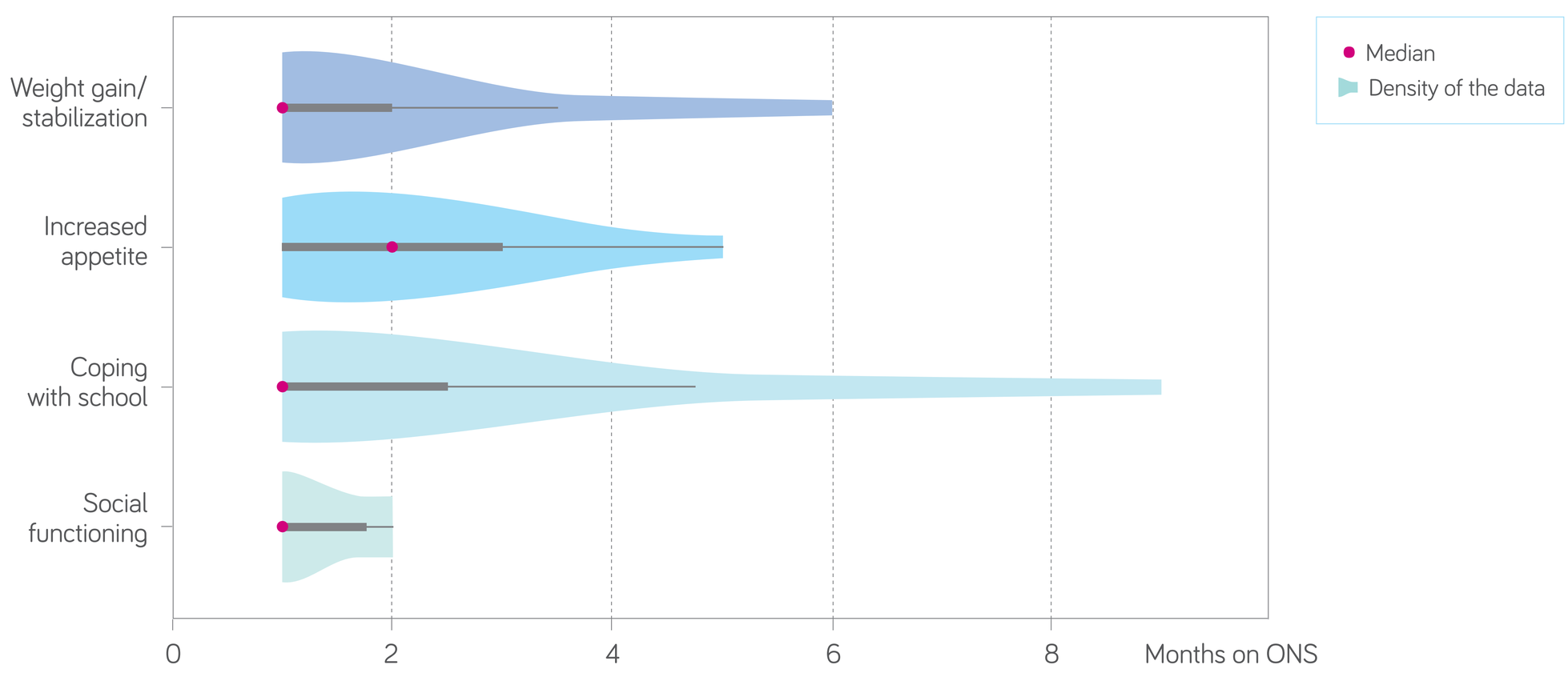
- Within 1 month after ONS initiation, 60% of children reported 'Weight gain/stabilization'.
- The observed effects on weight and appetite highlight the potential of complementary ONS treatment in children with weight loss due to ADHD medication.
- Next steps would be to explore multimodal treatment strategies combining nutrition and drug treatment to improve overall outcomes in children with ADHD.

Methods

- Swedish dietitians in outpatient clinics were surveyed: at ONS initiation and after 1-3 follow-ups depending on local clinical practice.
- The survey included background data, observed effects, and reasons for discontinuation.
- ONS prescriptions were tailored by dietitians (n=5) in addition to dietary counselling, in 35 children aged 6–17 y.
- The majority (82%) of subjects had been receiving ADHD medication for >12 months when referred to a dietitian; the remaining 12% for 3–12 months.

Results

Violin plots of distribution of first observation of outcome variable



- 'Weight gain/stabilization' was reported (median time [range]) in 22 children after 1 [1–6] month, and 'Increased appetite' in 16 children after 2 [1–5] months ONS use.
- 'Coping with school' and 'Social functioning' improved in 13 and 6 children after 1 [1–9] and 1 [1–2] months ONS use, respectively.
- In 48% of children, multiple positive effects of ONS use were reported at ≥1 timepoints.
- Reasons for discontinuation at first follow-up [1–5 months] were (combinations of) 'Did not like' (n=8), 'Forgot to consume' (n=1), 'Causes unrelated to ONS use' (n=4).

* ONS are ready-to-drink liquids which provide macro- and micronutrients for medical nutrition therapy. ONS can be used to supplement the diet if nutritional requirements cannot be met from other foods.

References: 1) Solmi, et al. World Psychiatry. 2020;19:214-32. 2) Holmskov, et al. PLoS One. 2017;12:e0178187. 3) Clavenna, et al. Arch Dis Child. 2014;99:866-72. 4) Durá-Travé, et al. J Child Neurol. 2012;27(5):604-9.

Conflict if interest: A Ottenblad is employed by Danone