

**MEDICATIONS FOR ATTENTION DEFICIT  
HYPERACTIVITY DISORDERS**

Medication	Form	Dose/Schedule	Dose Range	Onset/Duration	Most Common Side Effects	Pro	Precautions
RITALIN Methylepenidate	tablets 5 mg 10 mg 20 mg	Usually given two or three times a day. Begin 5 mg early AM & noon.	Child: 5-45 mg Adoles: 10-60mg Adults: 20-80mg	onset: 30 min duration:4 hrs max	Decreased appetite, decreased sleep, less common: headaches, stomach aches, irritability, weight loss, tics, "rebound".	Works quickly, effective often. The most studied. Little lab testing needed. Good safety history.	Caution if history of tics or Tourette's or high blood pressure. Controlled substance. Must hand write all scripts, no refills, no call ins.
RITALIN-SR	tablet 20mg SR	Begin 20mg SR in AM, may need increase or noon dose. May need regular Ritalin to start in AM or extend duration to PM	Child: 20-40 mg Adoles: 20-40 mg Adults: 20-80 mg	onset: 30-60 min duration: 5-8hrs	Same as Ritalin	Avoids noon dose, usually.	Often works less well than alternatives. Same as Ritalin.
DEXEDRINE Dextroamphetamine	tablet (scored) 5mg 10mg	Same as Ritalin	Child:2.5-30 mg Adoles:10-45 mg Adults:10-60 mg	onset: 30 min duration: 4-5 hrs	Same as Ritalin	Stronger and longer effect than Ritalin. Some people do better with Dexedrine.	Same as Ritalin A few persons get "meaner" with Dexedrine.
DEXEDRINE - SR	spansules 5mg 10mg 15mg	Begin 5mg in early AM. May only need once a day. May need regular Dexedrine in AM to start effect early, or afternoon dose to extend effect in afternoon.	Child:5-15 mg Adoles: 10-30 mg Adult: 10-40 mg	onset: 30-60 min duration: 6-10 hrs	Same as Ritalin, Less rebound in longer lasting medicines.	Avoids noon dose, usually.	Same as Ritalin A few persons get "meaner" with Dexedrine.
ADDERALL Dextroamphetamine Amphetamine	tablet (scored) 5mg 10mg 20mg 30mg	1 or 2 times a day.	Child:5-15 mg Adoles: 10-30 mg Adults: 10-40 mg	onset: 30-60 min duration: 4-8 hrs	Expected to be same as Ritalin.	Often once or twice a day. Another new option. Few good studies, but indirect knowledge of its components, Dexedrine and Amphetamine. This is proving to be a good option.	Although approved since 1970 there are few studies. Is combination of two types of dextroamphetamine and two types of amphetamine. Precautions same as Ritalin. A few persons get "meaner" with Dexedrine.
CYLERT Pemoline	tablet 18.75 mg 37.5mg 75mg (chewable) 37.5mg	Begin 18.75 mg-37.5 mg one dose a day.	Child: 18.75-37.5 mg Adoles: 37.5-112.5 mg Adults: 37.5-150 mg	onset: 60-90 min duration 8-16hrs	Same as Ritalin	One dose a day. Not abusable. Can call in and write for refills.	Same as Ritalin. One in 10,000 risk of acute liver failure limits usefulness and requires blood testing. Slower effect. May take 2-4 weeks to work.

Amantadine, Serzone, and Buspar are being evaluated for ADHD.

Simultaneous use of alcohol or cigarettes and especially street drugs should be avoided. All medications should be avoided if possible in pregnancy. This chart is intended to be a summary guide, not a full and complete list.

\*- Desipramine (Norpramin) and Nortriptyline (Pamelor) are similar medications with similar use.

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Imipramine*	tablets 10 mg 25 mg 50 mg 75 mg 100 mg	Begin with evening dose. Twice a day (AM and eve) may help ADHD more than once a day. Must take 7d/wk. Taper off when stopping.	child:37.5-150mg Adoles: 50-150mg Adults:100-300mg	onset: 45 min duration: 6-24 hrs	Sedation, high heart rate, dry mouth, constipation, can worsen abnormal heart rate or glaucoma, or slow urination if enlarged prostate, fatigue, blurry vision	An antidepressant. Does not cut appetite. Less chance of increasing tics. May also help depression, anxiety, bedwetting. Lasts better all day. More interactions, less precise (broader range of effects) than other options. Prevents migraines, helps chronic pain. Older, generic available.	May not help attention as much as stimulants. May 1-2 weeks to help ADHD. Usually advise EKG and blood tests. Desipramine and possibly Imipramine associated with sudden cardiac death. May increase overheating especially in hot humid settings. Dangerous in overdose.
Wellbutrin Bupropion	tablet, scored 75 mg 100 mg slow release 100 mg 150 mg	Begin 37.5-75mg AM. Usually 2 or 3 times /day Must crush pill to split dose. Must take 7 d/wk. SR is 1 or 2 times/day.	child: 18.75-200mg Adoles: 100-300 mg Adults: 150-450 mg	onset: 45-60 min duration: 4-8 hrs SR lasts 6-12 hrs	Decreased appetite, increased energy, sometimes slower sleep onset.	Also effective antidepressant. May need 1-3 weeks to build up. Recently approved to help stop smoking (lessens nicotine withdrawal).	Avoid if seizure or eating disorder history. Should be given 2 or 3 times/day, SR is 1-2 times a day. May not help attention as much as stimulants. Must spread doses (5 to 6 hrs) and limit dose at any one time (150-200mg).
Effexor Venlafaxine	tablets 25 mg 37.5 mg 50 mg 75 mg 100 mg XR 37.5, 75, 150 mg	2 or 3 times a day. XR once daily (extended release)	child: 0.5-4 mg Adoles:75-300 mg Adults:150-375mg	onset: 45-60 min duration: 4-8 hrs  XR lasts 12 hrs	May increase or decrease energy, nausea, constipation, dry mouth. More vivid dreams may occur. Decreased sex drive or response occurs less than with other serotonin reuptake inhibitors (SRI).	Effexor increases both serotonin and norepinephrine thus affecting two important neurotransmitter systems, unlike other SRI's. May help attention deficit hyperactivity disorder (ADHD). An antidepressant that often helps anxiety also.	Slight risk increased blood pressure at doses over 200mg total a day (less than 5% chance).
Tenex Guanfacine	tablets 1.0 mg 2.0 mg	Begin in evening. May need 3 times/day. No patch form. Must take 7 d/wk.	child: 0.1-0.5mg Adoles: 1.0-6mg Adult:2.0-8mg	onset 30-45 min duration: 4-8 hrs	Less sedating than Clonidine, but can cause sedation, sometimes (25%) nightmares. May lower blood pressure.	Less sedating than Clonidine. Same other benefits. Can be given 2 or 3 times/day. May need 1-2 weeks to build up. Helps tics, hyperactivity. Does not cut appetite. Invented to treat high blood pressure.	May not help attention as much as stimulants. Do not stop suddenly, same as Clonidine. May rarely have unexpected heart effects.
Clonidine	0.1 mg 0.2 mg Patch (TTS-1/2/3)	Begin in evening due to sedation. May need to build up to 4 times/day. Patch on skin lasts 5-7 days. Must take 7 d/wk.	Adoles: 0.1-0.6mg Patch up to TTS-3	duration: 3-5 hrs patch 4-7 days duration	Very sedating. May lower blood pressure, dizziness. Skin irritation common with patch.	Helps tics. Helps severe hyperactivity and impulsivity. May need 1-2 weeks to build up. Does not cut appetite. Invented to treat hypertension. Has been used to treat opiate and/or nicotine withdrawal. Older, generic available.	Avoid if serious depression. Partial effect on attention. Taper off slowly to avoid rebound hypertension or agitation. May rarely have unexpected heart effects.

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