**Medication Management Information**

Stimulant medication and dosage: Based on the patient’s daily schedule and response to medication. Measure at baseline and periodically monitor: Height, weight, blood pressure, pulse, sleep, appetite, mood, tics, family goals, and side effects.

### Stimulant Medications - Immediate Release

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Drug Name</th>
<th>Dosing</th>
<th>Duration of Behavioral Effects*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)</td>
<td>Adderall Tablets (scored): 5 mg (blue), 10 mg (blue), 20 mg (pink), and 30 mg (pink)</td>
<td>Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. Maximum Recommended Daily Dose: 40 mg</td>
<td>About 4–6 hours depending on dose</td>
</tr>
<tr>
<td></td>
<td>Dextroamphetamine</td>
<td>Tablet: 5 mg (orange)</td>
<td>Tablet: Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. Maximum Recommended Daily Dose: 40 mg</td>
</tr>
<tr>
<td></td>
<td>Levoamphetamine</td>
<td>Dextrostat Tablet (scored): 5 mg (yellow) and 10 mg (yellow)</td>
<td></td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Ritalin Tablets (scored): 5, 10, and 20 mg</td>
<td>Start with 5 mg (2.5 mg for Focalin) 1–2 times per day and increase by 5 mg each week until good control is achieved. May need third reduced dose in the afternoon. Maximum Recommended Daily Dose: 60 mg</td>
<td>3–4 hours</td>
</tr>
<tr>
<td></td>
<td>Methylphenidate</td>
<td>Methylin Tablets (scored): 5, 10, and 20 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focalin Tablets: 2.5, 5, and 10 mg</td>
<td></td>
</tr>
</tbody>
</table>

### Stimulant Medications Sustained Release, continued on side 2

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Drug Name</th>
<th>Dosing</th>
<th>Duration of Behavioral Effects*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)</td>
<td>Adderall XR Capsule (can be sprinkled): 10 mg (blue/blue), 20 mg (orange/orange), and 30 mg (natural/orange)</td>
<td>Start at 10 mg in the morning and increase by 10 mg each week until good control is achieved. Maximum Recommended Daily Dose: 40 mg</td>
<td>8–12 hours</td>
</tr>
<tr>
<td></td>
<td>Dextroamphetamine</td>
<td>Dexamphetamine Spansule Spansule (can be sprinkled): 5, 10, and 15 mg (orange/black)</td>
<td>Start at 5 mg in the morning and increase by 5 mg each week until good control is achieved. Maximum Recommended Daily Dose: 45 mg</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Concerta Capsule (noncrushable): 18, 27, 36, and 54 mg</td>
<td>Start at 18 mg each morning and increase by 18 mg each week until good control is achieved. Maximum Recommended Daily Dose: 72 mg</td>
<td>8–12 hours</td>
</tr>
<tr>
<td></td>
<td>Ritalin SR Tablet: 20 mg SR (white)</td>
<td></td>
<td>4–8 hours</td>
</tr>
<tr>
<td></td>
<td>Ritalin LA Capsule (can be sprinkled): 20, 30, and 40 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These are estimates, as duration may vary with individual child.

Note: Drugs listed on this handout do not appear in any order of importance. The appearance of the names American Copyright ©2002 American Academy of Pediatrics and Academy of Pediatrics and National Initiative for Children’s Healthcare Quality does not imply endorsement of any National Initiative for Children’s Healthcare Quality product or service. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
### Stimulant Medications Sustained Release, continued

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Drug Name</th>
<th>Dosing</th>
<th>Duration of Behavioral Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methylphenidate (cont.)</td>
<td>• Metadate ER</td>
<td>Start at 10 mg each morning and increase by 10 mg each week until good control is achieved. May need second dose or regular methylphenidate dose in the afternoon.</td>
<td>4–8 hours</td>
</tr>
<tr>
<td></td>
<td>• Methylin ER</td>
<td>Maximum Recommended Daily Dose: 60 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tablet: 10 and 20 mg extended releases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Metadate CD</td>
<td>Start at 10 mg each morning and increase by 10 mg each week until good control is achieved. Maximum Recommended Daily Dose: 60 mg</td>
<td>4–8 hours</td>
</tr>
<tr>
<td></td>
<td>Capsule: 10, 20, and 30 mg extended release (can be sprinkled):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contraindications and Side Effects

**Contraindications** *(Stimulants can be used in children with epilepsy.)*

- Mixed salts of amphetamine
  - MAO Inhibitors within 14 days
  - Glaucoma
  - Cardiovascular disease
  - Hyperthyroidism
- Dextroamphetamine
  - MAO Inhibitors within 14 days
  - Glaucoma
- Methylphenidate
  - MAO Inhibitors within 14 days
  - Glaucoma
  - Preexisting severe gastrointestinal narrowing
  - Caution should be used when prescribing concomitantly with anticoagulants, anticonvulsants, phenylbutazone, and tricyclic antidepressants

**Common Side Effects:**
- Decreased appetite
- Sleep problems
- Transient headache
- Transient stomachache
- Behavioral rebound

**Infrequent Side Effects:**
- Weight loss
- Increased heart rate, blood pressure
- Dizziness
- Growth suppression
- Hallucinations/mania
- Exacerbation of tics and Tourette syndrome (rare)

**Possible Strategies for Common Side Effects:**
- If one stimulant is not working or produces too many adverse side effects, try another stimulant before using a different class of medications.
- Decreased Appetite
- Behavioral Rebound
- Irritability/Dysphoria
- Dose after meals
- Try sustained-release stimulant
- Decrease dose
- Frequent snacks medication
- Try another stimulant medication
- Drug holidays
- Add reduced dose in late afternoon
- Consider coexisting conditions, especially depression
- Sleep Problems
- Exacerbation of tics (rare)
- Psychosis/Euphoria/Mania/Severe
- Bedtime routine
- Observe Depression
- Reduce or eliminate afternoon dose
- Reduce dose
- Stop treatment with stimulants
- Move dosing regimen to earlier time
- Try another stimulant or class of
- Referral to mental health specialist
- Restrict or eliminate caffeine medications

### Non Stimulant Medications

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Drug Name</th>
<th>Dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atomoxetine HCL</td>
<td>Strattera</td>
<td>Start as a single daily dose, based on weight, 0.5mg/kg/day for the first week then increase up to a max 1.4 mg/kg/day all given in 1 daily dose.</td>
</tr>
</tbody>
</table>

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