

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

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)	<ul style="list-style-type: none"> • Adderall Tablets (<i>scored</i>): 5 mg (blue), 10 mg (blue), 20 mg (pink), and 30 mg (pink)	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 Do not use in patients with Cardiac disease	About 4–6 hours depending on dose
Dextroamphetamine	<ul style="list-style-type: none"> • Dexedrine Tablet: 5 mg (orange) <ul style="list-style-type: none"> • Dextrostat Tablet (<i>scored</i>): 5 mg (yellow) and 10 mg (yellow) 	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	Tablet: 4–5 hours
Methylphenidate	<ul style="list-style-type: none"> • Ritalin Tablets (<i>scored</i>): 5, 10, and 20 mg <ul style="list-style-type: none"> • Methylin Tablets (<i>scored</i>): 5, 10, and 20 mg <ul style="list-style-type: none"> • Focalin Tablets: 2.5, 5, and 10 mg	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	3–4 hours

Stimulant Medications Sustained Release, continued on side 2

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)	<ul style="list-style-type: none"> • Adderall XR Capsule (<i>can be sprinkled</i>): 10 mg (blue/blue), 20 mg (orange/orange), and 30 mg (natural/orange)	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 Do not use in patients with Cardiac disease	8–12 hours
Dextroamphetamine	<ul style="list-style-type: none"> • Dexedrine Spansule Spansule (<i>can be sprinkled</i>): 5, 10, and 15 mg (orange/black)	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	8–10 hours
Methylphenidate	<ul style="list-style-type: none"> • Concerta Capsule (<i>noncrushable</i>): 18, 27, 36, and 54 mg	Start at 18 mg each morning and increase by 18 mg each week until good control is achieved. Maximum Recommended Daily Dose: 72 mg	8–12 hours
	<ul style="list-style-type: none"> • Ritalin SR Tablet: 20 mg SR (white) <ul style="list-style-type: none"> • Ritalin LA Capsule (<i>can be sprinkled</i>): 20, 30, and 40 mg	Start at 20 mg in the morning and increase by 20 mg each week until good control is achieved. May need second dose or regular methylphenidate dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	4–8 hours

*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.

**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

Medication Management Information

Stimulant Medications Sustained Release, continued

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects
Methylphenidate (cont.)	<ul style="list-style-type: none"> •Metadate ER Tablet: 10 and 20 mg extended release •Methylin ER Tablet: 10 and 20 mg extended releases 	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. Maximum Recommended Daily Dose: 60 mg	4–8 hours
	<ul style="list-style-type: none"> •Metadate CD Capsule: 10, 20, and 30 mg extended release (<i>can be sprinkled</i>):. 	Start at 10 mg each morning and increase by 10mg mg each week until good control is achieved Maximum Recommended Daily Dose: 60 mg	4–8 hours

Contraindications and Side Effects

Active Ingredient	Contraindications (<i>Stimulants can be used in children with epilepsy.</i>)
Mixed salts of amphetamine	MAO Inhibitors within 14 days Glaucoma, Cardiovascular disease, Hyperthyroidism Moderate to severe hypertension
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

Active Ingredient	Drug Name	Dosing
Atomoxetine HCL	Strattera Capsule: 10mg, 18mg, 25mg, 40 mg, 60mg	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.

*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.

