

Table 38-4. MEDICATIONS USED IN THE TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

GENERIC NAME	BRAND NAME	DURATION	DOSEAGE RANGE	SIDE EFFECTS
METHYLPHENIDATE				
Immediate-release	Ritalin, Methylin	3–4 hr	5, 10, 20 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Extended-release	Milataste ER, Methylin ER	4–6 hr	10, 20 mg extended-release tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
	Milataste-CD	8–10 hr	10, 20, 30 mg extended-release caps	
	Ritalin LA, Concerta	8–10 hr 10–12 hr	20, 30, 40 mg caps 18, 27, 36, 54 mg caps	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Sustained-release	Ritalin SR, Methylphenidate SR	4–6 hr	20 mg sustained-release tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Transdermal system	Daytrana	>12 hr	patch	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
DEXMETHYLPHENIDATE				
	Focalin	4–6 hr	2.5, 5, and 10 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Extended-release	Focalin XR	8–8 hr		Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
DEXTRAMPHETAMINE				
Short-acting	Dexedrine, DextroStat	4–6 hr	5, 10, and 15 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Intermediate-acting	Dexedrine Spanule	6–8 hr	5, 10, and 20 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Lisdexamfetamine	Vyvanse	<12 hr	30 mg, 50 mg and 70 mg tablets	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
MIXED AMPHETAMINE SALTS				
Intermediate-acting	Adderall	4–6 hr	5, 10, 20 mg tabs	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
Extended-release	Adderall XR	8–12 hr	5, 10, 15, 20, 25, 30 mg caps	Moderate appetite suppression, mild sleep disturbances, transient weight loss, irritability, emergence of tics
ATOMOXETINE				
Extended-release	Strattera	12 hr	10, 18, 25, 45, 60 mg caps	Nervousness, sleep problems, fatigue, stomach upset, dizziness, dry mouth Can lead in rare cases to severe liver injury or to suicidal ideation
Bupropion	Wellbutrin	4–5 hr	100/150 mg tabs	Difficulty sleeping, headache, seizures
Bupropion	Wellbutrin SR, Wellbutrin XL		100, 150, 200 mg tabs	
TRICYCLIC ANTIDEPRESSANTS				
Imipramine	Tofranil	Variable	See Table 19-4	Nervousness, sleep problems, fatigue, stomach upset, dizziness, dry mouth, accelerated heart rate
Desipramine*	Norpramin			
Nortriptyline	Aventyl, Pamelor			
α-AGONISTS				
Clonidine		6–12 hr	3–10 μ g/kg/day bid-qid	Sedation, depression, dry mouth, rebound hypertension on discontinuing, confusion
Guafacine	Tenex, Intuniv	6–12 hr	1, 2, 3 mg tabs	Hypotension, lightheadedness

*Has been associated with deaths due to cardiac problems. Not recommended for children.
cap, capsule; tab, tablet.

The clinician should consider careful monitoring of medication a necessary component of treatment in children with ADHD. When physicians prescribe medications for the treatment of ADHD, they tend to use lower than optimal doses. Optimal treatment usually requires somewhat higher doses than tend to be found in routine practice settings. All-day preparations are also useful to maximize positive effects and minimize side effects, and regular medication follow-up visits should be offered (4 or more times/yr) vs the twice-yearly medication visits often used in standard community-care settings.

Medication alone is not always sufficient to treat ADHD in children, particularly in instances where children have multiple psychiatric disorders or stressed home environments. When children do not respond to medication, it may be appropriate to refer them to a mental health specialist. Consultation with a child

psychiatrist or psychologist can also be beneficial to determine the next steps for treatment, including adding other components and supports to the overall treatment program. Evidence suggests that children who receive careful medication management, accompanied by frequent treatment follow-up, all within the context of an educative, supportive relationship with the primary care provider, are likely to experience behavioral gains for up to 24 mo.

Stimulant drugs used to treat ADHD may be associated with an increased risk of adverse cardiovascular events, including sudden cardiac death, myocardial infarction, and stroke in young adults and rarely in children. In some of the reported cases, the patient had an underlying disorder, such as hypertrophic obstructive cardiomyopathy, which is made worse by sympathomimetic agents. These events are rare, but they nonetheless warrant

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