

## Stimulant 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.

### Immediate Release

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/Levoamphetamine)	<ul style="list-style-type: none"> <li>Adderall Tablets (<i>scored</i>): 5 mg (blue), 10 mg (blue), 20 mg (pink), and 30 mg (pink)</li> </ul>	Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. <b>Maximum Recommended Daily Dose: 40 mg</b>	About 4–6 hours depending on dose
Dextroamphetamine	<ul style="list-style-type: none"> <li>Dexedrine Tablet: 5 mg (orange)</li> <li>Dextrostat Tablet (<i>scored</i>): 5 mg (yellow) and 10 mg (yellow)</li> </ul>	Tablet: Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. <b>Maximum Recommended Daily Dose: 40 mg</b>	Tablet: 4–5 hours
Methylphenidate	<ul style="list-style-type: none"> <li>Ritalin Tablets (<i>scored</i>): 5, 10, and 20 mg</li> <li>Methylin Tablets (<i>scored</i>): 5, 10, and 20 mg</li> <li>Focalin Tablets: 2.5, 5, and 10 mg</li> </ul>	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. <b>Maximum Recommended Daily Dose: 60 mg</b>	3–4 hours

### 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"> <li>Adderall XR Capsule (<i>can be sprinkled</i>): 10 mg (blue/blue), 20 mg (orange/orange), and 30 mg (natural/orange)</li> </ul>	Start at 10 mg in the morning and increase by 10 mg each week until good control is achieved. <b>Maximum Recommended Daily Dose: 40 mg</b>	8–12 hours
Dextroamphetamine	<ul style="list-style-type: none"> <li>Dexedrine Spansule Spansule (<i>can be sprinkled</i>): 5, 10, and 15 mg (orange/black)</li> </ul>	Start at 5 mg in the morning and increase by 5 mg each week until good control is achieved. <b>Maximum Recommended Daily Dose: 45 mg</b>	8–10 hours
Methylphenidate	<ul style="list-style-type: none"> <li>Concerta Capsule (<i>noncrushable</i>): 18, 27, 36, and 54 mg</li> </ul>	Start at 18 mg each morning and increase by 18 mg each week until good control is achieved. <b>Maximum Recommended Daily Dose: 72 mg</b>	8–12 hours
	<ul style="list-style-type: none"> <li>Ritalin SR Tablet: 20 mg SR (white)</li> <li>Ritalin LA Capsule (<i>can be sprinkled</i>): 20, 30, and 40 mg</li> </ul>	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. <b>Maximum Recommended Daily Dose: 60 mg</b>	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 Academy of Pediatrics and National Initiative for Children's Healthcare Quality does not imply endorsement of any 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.

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## Stimulant Medication Management Information

### Sustained Release, continued

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
	<ul style="list-style-type: none"> <li>• Metadate ER Tablet: 10 and 20 mg extended release</li> <li>• Methylin ER Tablet: 10 and 20 mg extended releases</li> </ul>	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. <b>Maximum Recommended Daily Dose: 60 mg</b>	4–8 hours
	<ul style="list-style-type: none"> <li>• Metadate CD Capsule: 20 mg extended release</li> </ul>	Start at 20 mg each morning and increase by 20 mg each week until good control is achieved. <b>Maximum Recommended Daily Dose: 60 mg</b>	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 Symptomatic 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
<b>Common Side Effects:</b> • Decreased appetite • Sleep problems • Transient headache • Transient stomachache • Behavioral rebound	
<b>Infrequent Side Effects:</b> • Weight loss • Increased heart rate, blood pressure • Dizziness • Growth suppression • Hallucinations/mania • Exacerbation of tics and Tourette syndrome (rare)	
<b>Possible Strategies for Common Side Effects:</b> (If one stimulant is not working or produces too many adverse side effects, try another stimulant before using a different class of medications.)	
<b>Decreased Appetite</b> <ul style="list-style-type: none"> <li>• Dose after meals</li> <li>• Frequent snacks</li> <li>• Drug holidays</li> </ul>	<b>Behavioral Rebound</b> <ul style="list-style-type: none"> <li>• Try sustained-release stimulant medication</li> <li>• Add reduced dose in late afternoon</li> </ul>
<b>Sleep Problems</b> <ul style="list-style-type: none"> <li>• Bedtime routine</li> <li>• Reduce or eliminate afternoon dose</li> <li>• Move dosing regimen to earlier time</li> <li>• Restrict or eliminate caffeine</li> </ul>	<b>Exacerbation of Tics (rare)</b> <ul style="list-style-type: none"> <li>• Observe</li> <li>• Reduce dose</li> <li>• Try another stimulant or class of medications</li> </ul>
	<b>Irritability/Dysphoria</b> <ul style="list-style-type: none"> <li>• Decrease dose</li> <li>• Try another stimulant medication</li> <li>• Consider coexisting conditions, especially depression</li> </ul>
	<b>Psychosis/Euphoria/Mania/Severe Depression</b> <ul style="list-style-type: none"> <li>• Stop treatment with stimulants</li> <li>• Referral to mental health specialist</li> </ul>

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