

ADHD Medication Guidelines for Children and Adolescents Age 6 and up



Level 0: Comprehensive assessment includes a detailed developmental and symptomatic history. Use of rating scales is highly encouraged.

- Conners' ADHD rating Scales
- ADHD - IV Rating Scale
- Vanderbilt Assessment Rating Scales

Level 1: Psychostimulant monotherapy (methylphenidate, both short & long acting, or amphetamine)

Level 2: Psychostimulant not tried at Level 1 (different agent or different formulation)

Level 3: Atomoxetine

Level 4: Diagnostic reconsideration if none of the above agents result in satisfactory treatment consider bupropion or tricyclic antidepressants

(Desipramine not recommended due to safety issues). Modafinil, alpha-agonist (can be used in combination or monotherapy). Despite limited evidence these medications may be considered.

Medications Approved by the FDA for ADHD (Age 6 and Up)
 Adapted from AACAP Practice Parameter for the Assessment and Treatment of Children and
 Adolescents with Attention-Deficit/Hyperactivity Disorder -2007

Generic Class/ Brand Name	Typical Starting Dose	FDA Max/Day	Off-Label Max/Day	Comments
Amphetamine preparations <u>Short-acting</u> - Adderall - DextroStat <u>Long-acting</u> - Dexedrine Spansule - Adderall XR - Lisdexamfetamine	≥6 y: 5 mg q.d – b.i.d. ≥6 y: 5 mg q.d. – b.i.d. ≥6 y: 5-10 mg q.d. –b.i.d. ≥6 y: 10 mg q.d. 30 mg q.d.	40 mg 40 mg 30 mg 70 mg	>50 kg: 60 mg >50 Kg: 60 mg >50 Kg: 60 mg Not yet known	<i>Short acting</i> stimulants often used as initial treatment in children (<16kg), but have disadvantage of b.i.d. – t.i.d dosing to control symptoms throughout the day <i>Longer acting</i> stimulants offer greater convenience, confidentiality, and compliance with single daily dosing but may have greater problematic effects on evening appetite and sleep Adderall XR cap may be opened and sprinkled on food
Methylphenidate preparations <u>Short-acting</u> - Focalin - Methylin - Ritalin <u>Intermediate acting</u> - Metadate ER - Methylin ER - Ritalin SR - Metadate CD - Ritalin LA <u>Long-acting</u> - Concerta - Daytrana patch - Focalin XR	2.5 mg b.i.d. 5 mg b.i.d. 5 mg b.i.d. 10 mg q.a.m. 10 mg q.a.m. 10 mg q.a.m. 20 mg q.a.m. 20 mg q.a.m. 18 mg q.a.m Begin with 10 mg patch q.d., Then titrate up by patch strength 5 mg q.a.m. 5 mg q.a.m.	20 mg 60 mg 60 mg 60 mg 60 mg 60 mg 60 mg 60 mg 72 mg 30 mg 30 mg	50 mg >50 Kg: 100 mg >50 Kg: 100 mg > 50 Kg: 100 mg > 50 Kg: 100 mg > 50 Kg: 100 mg > 50 Kg: 100 mg > 50 Kg: 100 mg 108 mg Not yet known 50 mg	<i>Short acting</i> stimulants often used as initial treatment in children (<16kg), but have disadvantage of b.i.d. – t.i.d dosing to control symptoms throughout the day <i>Longer acting</i> stimulants offer greater convenience, confidentiality, and compliance with single daily dosing but may have greater problematic effects on evening appetite and sleep Metadate CD and Ritalin LA caps may be opened and sprinkled on soft food <i>Concerta</i> : swallow whole with liquids, nonabsorbable tablet shell may be seen in stool
Selective norepinephrine reuptake inhibitor Atomoxetine Strattera	Children and adolescents <70 Kg: 0.5 mg/kg/day For 4 days; then 1 mg/Kg/day for 4 days; Then 1.2 mg/Kg/day	Lesser of 1.4 mg/Kg Or 100mg	Lesser of 1.8 mg/Kg Or 100 mg	Not a schedule II medication. Consider if active substance abuse or severe side effects of stimulants (mood lability, tics); give q.a.m. or divided doses b.i.d. (effects on late evening behavior); do not open capsule; monitor closely for suicidal thinking and behavior, clinical worsening, or unusual changes in behavior

“If none of the above agents result in satisfactory treatment of the patient with ADHD, the clinician should undertake a careful review of the diagnosis and then consider behavior therapy and/or the use of medications not approved by the FDA for the treatment of ADHD.” AACAP Practice Parameter Treatment, 2007.

Medications Used for ADHD, Not Approved by FDA (Age 6 and Up)

Adapted from AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder -2007

Generic Class/ Brand Name	Typical Starting Dose	Max/Day	Comments
Antidepressants Bupropion - Wellbutrin - Wellbutrin SR - Wellbutrin XL Imipramine - Tofranil Nortriptyline - Pamelor - Aventil	Lesser of 3mg/kg/day Or 150 mg/day 1 mg/Kg/day 0.5 mg/Kg/day	Lesser of 6mg/kg or 300 mg, with no single dose >150 mg Lesser of 4 mg/Kg or 200 mg Lesser of 2 mg/Kg or 100 mg	Lowers seizure threshold; contraindicated if current seizure disorder Usually given in divided doses, Obtain baseline ECG before starting Imipramine and nortriptyline
Alpha Adrenergic agonists Clonidine - Catapres Guanfacine Tenex	<45 Kg; 0.05 mg q.h.s Titrate in 0.05 mg Increments b.i.d., t.i.d., q.i.d.; >45 kg; 0.1 mg q.h.s; Titrate in 0.1 mg Increments b.i.d., t.i.d., q.i.d. <45 kg: 0.5 mg q.h.s; Titrate in 0.5 mg Increments b.i.d.; t.i.d; q.i.d. >45 kg: 1 mg increments b.i.d., t.i.d., q.i.d	27-40.5 kg: 0.2 mg; 40.5-45 kg: 0.3 mg; >45 kg: 0.4 mg 27-40.5 Kg: 2 mg; 40.5-45 kg: 3 mg; >45 kg: 4 mg	May be used alone or as adjuvant to another medication for ADHD Effective for impulsivity and hyperactivity; modulating mood level; tics worsening from stimulants; sleep disturbances May not see effects for 4-6 weeks. Review personal and family Cardiovascular history Taper off to avoid rebound hypertension
Stimulant Modafinil - Provigil	200 mg per day	400 mg per day	Evaluate for cardiovascular risk, monitor heart rate and blood pressure