

Pediatrics Official Journal

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Attention-Deficit/Hyperactivity Disorder in Children and Adolescents

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[ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents | FROM THE AMERICAN ACADEMY OF PEDIATRICS | Pediatrics](#)

Virginia Premier Health Plan

PLEASE NOTE:

The Virginia Premier Quality Improvement Committee approved the Attention-Deficit/Hyperactivity Disorder (ADHD) summary guidelines of the American Academy of Pediatrics. In an effort to enhance the Pharmacotherapy section, the VPHP Quality

Committee, supplemented the guidelines with the current stimulant and non-stimulant medication used for ADHD. The New England Journal of Medicine January 15, 2005 352; pp. 165-173 Table 4 and the American Journal Health Sys Pharm Vol 62 July 15, 2005, pp. 1502-1509, Table 2 were chosen for the references and use for this section.

RECOMMENDED MEDICATIONS FOR ADHD

<u>Medication*</u>	<u>Initial Dose</u>	<u>Usage Dose</u>	<u>Doses per Day</u>	<u>Side Effects/Comments</u>	<u>Contraindications</u>
Methylphenidate**		mg			
Ritalin, Methylin	5-10	10-20	2-3 }		
Concerta	18-27	27-54	1 }	<i>Appetite suppression, stomachaches</i>	<i>Marked anxiety, tension, agitation,</i>
Metadate ER, Metadate CD, Methylin ER	10	10-20	1 }		
			}	<i>aches, headaches, irritability, weight loss,</i>	<i>glaucoma, use of monoamineoxidase</i>
Ritalin LA	20	20-40	1 }	<i>deceleration in rate of growth, exacerbation</i>	<i>inhibitors, seizures, tics.</i>
Focalin***	2.5-5	2.5-5	2-3 }	<i>of psychosis, exacerbation of tics, mild</i>	
Focalin XR caps	5	5-20	1 }	<i>increase in blood pressure and pulse.</i>	
Methylphenidate Patch	1 Daily	1 applied daily for up to 9 hrs		<i>Useful for poor compliance or if oral route not feasible.</i>	
Dextroamphetamine					
(sulfate alone and in combination with amphetamine salts)**					
Dexedrine	5	5-20	2-3	<i>Appetite suppression, weight loss, stomach-</i>	<i>Cardiovascular disease, hypertension,</i>
Dexedrine Spansule	5-10	5-15	1-2		
Adderall	5-10	5-30	1-2	<i>aches, headaches, irritability, possible growth</i>	<i>hyperthyroidism, glaucoma, drug dependence,</i>
Adderall XR	5-10	10-30	1	<i>inhibition, exacerbation of psychosis, exacerba-</i>	<i>use of monoamine oxidase inhibitors.</i>
				<i>tion of tics,mild increase in blood pressure and</i>	
				<i>pulse.</i>	
Vyvanse Caps	30 mg	30-70	1		
Atomoxetine*****					
Strattera	10-25	18-100	1-2	<i>Appetite suppression, nausea, vomiting,</i>	<i>Jaundice or other clinical or laboratory</i>
				<i>fatigue, weight loss, deceleration in rate</i>	<i>evidence of liver injury, use of monoamine</i>
				<i>of growth, mild increase in blood pressure</i>	<i>oxidase inhibitors, narrow-angle glaucoma.</i>
				<i>and pulse.</i>	
Bupropion*****					
Wellbutrin SR	100-150	150	1-2	<i>Weight loss, insomnia, agitation, anxiety,</i>	<i>Seizures, bulimia, anorexia nervosa, abrupt</i>
Wellbutrin XL	150	150-300	1		
				<i>dry mouth, seizures, others.</i>	<i>discontinuation of alcohol or benzodiaze-</i>
					<i>or other bupropion products (e.g., zyban).</i>

- **For each category the generic drug is given and dosing information for each named marketed drug.*
- ***The manufacturer states that seizures and tic disorders are contraindications: research supports the use of stimulants in children with seizures that have stabilized with the use of anticon-*
- *-convulsants and in children with tic disorder or Tourette's disorder. With use of a long-acting methylphenidate or dextroamphetamine product, a short-acting product may be added at 4*
- *p.m. to 6 p.m. for homework or special activities: appetite and sleep onset are then carefully monitored..*
- ****Focalin is a dextro isomer of methylphenidate that is given at a lower dose*
- ******Younger children may need two doses a day.*
- ******Bupropion has not been approved by the Food and Drug Administration for pediatric use. Only sustained release (twice daily) or extended release (once a day) are*
- *recommended for adolescents. There is a higher incidence of side effects with the immediate release preparation.*

NON STIMULANTS USED in the TREATMENT of ADHD in CHILDREN

Drug	Brand Name(s)	Place in Therapy	Usage Onset of effect (wk)	Dosage Range	Adverse Effects
Atomoxetine	Strattera	2 nd line (1 st line in Pts, who can not take a Stimulant due to an active Substance abuse disorder Or prior adverse effect)	2-4	<70 kg: 0.5 mg/kg/day, increase after a minimum of 3 days to 1.2 mg/kg/day, >70 kg 20-40 mg/day, increase after a minimum of 3 days as tolerated and p.r.n. up to 100 mg/day.^A	Reduce appetite, stomach pain, nausea, vomiting, weight loss, sedation, dizziness insomnia, monitor for increase in blood pressure and pulse.
Bupropion	Wellbutrin Wellbutrim SR Wellbutrim XL	2 nd line	2-4	3 mg/kg/day at end of week 1; may increase over 3wk to 6 mg/kg/day or 300 mg/day, whichever is smaller bid-tid for immediate acting formulations (divided bid for sustained release formulations)^B	Nausea, insomnia, rash, tics, dry mouth agitation, headache, constipation, tremor, weight gain, increase risk of seizures maximum doses: 150mg imm. release 200mg for SR, and 450 mg for XL.
Tricyclic antidepressant					
Imipramine	Tofranil	2 nd or 3 rd line	2-4	1 mg/kg/day, increase by 1 mg/kg weekly to a maximum of 4mg/kg/day.	Dry mouth, dizziness, constipation, sedation: ECG monitoring required at baseline and follow-up.
Desipramine	Norpramin	2 nd or 3 rd line	2-4	Same as for imipramine.	same as for imipramine; close monitoring if > 3 mg/kg/day.
Nortriptyline	Aventyl, Parnelor	2 nd or 3 rd line	2-4	0.5 mg/kg/day, increase by 0.5 mg/kg Weekly to a maximum of 2.5 mg/kg day.	same as for imipramine.
Alpha-agonists Clonidine	Catapures	Adjunct therapy or 4 th line treatment	2-8	0.05 mg bid-tid increase by 0.05 mg weekly to a target range of 0.1-0.4 mg/Day; clonidine syrup can be compounded.	Sedation, irritability, drop in blood pressure, sleep disturbance, dry mouth, constipation, dizziness, ECG monitoring recommended but controversial, vital sign monitoring recommended
Guanfacine	Tenex	Adjunct therapy or 4 th line treatment	2-8	0.5 mg qd or bid increase by 0.5 mg weekly to a target range of 1-4 mg day.	Same as for Clonidine
Guanfacine	Intuniv		1-4	1	Somnolence, sedation, hypotension, dry mouth history of hyposensitivity

^A. Poor metabolizers may require lower dosages.

^B. The typical starting dosage is 37.5 mg b.i.d. for the immediate release formulation and 100 mg for the sustained release formulation. The sustained release formulation can be given once daily or it can be given as 50mg twice a day.