

Stimulant Medications

What are the benefits of stimulants?

For many people with ADHD, stimulants dramatically improve their ability to focus and prioritize at work, school and in their social life. Symptoms that benefit include distractibility, short attention span, hyperactivity, and impulsivity, and physical coordination. Although they are called stimulants, most people with ADHD feel calmer on them. If you do not have ADHD, they may make you feel hyped or energized, which may be an indication you should stop them.

When should I see improvement?

Improvement in symptoms should be noticeable within a few hours after taking a stimulant. If no change is seen after a week, the medicine may need to be adjusted.

How should I take the medicine?

Some are dosed once a day and others twice a day, depending on duration. Adderall XR absorbs better if taken on an empty stomach (30 min away from food). Otherwise, breakfast (particularly high fat) can delay its release by 2-3 hours and lower the levels of the medication by about 50% in the first 6 hours after taking it.

Some people only take stimulants on work or school days, while others find the benefits extend into their leisure and social lives and take them every day; either way is equally safe.

What if I miss a dose?

You may take the dose late or wait for your next scheduled dose. Your decision will depend on how long the medicine affects you (see

chart), what activities you face that day, and the possibility of sleep disruption if the dose is taken too late.

What side effects are possible?

Side effects include difficulty sleeping, nervousness, appetite loss, dizziness, upset stomach, and headache. Taking too much of the medicine can cause paranoia and agitation. People with Tourette's disorder may have more tics. People with bipolar disorder may have worse mood swings, such as mania or agitation, on stimulants.

Stimulants can raise blood pressure a small amount, and we will monitor this while you take them. Very rarely, people have undiagnosed heart conditions which put them at risk for sudden death after a stress such as exercise or when using certain medications, including stimulants.

Are stimulant medicines addictive?

When taken as prescribed to treat the symptoms of ADHD, stimulants are not addictive. People with ADHD rarely abuse stimulants, and in fact treatment *lowers* their rates of substance abuse. However, *misuse* of stimulants can lead to addiction.

Will I need stimulants for life?

Symptoms of ADHD may improve as you age, and trials without medication can be attempted to see if it is still necessary. If taken as prescribed, stimulants can be safely stopped at any time.

	Methylphenidate	Lasts	Max	Cost	Notes
GENERIC	Methylphenidate IR	3-5 hr	60mg	\$20	Rapid onset (15-30 min) Tabs, Methylin chewable tabs, liquid
	Methylphenidate SR	4-8	60mg	\$25	Waxy release mechanism has inconsistent effects (Ritalin SR, Methylin ER, Metadate ER)
	Metadate CD	8-9	60mg	\$40	50% instant, 50% delayed
	Methylphenidate LA	6-9	60mg	\$50	30% instant, 70% delayed (wax-coated) release caps
	Methylphenidate OROS ER (Concerta)	12	72mg	\$40	22% instant, 78% delayed. Slow onset (1-2 hr), but greater efficacy in later part of day
	Dexmethylphenidate (Focalin)	3-6 (XR is 8-12)	30mg	\$50	30% instant, 70% delayed (wax-coated) release caps
BRAND ONLY	QuilliChew ER	8	60mg	\$337	Fast onset (45 min). Cherry chews
	Quillivant XR	8-12	60mg	\$289	Banana liquid. Onset in 1 hr
	Cotempla XR-ODT	12	51.8mg	\$348	Similar to Concerta but dissolves in mouth. To convert to methylphenidate, multiply by 1.16
	Daytrana patch	9-12	30mg	\$350	Risk = skin irritation or discoloration. Patch can fall off. Slow onset (2 hr), lasts 2-3 hr after patch is removed.
	Aptensio XR	12	60mg	\$250	Onset 1 hr
	Jornay PM	9-12	100mg	\$300	Take at night, starts working upon wakening To convert to methylphenidate, multiply by 0.74
	Adhansia	13-16	85mg	\$350	Onset 1 hr
	Azstarys	10-11	52.3/ 10.4mg	\$390	An extended release, fast onset dexmethylphenidate

Ratio*	Amphetamine	Lasts	Max	Cost	Notes
1:1	Amphetamine (Evekeo IR, ODT)	9-10 hr	60mg	\$60	Less effective than other amphetamines; more heart side effects
3:1	Adderall IR	4-6	40mg	\$20	Slower onset than methylphenidate (1 Hr) Multiply by 1.3 to convert to Evekeo
3:1	Adderall XR	10-12	40mg	\$30	Taking with a high-fat meal can lower levels in morning
3:1	Mydayis	14-16	50mg	\$227	Long duration, but greater risk of insomnia
3:1	Adzenys XR-ODT Adzenys ER Liquid	10-12	18.8mg	\$326 ODT \$665 ER	Dissolves in the mouth with an orange flavor. To convert to Adderall, multiply by 1.6
3:1	Dyanavel-XR Liquid	12	20mg	\$597	Onset is slower (1 Hr)
100%	Dextroamphetamine	4-6 Hr	40mg	\$20	Multiply by 1.2 to approximate Adderall dose. Liquid (ProCentra) lasts 6-10 Hr
100%	Dextroamphetamine ER (Dexedrine Spansules)	6-10 Hr	40mg	\$35	Multiply by 2.5 to convert to Vyvanse dose
100%	Lisdexamfetamine (Vyvanse)	12-14 Hr	70mg	\$350	Smooth levels. Treats binge eating.

*Ratio of dextroamphetamine to levoamphetamine. These two versions have slightly differences, but generally the dextroamphetamine is more effective.

Agreement on the Use of Controlled Substances

I understand that my use of controlled prescriptions is monitored and regulated by state agencies. To prevent problems in my controlled-substance record I agree that:

1. **No early refills.** I will not over-use or share the medicine and understand that it cannot be refilled early even if the pills are lost.
2. **Only receive and change controlled prescriptions at office visits.** I will keep regular office visits and only receive refills at the office. In rare cases when I am unable to keep an office visit I will provide one week notice for refills of controlled substances to allow time to check the state database. If I think I need to increase or change a controlled prescription, I will schedule an office visit rather than trying to make changes on my own or by telephone.
3. **Do not obtain from other MDs.** I will alert my provider before filling prescriptions for the same type of controlled substance they are prescribing (see list below), unless it is part of a hospital stay.
4. **Refill limitations.** Controlled scripts and their refills expire six months after they are written. For stimulants, the maximum amount that can be written at each office visit is 3 months.
5. **Pharmacy regulations.** The pharmacy will only honor a hard-copy of these prescriptions (no call-ins) and will require the person picking up the bottle to show a government-issued photo ID (you can designate someone else to pick up the prescription).
6. **Drug screens and out-of-state pharmacies.** Controlled substances will show up on urine drug screens. Some states may not honor out-of-state prescriptions for controlled substances.

Examples of Controlled Substances

Benzodiazepines: alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), clobazam (Onfi), clorazepate (Tranxene), diazepam (Valium), estazolam (ProSom), flurazepam (Dalmane), lorazepam (Ativan), midazolam (Versed), oxazepam (Serax), quazepam (Doral), temazepam (Restoril).

Stimulants: methylphenidate (Ritalin, Concerta, Metadate, Methylin, Daytrana), dexamethylphenidate (Focalin), amphetamine-salts (Adderall, Evekeo), dextroamphetamine (Dexedrine, Vyvanse, Zenedi).

Sleep Medicines: eszopiclone (Lunesta), zaleplon (Sonata), zolpidem (Ambien, Edluar, Intermezzo).

Opioids: buprenorphine, codeine, hydrocodone, hydromorphone, fentanyl, meperidine, morphine, tramadol, oxycodone, oxycontin.

Other: modafinil (Provigil, Nuvigil), dronabinol (Marinol), gamma hydroxybutyric acid (Xyrem), barbiturates.

NAME

SIGNATURE

DATE