

MEDICAL MEMO

Kevin Leehey, M.D. Child, Adolescent, and Adult Psychiatry; Board Certified

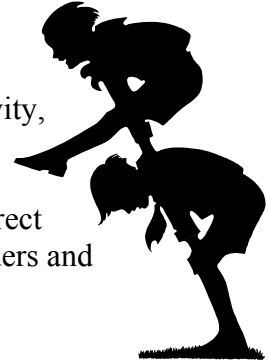
Medicines For ADHD - Update

There are now about 25 medicines for Attention Deficit Hyperactivity Disorder (ADHD). The goal of this article is to make sense of this potentially confusing group of choices. Medicine names are in bold below. Key concepts are in bold or underlined and are summed up at the end.

Choosing a medication for ADHD is done after becoming reasonably certain of the diagnosis and considering which, if any, treatment options, are best for your child or you. Please see my detailed information packet about ADHD at www.leehey.md.com. It is also important to be clear what symptoms you want the ADHD medicine to help, what possible side effects you especially want to avoid, and if there are any convenience factors to consider. You and/or the youth must also remember and accept that no medicine can do assignments, turn them in, or make good choices. These medicines can only assist one's efforts - moderately, to sometimes greatly.

ADHD medicines, especially the stimulants (see [Medications For ADHD](#)) and the non-stimulant Strattera, are most helpful for distractibility (short attention span, poor ability to concentrate, and lack of focus) and for hyperactivity (can't sit still, restless, fidgety, excessive talking). Persons who have only the Inattentive (distractible) type of ADHD without any hyperactivity also respond well to stimulants and Strattera. Stimulants and Strattera are partially helpful for the common impulse control problems of acting or speaking without thinking first, blurting out, and butting into conversations, lines, games, etc. No

ADHD medicines directly help organization problems or correct learning disorders like the various forms of reading and writing (dyslexia), math, or processing disorders. However, by helping any associated distractibility or hyperactivity, stimulants and Strattera can have partial to sometimes substantial indirect benefits for learning disorders and organization.



Since stimulants (also known as psychostimulants) and Strattera are usually the best medicines for ADHD let's next simplify them. Actually there are only 2 stimulant groups to consider. These are several forms of methylphenidate and the amphetamines. (The most effective non-stimulant medicine for distractibility is Strattera and will be discussed after the stimulants.) So, really, this part is pretty simple. As you read on, be aware the ER, SR, CD, LA and XR suffixes all mean extended, slow, or longer duration forms of the basic medicine. Brand names are capitalized below while the generic chemical name is not.

Methylphenidate (MPH for short) is the generic or chemical name of the medicine known by the brand names Ritalin, Ritalin SR, Methylin, Methylin ER, Metadate ER, Metadate CD, Ritalin LA, Concerta ER and Daytrana (a skin patch form of MPH). Thus, these names all refer to the same basic ingredient. The main difference is how long they last and what mechanism is used to make

it last longer. Methylin forms contain no dyes. As usual, generic forms, when available, are cheaper. **Focalin** (dexamethylphenidate) is the single isomer form of MPH which gives somewhat better duration and less "rebound" than MPH.

The **amphetamines** include Dexedrine (dextroamphetamine), Dexedrine spansules (SR), Adderall, and Adderall XR. Adderall contains 50% dextro-amphetamine and 50% of the very closely related isomer levo-amphetamine. The addition of levo-amphetamine gives Adderall its longer duration. Plain Adderall comes in a generic but Adderall XR does not.

Let's next discuss the relative merits and demerits of the MPH and amphetamine groups. MPH (methylphenidate) is the gold standard that everything else is compared to; it's been around the longest and studied by far the most. MPH is the mildest and it is cheap. It is a good place to start. Amphetamines are stronger, generally last a bit longer, can have more of a rough edge, and are more abusable. Some people do better on MPH products and some do better on the amphetamine options - there is no reliable way to tell which is better for you or your child without trying them.



Let's talk duration. Plain MPH (Ritalin, Methylin) lasts 3 to 4 hours, Focalin lasts 4 to 5 hours, Dexedrine lasts a good 4 hours, and plain Adderall 5 to 6 hours. Each requires at least 2 doses to cover school hours while MPH and Dexedrine often require a third dose around 3 or 4 pm to also cover homework or work. Three doses a day (even two doses) can be an inconvenient pain leading to missed doses or lack of confidentiality due to having to take it at lunch at school or at day care after school, etc. Except for Strattera, the big growth of new

ADHD medicine options is in ways to extend the duration of existing medicines, not in creating new medicines to treat ADHD. Longer duration stimulant options are not only more convenient, they are also often smoother (less side effects and more consistent benefit through the day) and generally don't cause the sometimes unpleasant "rebound" as the medicine "wears off". There are now 4 basic ways companies have developed to increase the number of effective hours. First (and the oldest way), is to make a hard coated pill that dissolves slower - Ritalin SR and the generic MPH SR were made this way. In 2000 two companies came out with minor modifications of this MPH form and a new 10 mg size (as well as the generically priced 20 mg) - **Methylin ER** and **Metadate ER**. These last 6 to 8 hours usually. A second method to extend duration was brought out later in 2000 as **Concerta**, which uses a 3 layer osmotic pressure release system to make plain MPH last 8 to 13 hours, usually 10 hours. In 2001 **Metadate CD** and **Ritalin LA** arrived as MPH based capsules containing pellets of 2 different release time targets which lasts about 8 hours. This capsule design containing time release pellets is the third method for making stimulants last longer. The fourth method came out in 2006 as the **Daytrana** transdermal system. This is a skin patch designed to be placed daily on one hip early each morning and removed about 9 hours later. The patch can thus avoid an oral dose. **Methylin** also makes a liquid dose form that lasts up to 4 hours for situations where a liquid is preferred.

Dexedrine (SR) "spansule" capsules were the first of this capsule strategy and typically last 6 to 8 hours. In late 2001 **Adderall XR** became available in its 2 pellet type capsule system to last 8 to 10 hours thereby avoiding need for a mid day dose at school or work. Concerta (with MPH) and Adderall XR (with amphetamine) are the 2 longest duration stimulant options. They may cover the whole day with only one

morning dose. Daytrana's skin patch may rival this duration while Focalin XR is close.

Concerta, Adderall XR, Metadate CD, Ritalin LA, Strattera, Focalin XR, and Daytrana are brands costing over \$3 a day and may be a high co-pay choice or are not covered on some insurance formularies. Some patients will still require a dose of regular MPH or amphetamine around 4 PM to cover the rest of the day.

Cylert (pemoline) is an effective, truly once a day non-abusable stimulant option that is little used since it has about a 1 in 10,000 risk of unpredictable severe liver damage or failure.

[Page 2 of my ADHD Medication chart](#) shows non-stimulant medicines that may help ADHD.

Strattera (atomoxetine) is the non-stimulant FDA approved (early 2003) ADHD medicine that may rival the stimulants in helping distractibility (attention, concentration, focus) and perhaps hyperactivity and impulsivity. It works via norepinephrine reuptake inhibition (NRI) to increase primarily norepinephrine in the brain but has little effect on dopamine.

Stimulants increase both these neurotransmitters but in a different way. Thus, Strattera helps ADHD while often causing less appetite suppression, sleep disturbance, rebound, irritability, tics, or other stimulant side effects. Strattera is not-abusable. As a convenience plus, Strattera can be called in and refills can be written - no need for monthly handwritten prescriptions. Strattera works to increase norepinephrine (NRI) in a way similar to how the antidepressants Prozac, Zoloft, Paxil, Luvox, Celexa, and Lexapro increase serotonin (SRI). Strattera may rarely have some antidepressant benefit. Strattera must be taken 7 days a week to give a smooth and effective level in the body and must build up for 2 to 4 weeks before it is fully effective. In contrast, stimulants can be given when needed and work for a certain number of hours and then are gone. The potential advantage to the steady



blood level effect of Strattera is that it should be present and working 24 hours a day - even on awakening before the morning dose is taken and late into the evening when stimulants have usually worn off. Because of this slow build up effect it may be better when changing from a stimulant to Strattera to overlap both meds the first 2 to 3 weeks. For some patients it may be helpful to take a stimulant or other non-stimulant medicine and Strattera at the same time on an ongoing basis. In addition to a usually milder and less frequent group of possible stimulant-like side effects, Strattera may bother the stomach, cause nausea, or cause sleepiness. Taking it with food, switching the medicine to evening, or giving half in the am and half in the pm may work better. Strattera comes in capsules of several strengths, is usually started in the morning, and the dosage increases with body weight. Response seems better if the dose is set at the higher end of the recommended range and a month should be given to gauge response.

Other options on page 2 of my ADHD medication chart are less helpful for attention, concentration, focus, and distractibility than Strattera and the stimulants but may have other advantages. These medicines include the antidepressants Wellbutrin (bupropion) and imipramine (as well as its cousins). Generally, if I am trying to mainly treat ADHD, especially distractibility and inattention, I will use a stimulant or possibly Strattera first for that and then add an antidepressant or anti-anxiety medicine if depression or anxiety are also present. **Tenex (guanfacine)** or **clonidine** are not as helpful for distractibility and inattention as the stimulants are but are just as good or better for hyperactivity and impulsivity. They also don't cut appetite and do suppress tics. They are given 2 or 3 times a day. With guanfacine lunch dosing can often be avoided. **Amantadine** is a generic (Symmetrel is the brand name) that increases primarily dopamine and not norepinephrine. Thus some patients

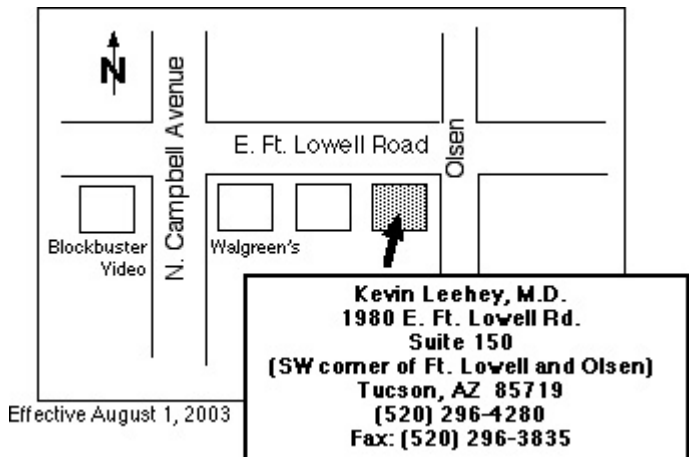
respond better to its similar but more limited actions. Amantadine is mainly used to treat parkinsonism of various types and also prevents and treats Influenza type A (not B). Amantadine comes as a capsule or liquid without much dose adjusting possible except via the liquid and is usually given twice a day for ADHD. (Two brand and more pure dopamine agonists, **Mirapex** or **Requip**, could also be tried.) **Provigil** (modafinil) was approved by the FDA in 2000 for "excessive daytime sleepiness" caused by certain sleep disorders like sleep apnea and narcolepsy. Neither it or amantadine are approved by the FDA for ADHD although doctors may use them for ADHD. There are only a few studies so far showing that amantadine or Provigil helps ADHD. Provigil is only available as an expensive brand. It comes as a tablet given once a day in the morning. Although it is similar to other stimulants in several ways it also has differences that make it an alternative

when other stimulants fail or aren't tolerated. All stimulants except Cylert and the non-stimulants amantadine, Provigil and Strattera may be abused which gives another reason to consider these options in certain situations.

To summarize, despite the growing number of medicines for ADHD, stimulants remain generally the first choice. Strattera is a non-stimulant attention span boosting option. Almost all the other "new" medicines are just extended duration, brand name (costlier) versions of the big two: methylphenidate (Ritalin) and amphetamine (Adderall). These new options do often, but not always, bring benefits that outweigh their extra monetary cost. There remain a few non stimulant older options and a few atypical stimulant choices to consider mainly as back-up plans.

Kevin Leehey, M.D.
Child, Adolescent and Adult Psychiatry

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www.leeheyemd.com



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