

Main Points and Tips:

- A cure for ADHD does not currently exist. Treatment is shown to be effective in reducing signs of ADHD and improving quality of life but it does not all symptoms can be ameliorated with treatment.

Treatment Goal:

- Primary goal of treatment is to minimize the impact of ADHD symptoms on patient function while maximizing the patient's ability to compensate or cope with any remaining difficulties.

General Approach:

- Treatment includes psychosocial interventions and pharmacotherapy.
- Psychosocial interventions are designed to help patients learn to manage and cope with their symptoms and function better in life.
- Pharmacological treatments have risks and benefits, and may sometimes be limited due to safety concerns.
- If the patient has comorbid conditions, treat the more severe disorder(s) first. For example, if the patient is both depressed and has ADHD—if the ADHD is having the biggest impact on the patient's functioning—treat ADHD first.
- Once the most severe disorder is treated, it is important to continue treatment of other comorbid disorders (e.g., depression and ADHD both need to be treated in order to maximize treatment effectiveness).
- Education about ADHD is essential to assist the patient in making informed decisions about pharmacotherapy and the importance of behavioral and lifestyle changes.
- Pharmacotherapy should be considered one component of a comprehensive treatment program that addresses psychological, behavioral, educational, or occupational needs.
- Consider long-acting stimulants for all patients. *Avoid short-acting or immediate-release stimulants* as they have a higher abuse and diversion potential
- **Initiate ADHD medications at the lowest possible dose and titrate slowly.** Before switching medications, titrate to the maximum dose (if there are no side effects).
- All stimulant medications are Schedule II prescriptions.
- All stimulant medications are Pregnancy Category C except for guanfacine (Category B).
- Apply "Universal Precautions." Assume all patients are at risk of misuse, abuse, diversion, or having their medications stolen.
- Familiarize yourself with information on side effects, contraindications, formulary status (e.g., prior authorization), and other pharmacy-related issues.

Treatment Options for Adults with ADHD

- **Use Non-Drug Options:** Consider evidence based non-pharmacologic behavior therapies: Cognitive Behavioral Therapy (individual or group therapy), Meta-Cognitive Therapy and Exercise. Consider skill training to help patients with organizational skills, procrastination and distraction management, problem solving and communications.
- **Screen for Abuse:** Regularly screen for substance abuse using validated tools
- **Apply Universal Precautions:** Assume all patients are at risk of misuse, abuse, diversion. All stimulant medications are Schedule II prescriptions with high potential for abuse and severe dependence.
- **Favor Long-Acting Stimulants for most patients.**
- **Avoid Short-Acting or Immediate Release Stimulants as they have a higher abuse and diversion potential.**
- **Consider a non-stimulant if there is recent substance abuse or a history of stimulant abuse.**

Pharmacological Treatment Options (see tables pg.2)

- **FDA Approved Stimulant Medications:** **Methylphenidates** (*Adderall, Adderall XR, Dexedrine, Dyanavel XR, Evekeo, Procentra, Vyvanse*) and **Amphetamines** (*Ritalin, Ritalin SR, Ritalin LA, Metadate CD, QuilliChew ER, Concerta, Quillivant XR, Aptensio XR, Daytran, Focalin, Focalin XR*).
- **FDA Approved Non-Stimulant Medications:** Atomoxetine (*Strattera*).

More on treatment in adults:

- <http://www.chadd.org/Understanding-ADHD/For-Professionals/For-Healthcare-Professionals/Treatment-Strategies/Treatment-of-Adults.aspx>
- <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#managing-adhd>
- <https://chadd.org/for-professionals/psychosocial-treatment/>

Adult ADHD Treatment

FDA Approved Stimulant Medications for ADHD

Stimulant Medications: Methylphenidates						
Brand Name	Generic Available?	Onset (hours)	Duration (hours)	Formulation	Abuse Potential	Cost
<i>Aptensio XR</i>	No	Fast (.5-1hr)	Long (10-12)	Layered bead cap; 40% IR, 60% CR	Higher	\$\$\$
<i>Concerta</i>	Yes	Fast (.5-1hr)	Long (10-12)	Non-absorbable, osmotic release tab - 22% IR, 78% controlled-release (CR)	High	\$\$\$
<i>Daytrana</i>	No	Slow (2-4hrs)	Long (10-12)	Transdermal patch	Higher	\$\$\$
<i>Focalin</i>	Yes	Fast (<.5hr)	Short (3-6)	Dexmethylphenidate IR tab	Highest	\$
<i>Focalin XR</i>	Yes	Fast (<.5hr)	Long (9-12)	Dexmethylphenidate; 50% IR, 50% DR cap	Higher	\$\$
<i>QuilliChew ER</i>	No	Fast (.5-1hr)	Medium (7-9)	30% IR, 70% ER chewable tab	Higher	\$\$\$
<i>Quillivant XR</i>	No	Fast (.5-1hr)	Long (10-12)	5 mg/mL ER suspension; 20% IR and 80% ER	Higher	\$\$\$
<i>Ritalin, Methylin</i>	Yes	Fast (.5hr)	Short (3-5)	Immediate-release (IR) tab, chew tab, solution	Highest	\$
<i>Ritalin LA, Metadate CD</i>	Yes	Fast (.5-1hr)	Medium (7-9)	IR and delayed-release (DR) bead cap Ritalin LA is 50% IR, 50% DR; Metadate CD is 30% IR, 70% DR	Higher	\$\$
<i>Ritalin SR, Metadate ER, Methylin ER</i>	Yes	Med (1-3hrs)	Short-Medium (3-8)	Extended release (ER) tab	Higher	\$\$

Stimulant Medications: Amphetamines						
Brand Name	Generic Available?	Onset (hours)	Duration (hours)	Formulation	Abuse Potential	Cost
<i>Adderall</i>	Yes	Fast (<.5hr)	Short (5-8)	Mixed amphetamine/ dextroamphetamine salts IR tab	Highest	\$
<i>Adderall XR</i>	Yes	Fast (<.5hr)	Long (10-12)	Amphetamine/ d-amphetamine; 50% IR and 50% ER bead cap	Higher	\$\$
<i>Adzenys XR-ODT</i>	No	Fast (<.5hr)	Long (10-12)	Amphetamine orally disintegrating tab 50% IR, 50% ER	Highest	\$\$\$
<i>Dexedrine, Dextrostat</i>	Yes	Fast (.5-1hr)	Short (4-6)	Dextroamphetamine IR tab	Highest	\$\$
<i>Dexedrine Spansule</i>	Yes	Med (.5-1.5hr)	Medium (6-10)	Dextroamphetamine bead cap; 50% IR, 50% DR	Higher	\$\$\$
<i>Dyanavel XR</i>	No	Med (1-1.5hr)	Long (10-12)	Amphetamine ER suspension	Higher	\$\$\$
<i>Evekeo</i>	No	Fast (.5-1hr)	Medium (5-8)	Amphetamine IR tab	Higher	\$\$\$
<i>Procentra</i>	No	Fast (.5-1hr)	Short (4-6)	Dextroamphetamine IR solution	Higher	\$\$\$
<i>Vyvanse</i>	No	Slow (1.5-2hr)	Long (10-12)	Lisdexamfetamine CR prodrug cap	High	\$\$\$

FDA Approved Non-Stimulant Medications for ADHD

Non-Stimulant Medications						
Generic Name and US Trade Name	Generic Available?	Dosage in Adults	Usual Frequency	Max Dose	Common Adverse Effects	Cost per Month
<i>Atomoxetine (Strattera)</i>	Yes	40 mg per day, titrate to 80-100 mg per day.	One to two times daily	100mg	Side Effects: Nausea, abdominal pain, headache	\$\$\$