ADHD (attention deficit hyperactivity disorder)

A handy chart to help you compare the medicines to help the symptoms of ADHD

Please note: You are **unique** and this is only a **guide!**
Some people may get better with a medicine but some may stay the same. Some may improve quicker than others. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to start to be able to choose between the medicines. There are many other ways you can be helped.

No guide can be 100% unbiased, but we have tried to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **ADHD**, and a few others that are sometimes used.
- They are in no special order, although methylphenidate is usually first choice
- We have listed them as their "generic name" (the name of the actual medicine). We have also mentioned the trade name where possible. The XL tablets and capsules are different from each other, and not interchangable.
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on the website and in our book about how medicines work. **Dopamine** is one of the brain's chemical messengers. It has many effects but helps the brain concentrate on something and to prevent it being distracted. Too much in other areas of the brain can cause overactivity. **Noradrenaline** is another brain messenger and helps attention, motivation and behaviour. Taking two medicines with the same way of working doesn't often help.

How long it takes to work – this is just a guide, as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.
- ●●● = Most people will get this side effect
- ●● = Quite a few will get this side effect
- ● = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:
- **Feeling sleepy** – feeling drowsy or doped up. This usually wears off
- **Agitation** – feeling tense, under pressure, fidgeting, anxious
- **Headache** – can be mild
- **Nausea** – feeling sick, but not usually being sick. This usually wears off
- **Muscle stiffness** – can be stiffness or a slight shake or tremor

There are many other possible side effects. Please see our website for more information.

How long you could or should take it for: Some children may not need them as adults. How you feel if you miss a day or two may give an idea how effective they are. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:
- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required *(find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in a car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children)*
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

This Handy Chart is to help you know about your medicine options and help you to make any choices. A healthcare professional should help you with this and explain what it all means. We can't include everything that could be important to you on one sheet.

A handy chart to help you compare the medicines to help the symptoms of ADHD

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to come off it
				Feeling sleepy	Agitation	Head-ache	Feeling sick	Weight loss??		
Main medicines (licensed or which are proven to help)										
Stimulants										
Methylphenidate (Concerta XL®, Medikinet XL®, Matoride XL®, Xenidate XL®, Xaggitin XL®, Equasym XL® Ritalin XL® and many more) Plus plain tablets & liquid	Up to about 40mg a day (depends on your weight). Can be up to 60-100mg a day or more in adults	Boosts dopamine (and less so also noradrenaline) in areas of the brain that control concentration	Within a few hours or days. May take a few weeks for the full effect	o	●●	●●●	●●	●	Usually for several years. Short gaps may help.	It is best to come off any ADHD medicine in a planned way, perhaps stepwise over several weeks to help you get used to the change. They can be stopped for a few days e.g. weekends.
Lisdexamfetamine (Elvanse®, Tyvense®)	Usually 30-50mg a day, but can be 20-70mg a day	Boosts dopamine (and less so also noradrenaline) in areas of the brain that control concentration	Within a few hours or days. May take a few weeks for the full effect	o	●●	●●●	●●	●	Usually for several years. Short gaps may help.	
Dexamfetamine (Dexadrine®)	Usually up to 20mg a day, a bit higher in adults			o	●●●	●●	●●	●		
Non-stimulants										
Atomoxetine (Strattera®)	40-80mg a day in children. Can be higher in adults	Boosts noradrenaline (with a smaller effect on dopamine)	Half the effect is in a week, the other half over 3 months	●●●	o	●	●●	o	Usually for several years.	No problems known
Guanfacine (Intuniv®)	4-7mg a day, depending on age and weight	Boosts noradrena-line (controls atten-tion and behaviour)	About 2-4 weeks	●●	o	●●	●●	o	Usually for several years.	Must be slowly over several weeks
Other medicines (only used when the main medicines have not worked or as an add-on)										
Clonidine (Dixarit®, Catapres®)	50-300mcg (0.05-0.3mg) a day, usually taken 3-4 times a day.	Boosts noradrenaline (controls attention and behaviour)	About 4 weeks	●	o	●●	●	o	Sometimes several years. Short gaps may help.	Stop slowly over several weeks if taken for more than a few months
Antipsychotics, such as risperidone or olanzapine	Risperidone up to about 4mg a day. Olanzapine up to about 10mg a day	Decreases dopamine in the alerting parts of the brain, which helps to calm it down	In a few days for agitation	●●	●	o	o	●	Can be regular or taken when needed for agitation	Should be no problems

Although the information here may help you choose a medication, please remember that local rules (e.g. your GP practices) and national (e.g. NICE) guidance may also affect the final decision.

* See other page for more information about side effects.

https://www.choiceandmedication.org/neurohaven/