

TIP 01

When to Use Non-Stimulants

Use atomoxetine or alpha agonists when stimulants are contraindicated, not tolerated or fail.

Use alpha agonists as adjunct with stimulants for ADHD symptoms and comorbidities (insomnia, tics, aggression). If higher stimulant dose needed but not tolerated, consider decreasing stimulant dose and adding alpha agonist.



TIP 02

Select Formulation for Required Duration of Action

Young children: Guanfacine IR and Clonidine IR; Divided dosing q 4-8 hours.

Older children and adolescents: Guanfacine XR and Clonidine XR.

Atomoxetine approved for ages six and older; dose can be divided.



TIP 03

Evidenced Based Dosing Strategies

Atomoxetine: <70 kg: 0.5 mg/kg qam x 3 days minimum then increase to 1.2mg/kg /day; Titrate after 2-4 weeks. Max 1.4mg/kg qam or 100mg/day, whichever is less. >70kg: Start at 40 mg qam x 3 days minimum then increase to 80mg qam; Titrate after 2-4 weeks. Max 100mg qam.

Alpha Agonists: Start at bedtime and titrate to morning. Trial IR BID and TID then switch to long acting preparations. Increase weekly until desired effect, may take several weeks. Use Vanderbilt scale to monitor treatment response for moderate to severe symptoms affecting school, home and peer functioning. Assess social context and time of day.



TIP 04

Side Effects

Atomoxetine: Sedation, GI Upset and sleep disturbances.

Alpha Agonists: Rebound, HTN/tachycardia, orthostatic HTN, sedation, dizziness, constipation, H/A, fatigue. Most side effects transient; Discontinue if no remission or intolerable.



TIP 05

Safety Considerations

Atomoxetine can cause acute hepatitis. Discontinue medication if patient develops jaundice, dark urine, or symptoms of hepatic disease.

Alpha Agonists can cause orthostatic hypertension with risk of fall, allow time for physiologic adaptation.

