## CADDRA Guide to ADHD Pharmacological Treatments in Canada - 2018

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<td><strong>AMPHETAMINE-BASED PSYCHOSTIMULANTS</strong></td>
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<tr>
<td><strong>Dexedrine®</strong></td>
<td>Methylphenidate short acting, tablets</td>
<td>5 mg (generic) 10, 20 mg (Ritalin®)</td>
<td>- 4 h</td>
<td>Tablets = 2.5 to 5 mg qid</td>
<td>2.5 - 5 mg at weekly intervals; Max. dose/day: (q.d. or b.i.d.)</td>
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<tr>
<td><strong>Dexedrine®</strong></td>
<td>Methylphenidate short acting, tablets</td>
<td>5 mg (generic) 10, 20 mg (Ritalin®)</td>
<td>- 6 - 8 h</td>
<td>Spansules = 10 mg q.d. a.m.</td>
<td>All ages = 40 mg</td>
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<tr>
<td><strong>Adderall XR®</strong></td>
<td><strong>Sprinkable Granules</strong></td>
<td>~ 12 h</td>
<td>5 - 10 mg q.d. a.m.</td>
<td>5 - 10 mg at weekly intervals; Max. dose/day: Children = 30 mg Adolescents and Adults = 20 - 30 mg</td>
<td>Children: 5 mg at weekly intervals Max. dose/day: 30 mg Adolescents and Adults: 5 mg at weekly intervals Max. dose/day: 50 mg</td>
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<tr>
<td><strong>Vyvanse®</strong></td>
<td>Capsules 10, 20, 30, 40, 50, 60, 70* mg</td>
<td>~ 13 - 14 h</td>
<td>20 - 30 mg q.d. a.m.</td>
<td>Max. dose/day: All ages = 60 mg</td>
<td>10 mg at weekly intervals Max. dose/day: Children = 60mg Adolescents and Adults = 70 mg</td>
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| **METHYLPHENIDATE-BASED PSYCHOSTIMULANTS** |                 |                   |              |                                        |                             |
| **Methylphenidate short acting, tablets** | Pill can be crushed 3 | ~ 3 - 4 h | 5 mg b.i.d. to t.i.d. Adult = consider q.d. | 5 - 10 mg at weekly intervals Max. dose/day: All ages = 60 mg | 5 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 100 mg |
| **Biphentin®** | Sprinkable Granules | ~ 10 - 12 h | 10 - 20 mg q.d. a.m. | Max. dose/day: Children and Adolescents = 60 mg Adults = 80 mg | 5 - 10 mg at weekly intervals Max. dose/day: Children = 60 mg Adolescents and Adults = 80 mg |
| **Concerta®** | Sprinkable Granules | ~ 12 h | 18 mg q.d. a.m. | 18 mg at weekly intervals Max. dose/day: Children = 54 mg Adolescents = 54 mg / Adults = 72 mg | 9 - 18 mg at weekly intervals Max. dose/day: Children = 72 mg Adolescents = 90 mg / Adults = 108 mg |
| **Foquest®** | Sprinkable Granules | ~ 16 h | 25 mg q.d. a.m. | 10-15 mg in intervals of no less than 5 days Max. dose/day: Adults = 100 mg | 10-15 mg in intervals of no less than 5 days Max. dose/day: Adults = 100 mg |

| **NON PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR** |                 |                   |              |                                        |                             |
| **Strattera®** | Capsules 10, 18, 25, 40, 60, 80, 100 mg | Up to 24 h | Children and Adolescents: 0.5 mg/kg/day Adults: 40 mg q.d. for 7-14 days | Maintain dose for a minimum of 7 - 14 days before adjusting: Children: 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg or 100 mg | Maintain dose for a minimum of 7 - 14 days before adjusting: Children: 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg or 100 mg |

| **NON PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST** |                   |                   |              |                                        |                             |
| **Intuniv®** | Capsules 10, 18, 25, 40, 60, 80, 100 mg | Up to 24 h | 1 mg q.d. (morning or evening) | Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg | Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg |

Note: Illustrations do not reflect real size of pills/capsules. For specific details on how to start, adjust and switch ADHD medications, clinicians are invited to refer to the Canadian ADHD Practice Guidelines (www.caddra.ca)

1. Pharmacokinetics and pharmacodynamic response vary from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK and duration of effect.
2. Starting doses are from product monographs. CADDRA recommends generally starting with the lowest dose available. Higher abuse potential. * Vyvanse® 70 mg is an off-label dosage for ADHD treatment in Canada.

* CADDRA Guide to ADHD Pharmacological Treatments in Canada - 2018
Pharmacological treatment for ADHD must be integrated in a multimodal approach and needs to include medical evaluation and follow-up. Comorbid disorders and co-administration of other medications must be taken into account. Here is a brief summary of contraindications and possible drug interactions.

### MAIN POTENTIAL DRUG INTERACTIONS

**Psychostimulants**
- Monoamine oxidase inhibitors are contraindicated
- SSRIs and SNRIs – possible increased risk of serotonin syndrome
- TCAs – amphetamines and methylphenidate may interact with TCAs by different mechanisms
- Antipsychotics (e.g. chlorpromazine, fluphenazine) – may reduce the effect of amphetamines
- Anticonvulsants – methylphenidate may increase the level of phenytoin, primidone and phenobarbital
- Warfarin – methylphenidate may increase serum concentrations of warfarin

**Atomoxetine (Strattera)**
- Monoamine oxidase inhibitors are contraindicated.
- Inhibitors of CYP2D6 (e.g., paroxetine, fluoxetine, bupropion, quinidine) – may increase atomoxetine serum concentrations.
- Decongestants (e.g. pseudoephedrine) – possible increase in blood pressure and heart rate.
- QT prolonging agents (e.g. quetiapine, quinidine) – May increase QTc interval, consider alternatives.

**Guanfacine XR (Intuniv XR)**
- QT prolonging drugs (e.g. quetiapine, quinidine) – since guanfacine XR may cause a decrease in heart rate, concomitant use with QT prolonging drugs is not recommended.
- Beta-blockers – may increase risk of rebound hypertensive effect if guanfacine XR is stopped abruptly.
- Anticonvulsants – guanfacine XR may reduce serum concentrations of valproic acid. Carbamazepine, phenobarbital and phenytoin may reduce serum concentrations of guanfacine XR through CYP3A4 induction.
- CYP3A4 inducers or inhibitors (e.g. rifampin, fluconazole, ritonavir) - Inducers may increase serum concentrations of guanfacine XR, Inhibitors may decrease serum concentrations of guanfacine XR.

- For contraindications to guanfacine XR and atomoxetine hydrochloride, see chapter 5, Canadian ADHD Practice Guidelines 4th Edition, 2018, [www.caddra.ca](http://www.caddra.ca)

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**CONTRAINDICATIONS TO PSYCHOSTIMULANTS**

- Treatment with MAO inhibitors and for up to 14 days after discontinuation
- Symptomatic cardiovascular disease
- Glaucome
- Advanced arteriosclerosis
- Untreated hyperthyroidism
- Known hypersensitivity or allergy to the products
- Acute psychiatric conditions such as mania or psychosis
- Moderate to severe hypertension

**Contraindications to Atomoxetine (Strattera)**

- Treatment with MAOI and for up to 14 days after discontinuation
- Narrow angle glaucoma
- Uncontrolled hyperthyroidism
- Pheochromocytoma
- Moderate to severe hypertension
- Symptomatic cardiovascular disease
- Severe cardiovascular disorders
- Advanced arteriosclerosis
- Known hypersensitivity or allergy to the products

**Contraindications to Guanfacine XR (Intuniv XR)**

- Known hypersensitivity or allergy to the products
- Precautions are advised for those with a history of bradycardia, cardiovascular disease, heart block, hypotension, and syncope.

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How can CADDRA help you in your practice?

- **The Canadian ADHD Practice Guidelines**: Written and reviewed by a multidisciplinary team of medical experts, the Guidelines provide practical information on how to screen, assess and treat ADHD in children, adolescents and adults.
- **ADHD Assessment Toolkit**: This is a step-by-step guide to ADHD assessment, provides information on differential diagnosis and comorbid disorders, and includes all required forms and handouts.
- **CADDRA eLearning Portal**: [www.adhdlearning.caddra.ca](http://www.adhdlearning.caddra.ca) is a virtual library of resources, including video presentations, podcasts, ePosters and documents on ADHD.
- **Education and Training programs**: Training on ADHD and comorbid disorders across the lifespan.
- **Benefits of becoming a Member**: Join a network of health professionals working in the field of ADHD, receive newsletters, updates and notifications, obtain a discount of 20% on the cost of our annual conference; get premium access to our ADHD Learning and receive a printed copy of the Canadian ADHD Practice Guidelines in French or English.
- **During our annual conferences**, you have an opportunity to hear the top international experts in the field of ADHD speaking on topical subjects, to participate in practical and interactive workshops on ADHD and take part in networking sessions.

Clinicians are invited to refer to the Canadian ADHD Practice Guidelines, 4th edition, for more information on ADHD diagnosis and treatments, [www.caddra.ca](http://www.caddra.ca)

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