Quick G	uide to ADHD I	Medication in (CANADA	- April 2017	S
Medications available and illustrations of Tabs	Liberation mode (% immediate / delayed)	Particularities	Duration of action ¹	Starting Dose ²	Dose titration as per product monograph
Amphetamine-based psychostimulants					
Dexedrine® Tablets 5 mg Dexedrine® spansules 10, 15 mg	(100/0)	Pill can be crushed ³ Spansule	~ 4 h ~ 6 - 8 h	Tablets = 2.5 to 5 mg BID Spansules = q.d. 10 mg am	↑ 2.5 - 5 mg at weekly intervals; max. dose/day: (q.d. or b.i.d.) All ages = 40 mg
Adderall XR® Capsules 5, 10, 15, 20, 25, 30 mg	(50/50)	Sprinkable Granules	~ 12 h	5 - 10 mg q.d. a.m.	↑ 5 mg at weekly intervals max. dose/day: Children = 30 mg Adolescents and Adults = 20 - 30 mg
Vyvanse® Capsules 10, 20, 30, 40	Prodrug	Capsule content can be diluted in water, orange juice and yogurt	~ 13 - 14 h	20 - 30 mg q.d. a.m.	↑ by clinical discretion at weekly intervals max. dose/day: All ages = 60 mg
Methylphenidate-based Psychostimulants					
Methylphenidate short acting Tablets 5 mg (generic) 10, 20 mg (Ritalin®)	(100/0)	Pill can be crushed ³	~ 3 - 4 h	5 mg b.i.d. to t.i.d. Adult: consider q.i.d.	↑ 5 mg at weekly intervals max. dose/day: All ages = 60 mg
Biphentin® \$10 \$15 \$20 \frac{1}{2}\$ Capsules \$10 \$15 \$20 \frac{1}{2}\$ 10, 15, 20, 30, 40, \$30 \$40 \$50 \frac{1}{2}\$ 50, 60, 80 mg \$60 \$30 \$60 \$60	(40/60)	Sprinkable Granules	~ 10 - 12 h	10 - 20 mg q.d. a.m.	↑ 5 - 10 mg at weekly intervals max. dose/day: Children and Adolescents = 60 mg Adults = 80 mg
Concerta® Extended Release Tabs 18, 27, 36, 54 mg	(22/78)	Pill needs to swallowed whole to keep delivery mechanism intact	~ 12 h	18 mg q.d. a.m.	↑ 9 - 18 mg at weekly intervals max. dose/day: Children = 54 mg Adolescents = 54 mg / Adults = 72 mg
Non psychostimulant - Selective Norepiner	hrine Reuptake Inhibito	or			
Strattera ^{MD} (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg	Not applicable	Capsule needs to swallowed whole to reduce GI side effects	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/day or 100 mg
Non psychostimulant - Selective Alpha-2A	Adrenergic Receptor Ag	onist			
Intuniv XR® (Guanfacine XR) Extended Release Tabs 1, 2, 3, 4 mg	Not applicable	Pills need to be swallowed whole to keep delivery mechanism intact	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

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. ³ Higher abuse potential. * Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Document developed by Annick Vincent MD (www.attentiondeficit-info.com) and Direction des communications et de la philanthropie, Laval University.



NEURONE A SYNAPSE NEURONE B MESSAGE Receptor

Illustrations from: My Brain Still Needs Glasses, Annick Vincent, Québec Livres 2013 www.attentiondeficit-info.com

ADHD Pharmacologic Treatment Steps*

* Caution: This may not apply to all. Always individualize treatment plan. 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).

ADHD Diagnosis + clinical indication to treat with medication

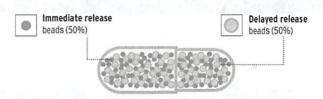
- Start long acting psychostimulant (amphetamines or methylphenidatebased)
 - Consider duration of action, delivery mechanism and active ingredient
 - Possibility to augment with a non stimulant or add a short acting stimulant to prolong clinical effects
- Failure/intolerance: Try a different long acting psychostimulant
 - Consider duration of action, delivery mechanism and active ingredient
 - Possibility to augment with a non stimulant or add a short acting stimulant to prolong clinical effects
- Failure/Intolerance: Consider a switch to non-stimulant (monotherapy)
- Sub-optimal response: Consider adding a non-stimulant (adjunct / combination therapy)



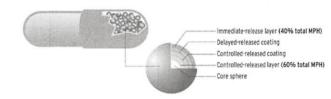
Faculté de médecine Vice-décanat à la pédagogie et au développement professionnel continu

Delivery System of Long Acting Psychostimulants

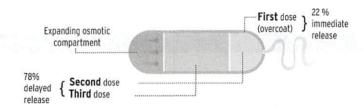
ADDERALL XR ®



BIPHENTIN ®



CONCERTA ®



VYVANSE®

