

Medications for ADHD

A patient reference guide from Tailor Made Psychiatry

About These Medications

ADHD is a neurodevelopmental condition shaped by genetics, brain development, and environment — not a character flaw or a product of any single cause. It affects brain systems involving dopamine and norepinephrine in areas responsible for focus, planning, and self-regulation.

Medications for ADHD alter the activity of these systems in ways that can make the condition significantly more manageable. For many people, the right medication makes a meaningful difference in daily functioning. It reduces the impairment — but it does not change the underlying neurodevelopmental profile. Medication works best when combined with structure, routines, coaching, and — where relevant — therapy.

Read the class information block before looking up your specific medication — it covers side effects and timelines that apply to all drugs in that group.

Stimulant Medications — First-Line

Stimulants are the most effective medications for ADHD and are the recommended first-line treatment (CADDRA 2020). Unlike antidepressants, they work quickly — often within the first dose. They are controlled substances and must be taken exactly as prescribed.

COMMON CLASS SIDE EFFECTS

- Reduced appetite — most noticeable during the day; eating a good breakfast before the dose helps
- Difficulty falling asleep if taken too late in the day — take in the morning
- Dry mouth
- Mild headache — often improves over the first 1–2 weeks
- Increased heart rate and blood pressure — usually mild; monitored periodically
- Irritability or mood changes as the medication wears off ('rebound') — more noticeable with shorter-acting formulations

Stopping this medication: Stimulants do not require tapering in the same way as antidepressants, but they should be used exactly as prescribed. As controlled substances, they cannot be replaced if lost and cannot be refilled early. Do not share them.

WHAT TO EXPECT — STIMULANTS

Weeks 1–2

Effect is often noticeable within the first dose or first few days. Focus, task completion, and impulsivity typically improve quickly.

Weeks 2–4

Appetite and sleep side effects usually stabilize. Dose adjustments may be made based on response and tolerability.

Weeks 4–8

Optimal dose established. Consistent daily use provides stable coverage. Effect does not build over time — it is present when the medication is active and absent when it is not.

Methylphenidate Long-Acting — *Concerta, Biphentin, Foquest*

DISTINCT FEATURES Concerta (12 hours), Biphentin (10–12 hours), Foquest (16 hours — longest coverage, useful when evening focus is needed). Formulation choice is often about matching coverage to your day.

WATCH FOR

Increased heart rate or blood pressure — check periodically. Anxiety or irritability may indicate the dose is too high.

Methylphenidate Short-Acting — *Ritalin, generic*

DISTINCT FEATURES Duration of 3–5 hours. Useful as a booster dose or for situational use when full-day coverage is not needed.

WATCH FOR Rebound irritability between doses is more noticeable with short-acting formulations. More frequent dosing requires more consistent adherence.

Lisdexamfetamine — *Vyvanse*

DISTINCT FEATURES Smooth, consistent release over 12–14 hours with a gentler onset and offset — less rebound than methylphenidate for many people. Abuse-deterrent formulation (only activated after oral ingestion).

COMMON SIDE EFFECTS Reduced appetite, insomnia if taken too late, dry mouth, headache.

WATCH FOR Blood pressure and heart rate — monitor regularly. Often better tolerated in people who find stimulants worsen anxiety.

Mixed Amphetamine Salts XR — *Adderall XR*

DISTINCT FEATURES Duration 8–12 hours. May feel more potent than methylphenidate for some individuals. Strong evidence base.

WATCH FOR Blood pressure and heart rate. Do not combine with MAOIs. Not recommended with significant cardiovascular disease.

Non-Stimulant Medications — Second-Line

Non-stimulants are used when stimulants are not tolerated, are contraindicated, or have not been sufficiently effective. They are not controlled substances. Unlike stimulants, they take weeks to reach full effect.

COMMON CLASS SIDE EFFECTS

- Generally milder side effect profile than stimulants
- Gradual onset — do not expect immediate results
- May still require gradual tapering when discontinued

Stopping this medication: These medications are not controlled substances, but they do alter brain neurochemistry and should not be stopped abruptly without discussing it with your doctor first.

WHAT TO EXPECT — NON-STIMULANTS

Weeks 1–2

No immediate effect. Side effects (nausea, sedation) may appear first.

Weeks 2–4

Gradual improvement in attention and impulse control begins to emerge.

Weeks 4–8

Full therapeutic effect reached. Coverage is consistent across the full day and into evenings and mornings.

Atomoxetine — *Strattera*

DISTINCT FEATURES Selective norepinephrine reuptake inhibitor — not a stimulant. Provides full 24-hour coverage including evenings and mornings. Particularly useful when stimulants significantly worsen anxiety.

COMMON SIDE EFFECTS Nausea (take with food), dry mouth, reduced appetite, fatigue early on, mild increase in blood pressure and heart rate.

WATCH FOR

Rare reports of increased suicidal thinking in younger adults when starting — contact your doctor promptly if your mood changes significantly. Liver effects are rare but possible — seek care for yellowing of the skin or eyes, or severe abdominal pain.

Bupropion XL — *Wellbutrin XL*

DISTINCT FEATURES Used off-label for ADHD — particularly useful when ADHD co-occurs with depression. Acts on dopamine and norepinephrine. Gradual onset over 4–6 weeks.

COMMON SIDE EFFECTS Insomnia, dry mouth, headache, agitation, reduced appetite.

WATCH FOR Do not use with a seizure disorder, active eating disorder with purging, or heavy alcohol use — lowers seizure threshold.

Guanfacine XR — *Intuniv XR*

DISTINCT FEATURES Works through a different mechanism — reduces 'noise' in prefrontal circuits. Particularly helpful for emotional dysregulation, impulsivity, and tics. Can be used alongside a stimulant.

COMMON SIDE EFFECTS Sedation (particularly early), low blood pressure, dizziness on standing, headache, dry mouth.

WATCH FOR Do not stop abruptly — can cause rebound high blood pressure. Monitor blood pressure regularly. Avoid with other blood pressure-lowering medications unless supervised.

Controlled Substance Rules — Stimulants in Alberta

- Prescriptions are written for specific durations — refills are not automatic
- Cannot be filled early — do not request refills before the prescription is due
- Cannot be replaced if lost or stolen — store medications securely
- Sharing a controlled substance is illegal

Finding the Right Medication

It is common to need more than one try before finding the medication and dose that works best for you. This is a normal part of the process — not a sign of failure. If a medication is not helping after a full trial, or side effects are not manageable, there are other options. Keep your doctor informed about how you are responding so adjustments can be made.

When to Seek Help

Contact your doctor or healthcare provider if you experience:

- Appetite suppression that is significantly affecting your weight or nutrition
- Insomnia that is not improving after the first few weeks
- Significant mood changes, increased anxiety, or irritability
- Blood pressure or heart rate concerns
- No meaningful improvement after a full trial at an adequate dose

Go to the emergency department or call 911 if you experience:

- Chest pain, irregular heartbeat, or difficulty breathing — stimulants very rarely cause cardiovascular events, but these symptoms require immediate evaluation
- Thoughts of suicide with a plan or intent — call 988 (Suicide Crisis Helpline) or go to the nearest emergency department
- Severe allergic reaction: rash, facial swelling, difficulty breathing
- Signs of stimulant toxicity from accidental overdose or misuse: extreme agitation, very rapid heart rate, high fever, confusion, chest pain

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