

## Medications Commonly Prescribed for Students with AD/HD

DRUG	TYPE	DURATION	PROS	PRECAUTIONS
CONCERTA Methylphenidate	Psychostimulant	About 12 hours	Works quickly, avoid second dose.	Use cautiously if family history of tic disorders.
RITALIN Methylphenidate	Psychostimulant	About 3–4 hours	Works quickly (30–60 minutes), good safety record.	Use cautiously if family history of tic disorders. Must be administered in school.
RITALIN-SR (Sustained Release) Methylphenidate	Psychostimulant	About 7 hours	Longer lasting, good safety record.	Slow onset of action (1–2 hours). Use cautiously if family history of tic disorders.
DEXEDRINE Dextroamphetamine	Psychostimulant	About 3–5 hours (tablet); 7–10 hours (spansule)	Works quickly (30–60 minutes), good safety record. May avoid second dose with spansule.	Use cautiously if family history of tic disorders.
ADDERALL Single-entity amphetamine product	Psychostimulant	About 3–6 hours	Works quickly (30–60 minutes), may last longer than some others.	Use cautiously if family history of tic disorders.
ADDERALL XR Single-entity amphetamine product	Psychostimulant	About 12 hours	Works quickly (30–60 minutes), no need for second dose.	Use cautiously if family history of tic disorders
TOFRANIL and NORPRAMINE Imipramine and desipramine	Antidepressant	12–24 hours	Helpful for comorbid depression; lasts all day. May be useful if stimulants do not work.	May take 2–4 weeks for response; baseline ECG recommended. Discontinue gradually.
METADATE CD Methylphenidate	Psychostimulant	About 8–10 hours	No need for second dose, good safety record.	Use cautiously if family history of tic disorders.
CATAPRESS Clonidine hydrochloride	Antihypertensive	3–6 hours (tablet); 5 days (skin patch)	Can be used with tic disorders; may be helpful for severe hyperactivity and/or aggression.	Must be discontinued gradually; tablets are short-lasting, patches are expensive.
STRATTERA Atomoxetine hydrochloride	Norepinephrine reuptake inhibitor	8–10 hours	Not a controlled substance.	Onset 1–2 hours; new, so long-term effects are unknown.

Source: Adapted from Medication Chart to Treat Attention Deficits Disorders, by H. C. Parker, 2003. Retrieved January 22, 2006, from [http://www.Idonline.org/Id-indepth/add\\_ADHD/add-medication\\_chart.html](http://www.Idonline.org/Id-indepth/add_ADHD/add-medication_chart.html)