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**STIMULANTS FOR TREATMENT OF ADHD**

*Name of medication (how supplied: mg strengths)* *“Split-ability”\**

***Short acting/ immediate release stimulants (3-5 hours)***

*methylphenidates*

Ritalin/ methylphenidate tabs: 5, 10, 20	2+
Methylphenidate chewtabs: 2.5, 5, 10	2+
Methylin solution: 5, 10/5ml	3+
Focalin/ dexamethylphenidate tabs: 2.5, 5, 10	1+

*amphetamines*

Dexamethylphenidate tabs: 5, 10	1+
Procentra liquid: 5/5ml	2+
Adderall tabs: 5, 7.5, 10, 12.5, 15, 20, 30	2+
Zenzedi tabs: 2.5, 5, 7.5, 10, 15, 20, 30	2+

***Long acting/ extended release stimulants (6-12 hours)***

*methylphenidates*

Concerta tabs: 18, 27, 36, 54	0
Metadate ER tabs: 10, 20	1+
Metadate CD caps: 10, 20, 30, 40, 50, 60	1+
Ritalin LA caps: 10, 20, 30, 40	1+
Quillivant XR: 25mg/5ml liquid	3+
Quillichew ER tabs: 20, 30, 40	2+
Aptensio XR caps: 10, 15, 20, 30, 40, 50, 60	0
Daytrana <u>patch</u> : 10, 15, 20, 30	1+
Focalin/ dexamethylphenidate XR caps: 5, 10, 15, 20, 25, 30, 35, 40	1+
Cotempla XR- Oral Disintegrating Tab: 8.6, 17.3, 25.9	1+

*amphetamines*

Dexedrine spansule caps: 5, 10, 15	1+
Adderall XR caps: 5, 10, 15, 20, 25, 30	1+
Evekeo tabs: 5, 10	2+
Vyvanse caps: 10, 20, 30, 40, 50, 60, 70/ chewables 10, 20, 30, 40, 50, 60	1+
Dyanavel XR: 2.5 mg/ml liquid	3+
Mydayis caps: 12.5, 25, 37.5, 50	0
Adenzys Oral Disintegrating Tab: 3.1, 6.3, 9.4, 12.5, 15.7, 18.8	0

***\*“Split-ability”***

- 0 *cannot be split (ruins the extended release delivery system, dropping the whole load immediately)*
- 1+ *tabs or caps not designed for splitting but ok (for caps, pinch, twist, and carefully tap out half the beads)*
- 2+ *scored tabs designed for splitting*
- 3+ *liquids measurable down to 0.1 mls (depending upon the dose, get a 1.0 ml or 3.0 ml syringe)*



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## STIMULANT TRIAL PROTOCOL

Conducting a stimulant trial with: \_\_\_\_\_

1. Complete baseline ratings off medication for both target symptoms and possible side effects.
2. Starting dose: \_\_\_\_\_.
3. Observe for three to seven days, until you are sure of the medication effects at each dose.
  - a. *Looking good:* If...
    - i. benefits are *optimal* (2s and 3s for target symptoms all come down to 0s and 1s) and
    - ii. side effects are *insignificant* (numbers for possible side effects do not go up),
    - iii. then stay with that dose and observe longer.
  - b. *Too low:* If...
    - i. benefits are *less than optimal* (2s and 3s for target symptoms do not come down all the way to 0s and 1s) and
    - ii. side effects are *insignificant* (numbers for possible side effects do not go up),
    - iii. then you can increase by an amount equal to the starting dose.
  - c. *No good:* If...
    - i. benefits are *less than optimal* (2s and 3s for target symptoms do not come down all the way to 0s and 1s) and
    - ii. side effects are *significant* (numbers for possible side effects go up),
    - iii. then stop. Going up more would only make side effects worse. Going down would not result in any benefits.
  - d. *Mixed results:* If...
    - i. benefits are *optimal* (2s and 3s for target symptoms all come down to 0s and 1s) but
    - ii. side effects are *significant* (numbers for possible side effects go up),
    - iii. then decrease by an amount equal to half the starting dose. See if this allows you to lose the side effects but still keep benefits. Some medicines allow for this degree of micro-turning; others may not.