

# Adderall

(amphetamine/dextroamphetamine immediate-release)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

## Forms/Strengths

- **Tablets:** 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg

## Dosing

- **Age:**  $\geq 3$  y/o
- **Onset:** 30-60 minutes
- **Duration:** 4-6 hours
- **Considerations:** May be taken with or without food. Administer first dose upon awakening and additional doses at intervals of 4-6 hours.
- **Initial Dose:**
  - **3-5 y/o:** 2.5 mg daily
  - **6+ y/o:** 5 mg 1-2 times daily
- **Titration:**
  - **3-5 y/o:** 2.5 mg weekly
  - **6+ y/o:** 5 mg weekly
- **Max Dose:**
  - **$\leq 50$  kg:** 40 mg/day
  - **$> 50$  kg:** 60 mg/day (Narcolepsy)

## Quick Facts

- Increases synaptic norepinephrine/dopamine by stimulating presynaptic release and inhibiting reuptake

- Enhances focus, attention, and impulse control
  - Side effects: decreased appetite, insomnia, elevated blood pressure
  - Immediate release formulation for rapid onset
  - Unique amphetamine salt blend; monitor cardiovascular status; caution with MAO inhibitors
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## Indications

- **ADHD** (ICD-10: F90.0)
  - **Narcolepsy** (ICD-10: G47.419)
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## Off-Label Uses

- **Depression (ICD-10: F33.9)**: Occasionally used adjunctively in treatment-resistant cases.
  - **Cognitive Disorders in TBI**: May be prescribed to improve attention and concentration.
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## How to Take

- Administer **once or multiple times daily**, as directed.
  - Take **with or without food**; high-fat meals may delay absorption.
  - If using the **tablet**, swallow whole; do not crush, chew, or split unless scored.
  - Avoid dosing late in the day to **prevent insomnia**.
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## Side Effects

- Cardiovascular: Palpitations, tachycardia, hypertension, sudden death
  - CNS: Psychotic episodes, overstimulation, irritability, euphoria
  - GI: Dry mouth, anorexia, weight loss
  - Allergic: Rash, hypersensitivity reactions
  - Endocrine: Changes in libido, impotence
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## Monitoring / Labs

- **Cardiovascular**: Baseline and routine monitoring of heart rate and blood pressure.

- **Growth in Pediatrics:** Regular monitoring of height and weight to detect growth suppression.
  - **Psychiatric Symptoms:** Observe for mood changes, anxiety, or psychosis.
  - **Abuse Potential:** Monitor for misuse or diversion.
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## Education

- **When to Call the Doctor:**
    - Severe **mood changes, aggression, or suicidal thoughts**.
    - Chest pain, shortness of breath, or palpitations (**cardiovascular concerns**).
    - Uncontrolled movements, tics, or worsening anxiety.
    - Signs of **circulatory issues** (e.g., numbness, coldness, or color changes in fingers/toes).
    - Unexplained weight loss or growth suppression in pediatric patients.
  - **Safety Tips:**
    - **Monitor blood pressure and heart rate** regularly, especially in patients with cardiovascular risk.
    - Use caution in patients with **history of anxiety, bipolar disorder, or psychosis**, as symptoms may worsen.
    - Avoid **caffeine and other stimulants**, which may increase side effects.
    - Ensure adequate **hydration and nutrition**, as appetite suppression is common.
    - Do not abruptly discontinue; **tapering may be needed** in long-term users.
  - **Parent Tips for Pediatric Patients:**
    - **Encourage a high-calorie diet** to offset appetite suppression.
    - Monitor **school performance and behavioral changes**.
    - Administer the first dose **before school** for optimal effect.
    - Observe for **sleep disturbances** and adjust dosing schedule if needed.
    - Keep communication open with **teachers and caregivers** regarding medication effects.
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## Additional Information

- **Contraindications:**
  - Hypersensitivity to amphetamines or any formulation components.
  - **Use within 14 days of MAOI therapy** (risk of hypertensive crisis).
  - Symptomatic **cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, glaucoma**.
  - History of **substance use disorder**, unless benefits outweigh risks.
- **Pregnancy:**
  - **Category C**; use only if benefits outweigh risks.
  - May cause **neonatal withdrawal symptoms** or **low birth weight**.
- **Lactation:**

- **Excreted in breast milk; not recommended** due to potential infant exposure.
  - **Drug Interactions:**
    - **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs) increase **serotonin syndrome risk**.
    - **Acidifying agents** (e.g., ascorbic acid) may reduce drug absorption.
    - **Alkalinizing agents** (e.g., sodium bicarbonate) may increase amphetamine levels.
    - May potentiate **hypertensive effects** of certain medications (e.g., decongestants, beta-agonists).
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Revision #48

Created 21 December 2024 13:44:57 by Josh LeJeune NP

Updated 7 July 2025 02:33:18 by Josh LeJeune NP