

Clonidine

(clonidine)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Tablets:** 0.1 mg, 0.2 mg, 0.3 mg

Dosing

- **Age:** \geq 6yr
- **Onset:** 30-60 min (oral)
- **Duration:** 6-12 hours
- **Considerations:** Monitor for bradycardia and hypotension; taper gradually over 2-4 days (or longer based on dose/duration) to avoid rebound hypertension; often dosed BID with larger dose at bedtime for ADHD
- **Initial Dose:**
 - 27-40 kg: 0.05 mg nightly
 - 40+ kg: 0.1 mg nightly
- **Titration:**
 - Increase 0.05mg every 3-7 d taper gradually over 2-4 days to discontinue
- **Max Dose:**
 - 27-40 kg: 0.2 mg/day
 - 40+ kg: 0.4 mg/day

Quick Facts

- **Central alpha-2 adrenergic agonist** that reduces norepinephrine release and sympathetic outflow from the locus coeruleus.
- Improves ADHD symptoms of hyperactivity, impulsivity, and inattention, especially as adjunct to stimulants.

- Particularly useful off-label for ADHD with tics, aggression, or sleep issues.
 - Sedation common early and dose-dependent; often improves with time or bedtime dosing.
 - Low abuse potential; not a controlled substance.
 - Risk of **rebound hypertension** with abrupt discontinuation.
 - Not FDA-approved for ADHD (extended-release form Kapvay is approved).
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Indications

- **Hypertension** (ICD-10: I10, I11.0, I11.9)
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Off-Label Uses

- **ADHD (ICD-10: F90.0, F90.1, F90.2, F90.8, F90.9)** – adjunct or monotherapy for hyperactivity/impulsivity.
 - **Tic disorders/Tourette syndrome (ICD-10: F95.1, F95.2)** – reduces tics via noradrenergic modulation.
 - **Oppositional defiant disorder (ICD-10: F91.3)** – decreases aggression when added to stimulants.
 - **Insomnia/sleep disturbances in ADHD (ICD-10: G47.00)** – promotes sleep with bedtime dosing.
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How to Take

- Take at the **same time each day** for consistency.
 - Can be taken **with or without food**.
 - **Swallow whole**; do not crush or chew.
 - If used for **ADHD**, often given **twice daily**, with the larger dose at bedtime to minimize drowsiness.
 - Do not **suddenly stop** taking; tapering may be required to prevent **rebound hypertension**.
 - Transdermal patches should be applied to a hairless area on the upper outer arm or chest.
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Side Effects

- **Common:**
 - Sedation/drowsiness (most prominent initially)
 - Dry mouth

- Dizziness/orthostatic hypotension
 - Constipation
 - Fatigue/headache
 - **Serious:**
 - Bradycardia/hypotension
 - Rebound hypertension (with abrupt stop)
 - Depression, hallucinations (rare)
 - AV block (in cardiac disease)
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Monitoring / Labs

- Baseline and periodic blood pressure and heart rate (supine and standing).
 - ECG if history of cardiac disease.
 - Renal function (dose adjust in impairment).
 - Growth parameters in children (long-term use).
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Education

- **When to Call the Doctor:**
 - Severe **dizziness, fainting, or low blood pressure.**
 - Slow or irregular heart rate.
 - Signs of **over-sedation**, such as excessive drowsiness or difficulty waking.
 - Mood changes, hallucinations, or unusual behavior.
 - Severe headache, blurred vision, or confusion (**possible hypertensive rebound if stopped abruptly**).
 - **Safety Tips:**
 - Monitor **blood pressure and heart rate** regularly.
 - Avoid **alcohol and sedatives**, which may enhance drowsiness.
 - Rise slowly from sitting or lying positions to prevent dizziness.
 - Do not **suddenly discontinue**, as this may lead to **rebound hypertension**.
 - Be cautious when driving or operating machinery until individual response is known.
 - **Parent Tips for Pediatric Patients:**
 - May cause **daytime drowsiness**; consider giving the **larger dose at bedtime**.
 - Monitor for **irritability, behavioral changes, or mood swings**.
 - Encourage **hydration and salt intake** if dizziness occurs.
 - Ensure the child does not engage in **high-risk activities (e.g., climbing, swimming unsupervised) if excessively drowsy**.
 - Keep in **child-proof packaging** to prevent accidental overdose.
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Additional Information

- **Contraindications:**
 - **Hypersensitivity** to clonidine or formulation components.
 - Use with caution in patients with **severe heart disease, bradycardia, or hypotension**.
- **Pregnancy:**
 - **Category C**; use only if benefits outweigh risks.
 - May cause **neonatal withdrawal symptoms**.
- **Lactation:**
 - **Excreted in breast milk**; use with caution due to potential effects on infant blood pressure.
- **Drug Interactions:**
 - **CNS depressants** (e.g., alcohol, benzodiazepines) may increase sedation.
 - **Beta-blockers** may enhance bradycardia; caution if discontinuing either drug.
 - **Stimulants (e.g., amphetamines)** may counteract clonidine's effects.
 - **Antihypertensive medications** may lead to excessive blood pressure lowering.

References

1. Clonidine HCl Tablets Prescribing Information (DailyMed/FDA), 2023, <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5fe10c92-621a-4d36-b030-34098351a1e2>
2. StatPearls: Clonidine, 2024, <https://www.ncbi.nlm.nih.gov/books/NBK459124/>
3. Safety and Efficacy of Clonidine in Children with ADHD (PMC), 2014, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3926778/>
4. AACAP Practice Parameters for ADHD (via UpToDate integration), 2022, <https://www.uptodate.com/contents/attention-deficit-hyperactivity-disorder-in-children-and-adolescents-treatment-with-nonstimulant-medications>

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