

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 off gradually to avoid rebound hypertension
- **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

- Alpha-2 adrenergic agonist; reduces sympathetic outflow
- Decreases hyperactivity, impulsivity, and improves sleep in ADHD
- Off-label use for ADHD, especially in patients with comorbid tic disorders or poor stimulant response; often used as an adjunct to stimulants
- Common side effects: drowsiness, sedation, dry mouth, hypotension

Indications

- **ADHD** (ICD-10: F90.0)
-

Off-Label Uses

- **Tourette syndrome** (ICD-10: F95.2)
 - **Oppositional defiant disorder:** (ICD-10: F91.3)
 - **Sleep disturbances associated with ADHD** (ICD-10: G47.00)
-

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.
-

Side Effects

- Common
 - Dry mouth
 - Drowsiness
 - Dizziness
 - Constipation
 - Serious
 - Bradycardia
 - Hypotension
 - Withdrawal syndrome
-

Monitoring / Labs

- Blood pressure and heart rate monitoring
 - Renal function tests
-

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.
-

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.
-

Revision #14

Created 21 December 2024 13:56:30 by Josh Lejeune NP

Updated 13 February 2025 14:24:30 by Josh Lejeune NP