

Strattera

(atomoxetine)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Capsules:** 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg

Dosing

- **Age:** ≥ 6
- **Onset:** ~ 60 min
- **Considerations:** Take the first dose on awakening. Additional doses may be given at intervals of 4-6 hours.
- **Initial Dose:**
 - **≤ 70 kg:** 0.5 mg/kg/day (1 or 2 divided doses)
 - **> 70 kg:** 40 mg daily
- **Titration:**
 - **≤ 70 kg:** After at least 3 days at the initial dose, increase to approximately 1.2 mg/kg/day.
 - **> 70 kg:** After at least 3 days at 40 mg/day, increase to 80 mg/day. If no improvement after 2-4 weeks, may increase up to 100 mg/day.
- **Max Dose:**
 - **≤ 70 kg:** lesser of 1.4 mg/kg/day or 100 mg/day
 - **> 70 kg:** 100 mg/day

Quick Facts

- Selective norepinephrine reuptake inhibitor; increases synaptic NE and indirectly boosts dopamine in the prefrontal cortex
- Non-stimulant ADHD option; improves focus, attention, and impulse control

- Oral capsule; weight-based, typically once-daily dosing
 - Common side effects: decreased appetite, nausea, dry mouth, fatigue, mood swings
 - Monitor for suicidal ideation in pediatric patients; consider liver function checks
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Indications

- **ADHD** (ICD-10: F90.0)
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Off-Label Uses

- **Coexisting Anxiety or Tic Disorders:** Used off-label in patients with ADHD who may have anxiety or tic disorders, as an alternative to stimulants.
 - **Oppositional Defiant Disorder (ODD):** May help reduce irritability and impulsiveness when comorbid with ADHD.
 - **Autism Spectrum Disorder (ASD)-associated ADHD symptoms:** Sometimes considered when stimulants are not tolerated.
 - **Substance Use Disorder in ADHD patients:** Considered when stimulant misuse is a concern.
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How to Take

- Take **once or twice daily**, with the **first dose in the morning**; if a second dose is needed, take it in the late afternoon.
 - Can be taken **with or without food**; taking with food may help reduce nausea.
 - **Swallow the capsule whole**; do not crush, chew, or open.
 - If a **dose is missed**, take it as soon as possible unless it is close to the next dose—do not double up.
 - **Do not abruptly stop** taking; consult a healthcare provider before discontinuation.
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Side Effects

- Common: Somnolence, gastrointestinal symptoms, decreased appetite.
 - Serious: Increased heart rate and blood pressure, suicidal thoughts (black box warning), rare cases of hepatitis
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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**.
 - Symptoms of **liver dysfunction** (yellowing of the skin/eyes, dark urine, persistent nausea).
 - Unusual bruising or bleeding.
 - Severe dizziness, fainting, or difficulty urinating.
 - Chest pain, rapid heartbeat, shortness of breath (**cardiovascular concerns**).
 - **Safety Tips:**
 - **Monitor blood pressure and heart rate**, as Strattera may cause increases.
 - Use caution in patients with **a history of depression, bipolar disorder, or suicidal thoughts**.
 - Avoid **alcohol**, as it may increase drowsiness and liver toxicity risk.
 - May cause **drowsiness**; use caution when driving or operating heavy machinery.
 - **Tapering may be needed** when discontinuing to prevent withdrawal effects.
 - **Parent Tips for Pediatric Patients:**
 - Monitor for **behavioral changes, increased agitation, or suicidal thoughts**, particularly in the first few weeks.
 - May cause **drowsiness or fatigue**—observe how the child responds to the medication.
 - Encourage **hydration and balanced meals** to minimize side effects.
 - If taken for **ADHD**, track progress with teachers and caregivers to assess effectiveness.
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Additional Information

- **Contraindications:**
 - **Hypersensitivity** to atomoxetine or formulation components.
 - **Use within 14 days of MAOI therapy** (risk of hypertensive crisis).
 - **Severe cardiovascular disease**, including history of stroke or arrhythmia.
 - **Narrow-angle glaucoma**.

- **Pregnancy:**

- **Category C**; use only if benefits outweigh risks.
- Limited human data; animal studies suggest potential fetal harm.

- **Lactation:**

- **Unknown if excreted in breast milk**; use with caution.

- **Drug Interactions:**

- **CYP2D6 inhibitors** (e.g., fluoxetine, paroxetine) may increase atomoxetine levels.
- **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs) increase **serotonin syndrome risk**.
- **Albuterol and other stimulants** may enhance cardiovascular side effects.
- **Antihypertensive medications** may lead to excessive blood pressure lowering.

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