

# 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:**  $\geq 6$
- **Onset:**  $\sim 60$  min
- **Considerations:** Take the first dose on awakening. Additional doses may be given at intervals of 4-6 hours.
- **Initial Dose:**
  - $\leq 70$  kg: 0.5 mg/kg/day (1 or 2 divided doses)
  - $> 70$  kg: 40 mg daily
- **Titration:**
  - $\leq 70$  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:**
  - $\leq 70$  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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