

**Table 2. Stimulant Side Effects, 2011**

<p><b>TRANSIENT SIDE EFFECTS:</b> Stomach aches and headaches; usually resolve within the first 2 weeks</p>		
<p><b>OTHER SIDE EFFECTS AND STRATEGIES: (Note: If one stimulant is not working or produces too many adverse side effects, try another stimulant before using a different class of medications)</b></p>		
<p><b>Decreased Appetite</b></p> <ul style="list-style-type: none"> <li>- Dose at or after meals</li> <li>- Offer frequent snacks and nighttime "grazing"</li> <li>- Start eating with highly desired foods, then give "regular" foods</li> <li>- Try another stimulant or class of medication</li> <li>- Try "drug holidays"</li> <li>- Use Carnation Instant Breakfast, Ensure, and other caloric supplements</li> </ul>	<p><b>Sleep Problems (insomnia, nightmares)</b></p> <ul style="list-style-type: none"> <li>- Establish bedtime routine</li> <li>- Reduce and/or add afternoon dose</li> <li>- Consider switching to short-acting preparation</li> <li>- Move dosing regimen to earlier time in the morning</li> <li>- Restrict or eliminate caffeine</li> <li>- Occasionally, medication at night helps organize to sleep</li> <li>- Try another stimulant or class of medication</li> <li>- Use additional medication as a last resort</li> </ul>	<p><b>Behavioral Rebound</b></p> <ul style="list-style-type: none"> <li>- Try sustained-release stimulant medication</li> <li>- Try to decrease precipitous drop in levels by using a "stepped down" dosage at the end of the day through increasing morning long-acting dose or adding a smaller dose of short-acting preparation toward the end of the day</li> <li>- Add reduced dose in late afternoon</li> <li>- Overlap stimulant doses</li> <li>- Try another stimulant or class of medication</li> </ul>
<p><b>Dizziness or Syncope (rare)</b></p> <ul style="list-style-type: none"> <li>- Review family and youth history of cardiac symptoms</li> <li>- Monitor blood pressure and pulse</li> <li>- Encourage adequate hydration</li> <li>- If associated only with peak effect, try a longer-acting preparation</li> <li>- If adverse cardiovascular event, file adverse event report with FDA</li> </ul>	<p><b>Irritability (rare)</b></p> <ul style="list-style-type: none"> <li>- Decrease dose or switch to long-acting if peak effect</li> <li>- Try another stimulant or class of medication</li> <li>- Consider co-existing conditions, especially depression and anxiety</li> </ul>	<p><b>Exacerbation of Tics (rare)</b></p> <ul style="list-style-type: none"> <li>- Observe, if not disturbing to child</li> <li>- Reduce dose and/or conduct drug trials at different doses (including no dose)</li> <li>- Try another stimulant or class of medication</li> <li>- Consider adjuvant therapy with another medication, or a non-stimulant</li> <li>- If tics appear suddenly after a sore throat or sinus infection, consider strep-associated tics and treat with appropriate antibiotic</li> <li>- Refer to mental health specialist or neurologist skilled in management of tics</li> </ul>
<p><b>Hallucinations (tactile, rare)</b></p> <ul style="list-style-type: none"> <li>- Stop treatment with stimulant</li> <li>- Try another stimulant or class of medication</li> <li>- File adverse event report with FDA</li> <li>- Refer to mental health specialist if do not resolve with change of medication</li> </ul>	<p><b>Psychosis/Euphoria/Mania/Severe Depression/Anxiety/Aggression (rare)</b></p> <ul style="list-style-type: none"> <li>- Always make sure you have established a baseline and that correct dose is being administered</li> <li>- Stop treatment with stimulants if new onset and/or significant worsening of pre-existing symptoms</li> <li>- Consider co-morbid disorders requiring alternative or adjunctive treatment</li> <li>- Refer to a mental health specialist</li> </ul>	<p><b>"Zombieness"</b></p> <ul style="list-style-type: none"> <li>- Over-dosage can cause paradoxical sedation</li> <li>- Decrease dosage or try another medication</li> </ul>

**Skin Rash (Daytrana only)**

- If single erythematous area at patch site, consider irritation and try altering location
- If sensitization suspected (itch at site, systemic signs), discontinue medication and pursue allergy testing
- Oral stimulant medication should only be tried under close medical supervision
- File adverse event report with FDA

**Weight and/or Height Loss**

- Common to lose 3-4 lbs during initiation
- Recent studies report some height-growth delay
- If significant flattening of height growth or decline, stop medication and evaluate

**Seizures**

- Stimulants not contraindicated if seizures controlled
- Establish baseline and monitor