

## **Methylphenidate** (pron. methyl-fenny-date) for parents and carers

### **What is methylphenidate used for?**

Methylphenidate (also known as Ritalin<sup>®</sup>, Concerta<sup>®</sup>, Medikinet<sup>®</sup> and Equasym<sup>®</sup>) is mainly used to help treat the symptoms of ADHD (Attention Deficit Hyperactivity Disorder), and sometime narcolepsy. It is available as plain tablets and long-acting tablets and capsules (Concerta XL<sup>®</sup>, Medikinet XL<sup>®</sup> and Equasym XL<sup>®</sup>).

### **What is the usual dose of methylphenidate?**

The usual dose of methylphenidate is around 36mg a day (depending on the person's weight). It can often be higher in older children and adults e.g. up to 72mg a day or more.

### **How should my child take methylphenidate?**

Swallow the tablets or capsules with at least half a glass of water whilst sitting or standing. This is to make sure that they reach the stomach and do not stick in the throat.

### **When should my child take methylphenidate?**

Give the methylphenidate as directed on the medicine label.

Plain tablets: try to make sure your child takes them at regular times each day, but make sure the last dose is no later than teatime. There is no problem about taking methylphenidate with or after food.

If you have the long-acting (XL) tablets or capsules, then once a day in the morning is best, to make sure it doesn't make it even harder for your child to fall asleep.

Concerta XL<sup>®</sup> should be given once a day at breakfast time.

Medikinet XL<sup>®</sup> should be given in the morning with or after breakfast.

Equasym XL<sup>®</sup> should be taken in the morning, before breakfast.

### **What are the alternatives to methylphenidate?**

There are some other medicines (e.g. atomoxetine), talking therapies and treatments for ADHD. See our "Handy charts" to help you compare the medicines, how they work and their side effects.

### **How long will methylphenidate take to work?**

It usually starts to work within a few hours of a dose. Please look at one of the "Handy charts" for more help and advice on how long your child might need to take it for before it works.

### **How long will your child need to keep taking methylphenidate for?**

Probably for several years. Please look at one of the "Handy charts" for more help and advice on how long your child might need to take it for. Some people do well on methylphenidate into their 20s and 30s.

### **Is methylphenidate addictive?**

Methylphenidate is a stimulant drug. There is no evidence that taking methylphenidate will cause a child to take illicit drugs when they are older. In fact the opposite might be true because the person will not try to self-medicate with illicit drugs to manage their symptoms.

### **Can my child stop taking methylphenidate suddenly?**

It is unwise for your child to stop taking it suddenly, even if the symptoms have improved. At smaller doses, it can be stopped suddenly. At higher doses, it is possible that 'withdrawal' effects might be seen. These would include extreme tiredness, becoming even more hyperactive, eating more and depression. If this were to happen by accident, then starting methylphenidate again would get rid of these effects. When the time comes, you should withdraw methylphenidate by a gradual reduction in the dose over several weeks. You should discuss this fully with your doctor, nurse or pharmacist.

### **What should my child do if he or she forgets to take a dose of methylphenidate?**

If he or she is taking the long-acting tablets or capsules, taking a dose more than a few hours late will mean that it may be more difficult to sleep. Do not try to catch up by taking two or more doses at once as he or she may get more side-effects. You should tell your doctor about this next time you meet. If you have problems remembering the doses (as very many people do) ask your pharmacist, doctor or nurse about this. There are some special packs, boxes and devices that can be used to help you remember.

### **Will methylphenidate affect my child's other medication?**

Methylphenidate has only a few interactions with other medicines:

- Methylphenidate should not be taken with a class of antidepressant called the MAOIs
- Your child should have no problems with "The Contraceptive Pill" and methylphenidate.

- Methylphenidate can increase the effect of phenytoin and tricyclics (e.g. dosulepin/dothiepin, imipramine, lofepramine)

Not all of these interactions happen in everyone. Some of these medicines can still be used together but you will need to follow your doctor's instructions carefully. There are many other possible drug interactions.

### What sort of side-effects might occur if my child is taking methylphenidate?

The table below will show you some of the main side effects your child might get from methylphenidate.

Side effect	What happens	What to do about it
<b>VERY COMMON</b> ( <i>more than about 1 in 10 people might get these</i> )		
Headache	Complaining of a head that is pounding and painful.	Try paracetamol. Your pharmacist will be able to advise if this is safe to take with any other medicines your child may be taking.
<b>COMMON</b> ( <i>less than about 1 in 10 people might get these</i> )		
Anorexia	Loss of weight, not feeling hungry.	If this is a problem, ask to see a pharmacist or dietician for advice. It normally wears off after a few weeks.
Nausea and vomiting	Feeling sick and being sick. Abdominal pain	If it is bad, contact your doctor. It may be possible to adjust the dose. Taking it after food may help. It should wear off after a few weeks.
Nervousness	Feeling more anxious or nervous	This should wear off. If not, mention it to your doctor next time you meet.
Nasopharyngitis	Cough, sore nose and throat	This should wear off but see your doctor if it does not wear off.
Aggression	Being aggressive, irritable, depressed, hostile and perhaps suicidal thinking.	If this occurs, discuss with your doctor as soon as possible.
Dizziness	Feeling light-headed and faint	Do not stand up too quickly. Try to get your child to lie down when he or she feels it coming on. Do not drive.
Insomnia	Not being able to fall asleep at night	Discuss this with your doctor. He/she may be able to change the time of the dose or doses. Make sure he or she takes the dose early enough in the day.
<b>UNCOMMON</b> ( <i>less than about 1 in 100 people might get these</i> )		
Growth retardation	Slowing down of height gain and loss of weight	Your child may be measured every few months to see how tall he or she is and how weight is changing. If it is slowing down, your child may need to switch medicines, although this is unlikely.

Do not be worried by this list of side effects. Some people get no side effects at all and others may get some effects that are not listed in this table. If you think your child might have a side effect to this medicine, you should ask your doctor, nurse or pharmacist. If you want to know more, go to our website for links to other websites with more information.

### Will my child need a blood test if he or she is taking methylphenidate?

Your child should not need any blood tests but might need a heart check before starting methylphenidate.

### Can my child cycle or drive while he or she is taking methylphenidate?

Your child may feel a bit light-headed at first when taking methylphenidate. If your child cycles or is old enough to drive, until this wears off or your child knows how methylphenidate affects him or her, avoid cycling, driving or operating machinery.

**The small print:** This leaflet is to help you understand about your child's medicine. You should also read the manufacturer's Patient Information Leaflet (PIL). You may find lots more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else. Go to our website for fuller answers to these and many other questions e.g. driving, women's health, how it works, doses and interactions, and about the conditions. The "Handy charts" will help you compare the main medicines for each condition, how they work and their side effects.