

Methylphenidate (say: me-thile-fenny-date) for adults with ADHD

What is methylphenidate used for?

- Methylphenidate (also called Ritalin[®], Concerta[®], and Ritalin LA[®]) is mainly used to help treat the symptoms of ADHD (Attention Deficit Hyperactivity Disorder), and narcolepsy
- It comes as plain tablets and long-acting capsules

- ☞ For ADHD, about 2 in 3 (70%) of people's symptoms improve with methylphenidate
- ☞ If that doesn't work or it has too many side effects, then switching to another stimulant means about half of those people get better (total of about 85%, or 3 in 4 people)
- ☞ There are other options e.g. medicines and therapies.

What is the usual dose of methylphenidate?

- The usual dose of methylphenidate is around 30-40mg a day (depending on your weight)
- It can often be higher in adults e.g. up to 70mg a day or more.

How should I take methylphenidate?

- Swallow the tablets or capsules with at least half a glass of water whilst sitting or standing so they do not get stuck in your throat
- If you see what looks like a capsule/tablet in your poo do not worry. These are empty.

When should I take methylphenidate?

Plain tablets:

- Make sure you take your doses at regular times each day, and that the last dose is no later than your early evening meal. There is no problem about taking methylphenidate with or after food.

Concerta XL[®]:

- Usually once a day, before, with or after breakfast

Ritalin XL[®]:

- Usually in the morning, with or after breakfast
- If you have trouble swallowing these capsules, you can open the capsules and sprinkle the contents on food. When you eat the food, don't chew the granules.

What are the alternatives to methylphenidate?

- There are other medicines (e.g. atomoxetine, dexamphetamine, guanfacine), family therapy, talking therapies and treatments for ADHD.

- ☞ See our "Handy chart" for ADHD to help you compare the medicines and how long to take them
- ☞ This will help you discuss your care with your doctor, case manager or pharmacist.

How long will methylphenidate take to work?

- It usually starts within a few hours of a dose
- The effect will then build over the next few weeks

How long will I need to keep taking it for?

- Probably for several years - some people do well on methylphenidate into their 20s and 30s
- It works much better if taken regularly for at least 2 years
- It should be reviewed at least once a year by your specialist – how you feel on days when you don't have a dose is very helpful.

Is methylphenidate addictive and can I stop taking it suddenly?

- Methylphenidate is a stimulant drug
- At smaller doses, it can be stopped suddenly and sometimes each weekend if that is what you have agreed with your doctor
- At higher doses, it is possible that 'withdrawal' effects might be seen. These would include extreme tiredness, rebound hyperactivity, increased appetite and depression
- If this happens, then starting methylphenidate again would get rid of these effects
- When the time comes, you should come off it by a gradual drop in the dose over several weeks
- It normally works out much better if stopping medication in a planned way at a time when stress levels are lower, rather than e.g. around exams or life events
- Discuss this fully with your doctor, case manager or pharmacist.

See our handy fact sheet on 'Coming off Medicines'
There is little evidence that taking methylphenidate will lead to someone to take illicit drugs when they are older. In fact the opposite may be true as the person will not try to self-medicate with illicit drugs to manage symptoms.

What should I do if I forget to take a dose of methylphenidate at the right time?

- If you are taking the long-acting tablets or capsules, taking a dose more than a few hours late will mean that it may be difficult to sleep
- Do not try to catch up by taking two or more doses at once as you may get more side effects.

If you have problems remembering your doses (many people do) ask your pharmacist, doctor or case manager about this. Webster, other packs and Apps can help you.

Will it affect my other medication?

Methylphenidate has a few possible interactions with other medicines. The main ones include:

- Methylphenidate can increase the effect of phenytoin and tricyclics (e.g. amitriptyline)
- There is no problem with the 'Contraceptive Pill'.



You **must** see the Consumer Medicine Information (CMI) leaflet for the full list of interactions. Some of these medicines can still be used together but you must follow your doctor's instructions carefully.

Will I need any blood or other tests?

- You should not need any blood tests but you might need your heart checked before starting methylphenidate
- If you have any blood tests, make sure the doctor knows you take methylphenidate as this can lead to odd results in some tests.

What about getting pregnant?

- Discuss this with your health professional - there are leaflets that can help give you the information you need to make a choice

- Usually, people gradually reduce their dose before trying to get pregnant
- If you find yourself pregnant unexpectedly see your health professional as soon as possible.

Can I drive, cycle or operate a boat while I am taking methylphenidate?

- You may feel a bit light-headed at first when taking methylphenidate
- Until this wears off, or you know how it affects you, do not drive or operate machines.

If you have ADHD, methylphenidate can help you concentrate and so you may actually be less likely to have an accident, but **only** if you take it regularly.

What sort of side-effects might I get if I am taking methylphenidate?

This table shows some of the most common side effects and any you might need to take action on. You **must** also see the Consumer Medicine Information Leaflet (CMI) for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Others may get some that are not listed. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting at a lower dose helps. If you think you might have a side effect to this medicine, you should ask your doctor, pharmacist or care worker.

Side effect	What happens	What to do about it
VERY COMMON (<i>more than about 1 in 10 people might get these</i>)		
Headache	Your head is pounding and painful.	Try paracetamol. Your pharmacist will be able to advise if this is safe to take with any other medicines you may be taking.
COMMON (<i>fewer than about 1 in 10 people might get these</i>)		
Loss of appetite	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 your 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, tell 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.
Dizziness	Feeling light-headed and faint	Do not stand up too quickly. Try and lie down when you feel 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 your dose or doses. Make sure you take the dose early enough in the day. Some people find melatonin helps.
Tachycardia	A pulse rate more than 120 beats per minute while you are resting.	If your pulse is over about 120 (i.e. not after exercise), you should mention this to your doctor. It may be that you need a different dose or a beta-blocker to help slow it down.
Tell your doctor if you get this side effect		
Change in mood	Being aggressive, depressed, hostile and perhaps suicidal thinking.	It is more likely to occur after starting, a dose increase, or overdose. See your doctor straight away if you have thoughts of harming yourself.

Lifeline provides 24hr telephone crisis support on 13 11 14 or visit www.lifeline.org.au for information & downloads

The small print: This leaflet is to help you understand more about methylphenidate. You **must** also read the manufacturer's Consumer Medicine Information (CMI) Leaflet. You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else.

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