



TABLE 8.3 Representative Medications Used in Treating Attention Deficit Hyperactivity Disorder

Brand Name	Generic Name	Approved Age of Use	Onset of Effectiveness	Duration of Effectiveness	Comments
Ritalin	D,L-Methylphenidate	6 and older	Less than 30 minutes	Approximately 4 hours	Most frequently prescribed. Excellent safety record. Use cautiously if history of tics or Tourette syndrome.
Dexedrine	Dextroamphetamine	3	Less than 30 minutes	Approximately 4–5 hours	Must be administered frequently. Excellent safety record. Use cautiously if history of tics or Tourette syndrome.
Focalin	D-Methylphenidate	6 and older	Approximately 30 minutes	Approximately 5 hours	Potential adverse side effects.
Adderall	Dextroamphetamine sulfate	3	Approximately 30 minutes	Approximately 4–6 hours	Requires only one daily dose.
Concerta	Methylphenidate HCL	6	Approximately 30 minutes	Approximately 12 hours	One daily dose. Minimal side effects.
Vyvanse	Lisdexamfetamine	6 and older	Usually 2–12 hours for children ages 6–12; 2–14 hours for adults ages 18–55	Approximately 10–12 hours	One daily dose. Low potential for misuse. No generic form.
Strattera	Atomoxetine HCL	6 and older	Usually within 24 hours; therapeutic level reached in 3–4 weeks	Approximately 20 hours	Nonstimulant medication. Typically one daily dose. Clinically proven effective for adults.

NOTE: Long-acting and extended-release varieties are available.

SOURCE: Adapted from J. Lerner and B. Johns, *Learning Disabilities and Related Mild Disabilities*, 12th ed. (Belmont, CA: Wadsworth/Cengage Learning, 2012), p. 212.