

Methylphenidate

(pronounced me - thyl - fen - ee - date)

Why has methylphenidate been prescribed?

Methylphenidate is a stimulant medication which improves attention and concentration. Methylphenidate is prescribed to treat Attention Deficit and Hyperactivity Disorder (ADHD) in children and adolescents. It is effective in managing ADHD as part of a comprehensive treatment programme.

Are there any precautions with methylphenidate?

Methylphenidate is suitable for most people. As with all medicines, however, there are precautions. Your child's prescriber will usually check that it is safe to prescribe methylphenidate, but let the prescriber know if any of the following apply to your child, as extra care may be needed:

- a) if your child has epilepsy, high blood pressure, glaucoma, nervous tics, Tourette's syndrome or suffers from heart or thyroid trouble.
- b) if your child is taking any other medication especially anticoagulants such as warfarin, medication for schizophrenia, medication for high blood pressure, anticonvulsants or antidepressants. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket for your child. Please also tell your prescriber if your child takes any alternative or complementary medicine such as Chinese herbal medicines.
- c) if your child is at risk of becoming pregnant.

What is the usual dose of methylphenidate?

The starting dose is usually 5mg once or twice daily. Some people start on 18mg daily. The dose may then be increased after weekly intervals. The usual dose of methylphenidate may be between 10mg and 60mg daily. It may take some time to get to the dose that is most suitable.

How should methylphenidate be taken?

Methylphenidate is usually taken once or twice daily. However, you and the prescriber may decide that it is better for your child to take the medicine at another time.

What form does methylphenidate come in?

Methylphenidate is available as standard tablets and sustained release tablets. The tablets are available as 5mg, 10mg, and 20mg and the sustained release tablets are available as 18mg and 36mg (Concerta XL) and 10mg, 20mg and 30mg (Equasym XL).

What should be done if a dose is missed?

If you forget to give your child a dose, give it as soon as you remember. If you miss a whole day of treatment – just carry on as normal with the usual dose. If you miss more than a day's treatment, speak to your prescriber.

What will happen when methylphenidate is first taken?

Most people find that methylphenidate improves attention and concentration soon after the first dose is taken. Further improvements are usually seen over the first week or so of treatment. Adverse effects of methylphenidate are usually seen early in treatment. Some may wear off in time. The table below lists some of the side effects associated with methylphenidate. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0800 100 3352 or go to www.mhra.gov.uk.

Summary of side effects				
Side effect	How common is it?	What can be done about it?		
Insomnia or disturbed sleep	Common	Tell the prescriber if your child finds it difficult to get off to sleep or does not seem tired at their normal bedtime. It may be necessary to alter the timing of methylphenidate doses.		
Reduced appetite	Common	Try to encourage healthy eating.		
Abdominal pain	Uncommon	This usually occurs when methylphenidate is started. This should wear off within a few days. Taking the medication with food may help. Discuss with the prescriber if this persists.		
Nausea (sometimes with vomiting)	Uncommon	This usually occurs when methylphenidate is started. This should wear off within a few days. Taking the medication with food may help. Discuss with the prescriber if this persists.		
Dry mouth	Uncommon	This should wear off within a few days. Sugar-free boiled sweets, chewing gum or eating citrus fruits may help. Discuss with the prescriber if this persists.		
Headache	Uncommon	This may wear off within a few days. Paracetamol can be taken but discuss with the prescriber if this persists.		
Dizziness	Uncommon	This may wear off within a few days. Discuss with the prescriber if this persists.		
Tachycardia (palpitations)	Uncommon	Contact the prescriber if your child reports experiencing palpitations.		
Slowed growth	Uncommon	All children taking methylphenidate should have their development closely monitored by a specialist.		
Movement disorders	Uncommon	Tell the prescriber straightaway if any abnormal movements develop.		
High blood pressure	Uncommon	All children taking methylphenidate should have their blood pressure closely monitored by a specialist.		
Blood disorders	Very Rare	Tell the prescriber if your child experiences a sore throat or has other signs of an infection.		
Rash – with peeling or purple or red patches, maybe itchy	Very Rare	Tell the prescriber straightaway if any rash develops.		
<i>Very common = almost everyone affected</i>	<i>Common = many people affected</i>	<i>Uncommon = some people affected</i>	<i>Rare = few people affected</i>	<i>Very rare = very few people affected</i>

Is methylphenidate addictive?

When used therapeutically for ADHD methylphenidate is not usually associated with addiction. When stopping the drug it is good practice to reduce the dose of methylphenidate slowly. In this way, withdrawal effects can be minimised.

What about alcohol?

Generally speaking people taking methylphenidate should avoid alcohol. Discuss any concerns you have with your doctor, pharmacist or nurse.

Is it OK to stop taking methylphenidate when symptoms go away?

No. If your child stops taking methylphenidate, your child's original symptoms are likely to return. Most people need to remain on methylphenidate for several months, sometimes longer. You should always discuss with your prescriber any plans you have to reduce or stop any of your prescribed medicines.

Are there any alternatives to methylphenidate?

Yes, there are alternatives available. These include other stimulants such as dexamphetamine and other types of drug such as atomoxetine. Psychological and family therapies can also help in some people with ADHD, usually alongside medication.



Remember, leaflets like this can only describe some of the effects of medication. You may also find other books or leaflets useful. If you have access to the internet you may find a lot of information there as well, but be careful, as internet based information is not always accurate.

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This leaflet is to help you understand more about you medication. It is not an official manufacturer's Patient Information Leaflet (see emc.medicines.org.uk/) For more information, you could contact your local hospital pharmacy – they might have a helpline – or visit www.nwmhp.nhs.uk/pharmacy.

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