

## Methylphenidate (say: me-thile-fenny-date) for parents and carers

### What is methylphenidate used for?

- Methylphenidate is mainly used to help treat the symptoms of ADHD (Attention Deficit Hyperactivity Disorder) and sometimes narcolepsy
- It is made as plain tablets (Ritalin<sup>®</sup>, Medikinet<sup>®</sup>, Tranquilyn<sup>®</sup>, Equasym<sup>®</sup>) and long-acting tablets and capsules (Concerta XL<sup>®</sup>, Medikinet XL<sup>®</sup>, Xenidate XL<sup>®</sup>, Matoride<sup>®</sup>, Xaggitin XL<sup>®</sup>, Equasym XL<sup>®</sup>, Ritalin XL<sup>®</sup>)
- There is also a liquid, made as a special order.

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

### What is the usual dose of methylphenidate?

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

### How should my child take methylphenidate?

- Tablets and capsules: Your child should swallow with at least half a glass of water whilst sitting or standing so they do not get stuck in the throat
- If you or they see what looks like a capsule/tablet in your poo do not worry. These are empty
- Chewable tablets: These must be chewed then swallowed, with or without food. They can be halved to give smaller doses
- Liquid: Shake the bottle, then carefully measure using a medicine spoon or oral syringe.

### When should my child take methylphenidate?

#### Plain tablets and liquid:

- Make sure your child takes it at as directed but make sure the last dose isn't later than teatime
- They can be taken with or after food.

#### Long-acting (XL) tablets or capsules:

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>, Xenidate<sup>®</sup>, Xaggitin XL<sup>®</sup> and Matoride<sup>®</sup> are usually taken before, with or after breakfast
- Medikinet<sup>®</sup> XL, Metyrol XL<sup>®</sup>, Meflynate XL<sup>®</sup> Ritalin XL<sup>®</sup>) usually morning, with or after breakfast. It can also be sprinkled on yoghurt and eaten
- Equasym<sup>®</sup> XL, Exattent<sup>®</sup>, Addepta<sup>®</sup> - take before breakfast
- Tuzulby PR<sup>®</sup> chewable tablets can be taken with or without food.

### What are the alternatives to methylphenidate?

- There are other medicines (e.g. atomoxetine, lisdexamfetamine, dexamfetamine, guanfacine), talking therapies and treatments for ADHD.

- ☞ See our "Handy chart" for ADHD to help you compare the medicines available
- ☞ This will help you talk to your prescriber, nurse, pharmacist or other healthcare professional.

### 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 my child need to keep taking methylphenidate for?

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

### Is methylphenidate addictive and can my child 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 prescriber
- At higher doses, it is possible that 'withdrawal' effects might be seen e.g. extreme tiredness, becoming even more hyperactive, eating more

and low mood. Starting methylphenidate again would get rid of these effects

- When the time comes, your child should come off methylphenidate 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 with your prescriber, nurse 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 my child do if he or she forgets to take a dose at the right time?

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

If your child has problems remembering your doses (as many people do) ask to see our Handy Fact Sheet "Remembering to take your medicines".

### Will it affect my child's other medication?

Methylphenidate can interact with a few other medicines:

- There is no problem with the 'Contraceptive Pill'
- Make sure any prescriber and/or pharmacist who treats your child knows he/she is taking methylphenidate.

You **must** also see the Patient Information Leaflet (PIL) for the full possible list. Not all of these interactions happen in everyone but you will need to follow your prescriber's instructions carefully.

### Will my child need any blood or other tests?

- Your child should not need any blood tests but might need a heart check before starting it
- Methylphenidate does not affect growth but there may be some checks on height and weight
- If your child has any blood tests, make sure they know he/she takes this as methylphenidate 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 your child thinks she may be pregnant, see her health professional as soon as possible.

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

- Your child may feel a bit dizzy at first
- If your child cycles or is old enough to drive, avoid cycling, driving or operating machines until this wears off or your child knows how it affects him or her.

Methylphenidate can help your child concentrate and so they may actually be *less* likely to have an accident, but **only** if they take it regularly.  
(for more details go to [www.gov.uk/adhd-and-driving](http://www.gov.uk/adhd-and-driving))

## What sort of side-effects might my child get with 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 maker's Patient Information Leaflet for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting with a lower dose helps. If you think your child might have a side effect to this medicine, you should ask your prescriber, pharmacist or other healthcare professional.

| 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>fewer 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.<br>Abdominal pain                                                                             | If it is bad, contact your prescriber. 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 but see your prescriber if it does not wear off.                                                                                                                                                                        |
| Nasopharyngitis                                                              | Cough, sore nose and throat                                                                                                | This should wear off but see your prescriber if it does not wear off.                                                                                                                                                                        |
| Dizziness                                                                    | Feeling light-headed and faint                                                                                             | Do not stand up too quickly. Try to get your child to lie down when they feel it coming on. Do not drive.                                                                                                                                    |
| Tachycardia                                                                  | A pulse rate more than 120 beats per minute while your child is resting.                                                   | If your child's pulse is over about 120 (i.e. not after exercise), you should mention this to your prescriber. It may be your child needs a different dose or a beta-blocker to help slow it down.                                           |
| Insomnia                                                                     | Not being able to fall asleep at night                                                                                     | Discuss this with your prescriber. They may be able to change the time of the dose or doses. Make sure they take the dose early enough in the day. Some people find melatonin helps.                                                         |
| <b>Tell your prescriber if your child gets this side effect</b>              |                                                                                                                            |                                                                                                                                                                                                                                              |
| 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 prescriber straight away if your child has thoughts of harming yourself.                                                                                   |
| Priapism                                                                     | Men can get an unexpected erection lasting longer than 4 hours with no stimulus. Most likely to occur after a dose change. | Although it would be embarrassing, you <b>MUST</b> seek treatment straight away. If it lasts more than about 10-15 hours it can cause damage to the penis and mean you might not be able to get an erection again.                           |
| Hallucinations, psychosis                                                    | Feeling paranoid (seeing or hearing things that aren't there, thinking people are talking about you)                       | Speak to your doctor in the next few days. Psychosis may happen in ADHD without any treatment but can occur if people take a stimulant such as methylphenidate. It is much more common if taken 'recreationally' rather than as a treatment. |

**The small print:** This leaflet is to help you understand more about your child's methylphenidate. You **must** also read the manufacturer's Patient Information Leaflet (PIL). You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else. The 'Handy charts' will help you compare the main medicines for each condition, how they work and their side effects. Go to our website for fuller answers to these and many other questions. Use trusted health professionals for help when making health decisions. Do not rely on AI for your mental health advice – it may not be accurate for you, may miss important signs, does not know your history, and may give you a false sense of support.

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