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## Module 5: Non-Stimulant Treatments for ADHD: Expanding the Therapeutic Toolbox

### Quick Reference Guide

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Dr. Malzberg has no financial relationships with companies related to this material.

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### Atomoxetine (Strattera)

#### Mechanism:

- Selective norepinephrine reuptake inhibitor
- Increases norepinephrine and dopamine in prefrontal cortex
- No abuse potential

#### Dosing:

- Start: 40mg daily
- Target: 80mg
- Maximum: 100mg
- 4-6 weeks for full effect

#### Efficacy:

- Effect size: 0.4-0.5 (vs. 0.8 for stimulants)
- Number needed to treat: 5-7

#### Side Effects:

- Nausea, dry mouth, insomnia
- Increased BP/HR
- Fatigue/somnolence
- Black box warning for suicidal ideation
- Rare hepatic toxicity

Full Course Materials Audio and CME Post-Test  
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## **Alpha-2 Agonists**

### **Medications:**

- Guanfacine ER (Intuniv)
- Clonidine ER (Kapvay)

### **Dosing:**

- Guanfacine: Start 1mg, max 7mg
- Clonidine: Start 0.1mg, max 0.4mg
- 2-5 weeks for full effect

### **Side Effects:**

- Sedation (common)
- Dizziness
- Hypotension
- Bradycardia
- Must taper when stopping

## **Bupropion (Wellbutrin)**

### **Mechanism:**

- Norepinephrine-dopamine reuptake inhibitor
- Gradual effect vs. stimulants
- Good for comorbid depression

### **Dosing:**

- Start: 150mg daily
- Target: 300-450mg
- Available in IR, SR, XL formulations

### **Side Effects:**

- Insomnia
- Dry mouth
- Jitteriness
- Seizure risk at higher doses

## **Viloxazine (Qelbree)**

### **Characteristics:**

- Newer option (FDA approved 2021)
- Norepinephrine reuptake inhibitor

- Some serotonin activity

### **Dosing:**

- Start: 200mg daily
- Maximum: 400-600mg
- Once daily dosing

### **Benefits:**

- Faster onset than atomoxetine
- Good for mood disorders
- No abuse potential

### **When to Use Non-Stimulants**

1. **First-Line When:**
  - History of substance use
  - Significant anxiety/mood disorders
  - Cardiovascular concerns
  - Patient preference
2. **Second-Line When:**
  - Stimulant side effects
  - Insufficient stimulant response
  - Need for augmentation

### **Supplementation**

#### **Omega-3 Fatty Acids:**

- 1g EPA daily
- High EPA:DHA ratio (2:1)
- Takes 3 months for effect

#### **Zinc:**

- 15mg zinc gluconate/sulfate
- Only if deficient
- Can augment stimulants

### **Monitoring Guidelines**

1. **Cardiovascular:**
  - Regular BP/HR checks
  - Extra caution with atomoxetine
  - Monitor for hypotension with alpha-2 agonists
2. **Mood:**
  - Watch for depression

- Monitor anxiety
- Check suicidal ideation
- 3. **Side Effects:**
  - Sleep patterns
  - Appetite/weight
  - Sedation (especially alpha-2 agonists)
  - Drug interactions

### **Long-term Considerations**

- Reassess every 6-12 months
- Monitor for sustained benefit
- Check for new side effects
- Consider dose adjustments
- Review behavioral strategies
- Assess quality of life improvements