

ATOMOXETINE (Strattera) Fact Sheet [G]

BOTTOM LINE:

Advantages: Unlike stimulants, atomoxetine has no abuse potential, causes less insomnia and anxiety, and is unlikely to worsen tics.

Disadvantages: It is generally less effective than stimulants, and takes longer to work (two to four weeks).

PEDIATRIC FDA INDICATIONS:

ADHD (6–17 years).

ADULT FDA INDICATIONS:

ADHD.

OFF-LABEL USES:

Treatment-resistant depression.

DOSAGE FORMS:

Capsules (G): 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg.

PEDIATRIC DOSAGE GUIDANCE:

- Children >70 kg: Start 40 mg QAM for three days, ↑ to 80 mg QAM, may ↑ to 100 mg/day after two to four weeks if needed (max 100 mg/day); may divide doses >40 mg/day (divided dosing in morning and late afternoon/early evening).
- Children <70 kg: Start 0.5 mg/kg QAM for three days, ↑ to 1.2 mg/kg QAM, may ↑ to max 1.4 mg/kg/day or 100 mg/day (whichever is less) after two to four weeks, if needed; may divide doses >0.5 mg/kg/day (divided dosing in morning and late afternoon/early evening).

MONITORING: BP/P, LFTs.

COST: \$

SIDE EFFECTS:

- Most common: Headache, abdominal pain, decreased appetite, fatigue, nausea, vomiting.
- Serious but rare: Class warning for suicidal ideation in children and teens. Severe hepatic injury including increased hepatic enzymes (up to 40 times normal) and jaundice (bilirubin up to 12 times upper limit of normal). Increased blood pressure (↑ 15–20 mmHg) and heart rate (↑ 20 bpm).

MECHANISM, PHARMACOKINETICS, AND DRUG INTERACTIONS:

- Selective norepinephrine reuptake inhibitor (NRI).
- Metabolized primarily via CYP2D6; t_{1/2}: 5 hours.
- Avoid use with MAOIs. Exercise caution with 2D6 inhibitors such as fluoxetine, paroxetine, and quinidine (increased atomoxetine serum levels); use slower titration and do not exceed 80 mg/day in presence of 2D6 inhibitors or in 2D6 poor metabolizers.

EVIDENCE AND CLINICAL PEARLS:

- Effective and FDA approved for ADHD; however, several studies clearly show it does not produce as robust of a treatment effect as stimulants.
- QAM dosing is as effective as BID, but BID dosing has better GI tolerability. Can also be dosed at bedtime if it causes fatigue.
- Appears to be more effective in improving attention than in controlling hyperactivity.
- Of the two NRIs available for ADHD, atomoxetine is cheaper than viloxazine.

FUN FACT:

Atomoxetine was originally known as “tomoxetine”; however, the FDA requested that the name be changed because the similarity to “tamoxifen” could lead to dispensing errors.