CLONIDINE (Catapres, Kapvay) Fact Sheet [G]

Bottom Line:
Clonidine is an alpha-2 agonist that has no abuse potential, does not worsen tics, and does not cause insomnia. However, it's less effective than stimulants and has a delayed onset of effect (two to four weeks); it is often added to a stimulant to prevent insomnia. Clonidine may be used as a second-line option for opioid detoxification if buprenorphine or methadone are not available.

FDA Indications:
Hypertension; **ADHD** (children ages 6–17), as monotherapy or adjunctive therapy to stimulants (not approved for ADHD in adults).

Off-Label Uses:
Conduct disorder; Tourette's and motor tics; pervasive developmental disorders; migraine prophylaxis; opioid withdrawal.

Dosage Forms:
- **IR tablets (Catapres, [G]):** 0.1 mg, 0.2 mg, 0.3 mg.
- **ER tablets (Kapvay, [G]):** 0.1 mg, 0.2 mg.
- **Patch (Catapres-TTS, [G]):** 0.1 mg/day, 0.2 mg/day, 0.3 mg/day.

Dosage Guidance:
- IR: Start 0.1 mg BID, ↑ by 0.1 mg/day at weekly intervals; max 2 mg/day. For opioid withdrawal, may be dosed 0.1–0.2 mg every four to six hours as needed. Daily dosing requirement can be established by tabulating the total amount administered over the first 24 hours and dividing this amount into a TID or QID schedule. Total dose should not exceed 1.2 mg the first 24 hours and 2 mg/day beyond that.
- ER: Start 0.1 mg QHS, ↑ by 0.1 mg/day at weekly intervals; max 0.4 mg/day. May divide doses >0.2 mg/day; divided doses may be unequal with higher dose given at bedtime.

Monitoring: Blood pressure (hold doses for BP <90/60).

Cost: $

Side Effects:
- Most common: Dry mouth, somnolence, dizziness, constipation, fatigue, headache.
- Serious but rare: Hypotension, syncope, orthostasis.
- Pregnancy/breastfeeding: Limited data in pregnancy; not recommended in breastfeeding and may lower milk supply.

Mechanism, Pharmacokinetics, and Drug Interactions:
- Centrally acting, selective alpha-2 adrenergic agonist.
- Metabolized primarily through CYP2D6; t ½: 6–20 hours.
- Avoid use with MAOIs. Caution with 2D6 inhibitors (eg, paroxetine, fluoxetine, duloxetine).

Clinical Pearls:
- Not a controlled substance.
- Clonidine tends to be more sedating than guanfacine, another alpha agonist.
- When used in detox, clonidine relieves most opioid withdrawal symptoms but is less effective than methadone or buprenorphine. Therefore, adjunctive medications are often used with clonidine to manage insomnia, muscle pain, headache, agitation, and other symptoms. Even so, detox completion rates with clonidine are typically significantly lower than those with buprenorphine or methadone.
- The patch formulation is not typically used (except for hypertension) because clonidine's effects on BP may be prolonged and continue even after patch removal.
- If patient misses two or more consecutive doses, consider repeating titration.
- Minimize side effects, especially somnolence, by administering at bedtime.
- Monitor blood pressure, especially during initial dosing titration.
- Risk of nervousness, anxiety, and possibly rebound hypertension two to four days after abrupt discontinuation. Taper dose in no more than 0.1 mg/day decrements, every three to seven days.

Fun Fact:
The Federal Bureau of Prisons' clinical guidance document, *Detoxification of Chemically Dependent Inmates,* recommends maintaining strict control over medication access to prevent diversion or misuse. It cites the example of inmates eating clonidine patches to obtain a state of euphoria.