



Methylphenidate for ADHD

This leaflet is about the use of methylphenidate for attention-deficit hyperactivity disorder (ADHD). Medicines are part of a comprehensive treatment programme that includes behavioural therapy. The diagnosis of ADHD must have been confirmed by a specialist.



This leaflet is for parents and carers about how to use this medicine in children. Our information sometimes differs from that provided by the manufacturers, because their information is usually aimed at adults. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

Do not stop giving this medicine without talking to your doctor first.

Name of medicine

Methylphenidate (sometimes known as methylphenidate hydrochloride)

Brand names: Medikinet®, Ritalin®

Modified-release brands: Concerta XL®, Equasym XL®, Matoride XL®, Xaggitin XL®, Medikinet XL®, Delmosart prolonged release®, Xenidate XL®.

Why is it important for my child to take this medicine?

This medicine will help to reduce the symptoms of hyperactivity and impulsive behaviour. It will also help to increase attention and concentration span. Methylphenidate is used as part of a comprehensive treatment programme for ADHD that includes behavioural therapy.

What is methylphenidate available as?

- **Tablets:** 5 mg, 10 mg, 20 mg; these contain small amounts of lactose; Ritalin® contains gelatin
- **Modified-release tablets:** 18 mg, 27 mg, 36 mg, 54 mg; these may contain lactose
- **Modified-release capsules:** 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg; these contain gelatin and a small amount of sugar.

When should I give methylphenidate?

Modified-release tablets/capsules are usually given once each day. This is usually in the morning. These gradually release the medicine over the day.

- Equasym XL is best given before breakfast.
- Medikinet XL is best given with or after breakfast.

Medikinet and Ritalin tablets are usually given two or three times each day. This should be in the morning, then around midday and, where necessary, late afternoon. Ideally, these times are about 4 hours apart. Give the medicine at about the same time each day so that this becomes part of your child's daily routine, which will help you to remember.

How much should I give?

Your doctor will work out the amount of methylphenidate (the dose) that is right for *your* child. The dose will be shown on the medicine label.

Your doctor will probably start your child on a low dose, then increase it gradually. If you are not sure how much to give, check with your doctor or pharmacist.

It is important that you follow your doctor's instructions about how much to give.

How should I give it?



Tablets should be swallowed with a glass of water or juice. Your child should not chew the tablets.

Medikinet® and Ritalin® tablets can be crushed and mixed with a small amount of soft food such as yogurt or jam. Make sure your child swallows it all straight away, without chewing.

Do not crush any modified-release (XL) tablets, as they will not work properly.



Capsules should be swallowed with a glass of water or juice. Your child should not chew the capsule. You can open the capsule and mix the contents with a small amount of soft food such as yogurt or jam. Make sure your child swallows it all straight away, without chewing.

When should the medicine start working?

The medicine will start to work within 30 - 60 minutes, depending on which type of tablet or capsule your child has.

What if my child is sick (vomits)?

- If your child is sick less than 30 minutes after having methylphenidate, give them the same dose again.
- If your child is sick more than 30 minutes after having methylphenidate, you **do not** need to give them another dose. Wait until the next normal dose.

If your child is sick again, seek advice from your family doctor, pharmacist or hospital.

What if I forget to give it?

Do not give the missed dose. Give the next dose as usual.



Never give a double dose of methylphenidate.

What if I give too much?



It may be dangerous to give too much methylphenidate.

If you think you may have given your child too much methylphenidate, contact your doctor or local NHS services (details at end of leaflet) or take your child to hospital. Take the medicine packaging with you, even if it is empty.

Are there any possible side-effects?

We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).

Side-effects you must do something about



Your child may become irritable, aggressive, tearful or depressed. These effects are temporary and reverse on stopping treatment. You should contact your doctor as soon as possible. If you are worried, do not give any more methylphenidate until you have talked to your doctor.



If your child can feel their heart beating much faster than normal (they may say it is racing), contact your doctor straight away.

Side-effects you must do something about continued

- Your child may have less appetite. It may help to give each dose of methylphenidate with or after a meal. If your child is taking Equasym XL check with your doctor or pharmacist before giving with a meal as it should usually be given before breakfast.
- Your child may lose weight during the first few months of treatment. If you are concerned, contact your doctor.
- Your child may feel dizzy or light-headed when they stand up, or may faint. Encourage them to stand up slowly, and to sit or lie down if they feel dizzy or light-headed. If this happens often, contact your doctor who may need to check your child's blood pressure.
- If your child is prone to tics (sudden muscle twitches of the face or body), methylphenidate may make these worse.

Other side-effects you need to know about

- Your child may get indigestion, stomach ache, feel sick (nausea) or be sick (vomit). Giving the medicine with some food or milk may help. If your child is taking Equasym XL, check with your doctor or pharmacist before giving it with food.
- Some children may get a dry mouth when they first start taking methylphenidate. Eating citrus fruits (e.g. oranges) and taking sips of water may help. This effect usually settles down quite quickly
- Your child may have a blocked nose more often whilst taking methylphenidate. Usually this does not need treatment and will get better on its own.
- Your child may have problems sleeping. This can be helped by taking the last dose of methylphenidate at least 6 hours before bedtime.
- They may get a mild headache or pain in their muscles or joints.
- Your child's hair may become thinner and some may fall out. It should grow back on stopping the medicine. If concerned, discuss it with your doctor at your next visit.
- Occasionally boys can get a prolonged erection while taking methylphenidate. Contact your doctor if an erection lasts for longer than 2 hours, especially if it is painful

There may sometimes be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor. You can report any suspected side-effects to a UK safety scheme at www.mhra.gov.uk/yellowcard

Can other medicines be given at the same time as methylphenidate?

- You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.
- Check with your doctor or pharmacist **before** giving any other medicines to your child. This includes herbal and complementary medicines.
- Methylphenidate should not be taken with some medicines. Tell your doctor or pharmacist about any other medicines your child is taking, or has taken in the last 2 weeks, **before** giving methylphenidate.

Is there anything else I need to know about this medicine?

- Methylphenidate may affect the growth of some children. Your doctor will monitor your child's growth.
- Your doctor will check your child's blood pressure regularly. Several brands of modified-release (XL) tablets and capsules are available, which may differ in the way the medicine is released into the body. If the pharmacist gives you a different brand, confirm with them that the new brand is equivalent to the old one. Keep a record of the brands and doses that your child has.
- Methylphenidate can affect the ability to do skilled tasks such as riding a bicycle, playing sports or driving. Your child should take care when doing tasks that require co-ordination until they get used to the medicine.
- If your daughter becomes pregnant or thinks she might be pregnant while taking this medicine, she should see her doctor as soon as possible but keep taking the medicine in the meantime.



General advice about medicines

- Only give this medicine to *your* child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.
 - If you are not sure a medicine is working, contact your doctor but continue to give the medicine as usual in the meantime. Do not give extra doses as you may do harm.
- If you think someone else may have taken the medicine by accident, contact your doctor straight away.
- Make sure that you always have enough medicine. Order a new prescription at least 2 weeks before you will run out.
 - Make sure that the medicine you have at home has not reached the "use by" date on the packaging. Give old medicines to your pharmacist to dispose of.



Where I should keep this medicine?

- Keep the medicine in a cupboard, away from heat and direct sunlight.
- Make sure that children cannot see or reach the medicine.
- Keep the medicine in the container it came in.

Who to contact for more information

Your child's doctor, pharmacist or nurse will be able to give you more information about methylphenidate and about other treatments for ADHD.

You can also get useful information from:

England: NHS 111 Tel 111 www.nhs.uk

Scotland: NHS 24 Tel 111 www.nhs24.scot

Wales: NHS Direct Tel 0845 4647 (2p per min) or 111 (free) www.nhsdirect.wales.nhs.uk

Northern Ireland: NI Direct www.nidirect.gov.uk

ADDISS (ADHD Information Services):

Tel 020 8952 2800 www.addiss.co.uk

www.medicinesforchildren.org.uk



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The primary source for the information in this leaflet is the British National Formulary for Children. For details on any other sources used for this leaflet, please contact us through our website, www.medicinesforchildren.org.uk. We take great care to make sure that the information in this leaflet is correct and up-to-date. However, medicines can be used in different ways for different patients. It is important that you ask the advice of your doctor or pharmacist if you are not sure about something. This leaflet is about the use of these medicines in the UK, and may not apply to other countries. The Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading this leaflet.