

Methylphenidate (say: me-thile-fenny-date)

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[®], Medikinet[®], Tranquilyn[®], Equasym[®]) and long-acting tablets and capsules (Concerta XL[®], Medikinet XL[®], Xenidate XL[®], Matoride[®], Xaggitin XL[®], Equasym XL[®])
- 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 that doesn't work or it has too many side effects, then switching to lisdexamfetamine means about half of those people get better (total of about 85%, or 3 in 4 people)
- ☞ There are other options after that e.g. other medicines and therapies.

What is the usual dose of methylphenidate?

- The usual dose of methylphenidate is around 30-40mg a day (depending on your weight) but it can often be much higher in adults e.g. up to 70mg a day or more
- Medikinet XL[®] can be up to 80mg a day.

How should I take methylphenidate?

- Swallow the tablets or capsules with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat
- For the liquid, shake the bottle, then carefully measure using a medicine spoon or oral syringe.

When should I take methylphenidate?

Plain tablets and liquid:

- Try to take them at regular times each day, but make sure the last dose is no 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 you to fall asleep:
 - Concerta XL[®], Xenidate[®] and Matoride[®] are usually taken before, with or after breakfast.
 - Medikinet XL[®] - usually morning, with or after breakfast. It's morning & lunchtime for adults.
 - Equasym XL[®] - take before breakfast.

How long will methylphenidate take to work?

- Usually within 1-2 hours of a dose
- The effect then builds over the next few weeks.

How long will I need to keep taking it for?

- Probably for several years and it works much better if taken regularly for at least 2 years

- It should be reviewed at least once a year by your specialist – how you feel on days when you don't have a dose is very helpful.

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 and how long to take them
- ☞ This will help you talk to your prescriber, nurse, pharmacist or other healthcare professional.

Is methylphenidate addictive and can I stop taking it suddenly?

- Methylphenidate is a stimulant drug
- At smaller doses, it can be stopped suddenly
- At higher doses, it is possible that 'withdrawal' effects might be seen. These would include extreme tiredness, rebound hyperactivity, increased appetite and depression
- If this happens then starting methylphenidate again would get rid of these effects
- When the time comes, you should come off it by a gradual drop in the dose over several weeks
- It normally works out much better stopping in a planned way at a time when your stress levels are lower, rather than e.g. around life events
- Discuss this with your prescriber, nurse or pharmacist.

- ☞ See our handy fact sheet on 'Coming off Medicines' The evidence shows that methylphenidate will not cause someone to take illicit drugs when they are older. In fact the opposite appears to be true because children will not try to self-medicate with illicit drugs to help their symptoms.

What should I do if I forget to take a dose of methylphenidate at the right time?

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

- ☞ If you often have problems remembering your doses (as many people do) ask your pharmacist, prescriber or nurse about this. There are some special packs, boxes and devices that can be used to help you remember.

Will it affect my other medication?

Methylphenidate has a few possible interactions with other medicines. The main ones include:

- Methylphenidate can increase the effect of phenytoin and tricyclics (e.g. lofepramine)

- There is no problem with the 'Contraceptive Pill'.

Please see the Patient Information Leaflet (PIL) for the full possible list. Not all of these interactions happen in everyone. Some of these medicines can still be used together but you will need to follow your prescriber's instructions carefully.

Will I need any blood or other tests if I am taking methylphenidate?

- Your height and weight needs to be checked at least every six months
- You will not need any blood tests because of it
- Your heart should be checked before starting.

What about getting pregnant?

- Discuss this with your health professional – we have 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 you find yourself pregnant unexpectedly see your health professional as soon as possible.

Can I drive or cycle while I am taking methylphenidate?

- You may feel a bit light-headed at first when taking methylphenidate
- Until you know that it is not affecting you, you should not cycle, drive or operate machines.

If you have ADHD, methylphenidate can help you concentrate and so you may actually be *less* likely to have an accident, **but only if you take it regularly.**
(for more details go to www.gov.uk/adhd-and-driving)
In the UK you are legal to drive as long as you take methylphenidate as prescribed by a prescriber and you are sure that it doesn't harm your driving.

What sort of side-effects might I get if I am taking 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 slower may help. If you think you 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
VERY COMMON (<i>more than about 1 in 10 people might get these</i>)		
Headache	Your head is pounding and painful.	Try paracetamol. Your pharmacist will be able to advise if this is safe to take with any other medicines you may be taking.
COMMON (<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 often wears off after a few weeks.
Nausea and vomiting	Feeling sick and being sick. Abdominal pain	If it is bad, contact your prescriber. It may be possible to adjust your 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. If not, discuss with your prescriber next time
Nasopharyngitis	Cough, sore nose and throat	This should wear off but see your prescriber if it doesn't wear off.
Dizziness	Feeling light-headed and faint	Do not stand up too quickly. Try and lie down when you feel it coming on. Do not drive or cycle.
Insomnia	Not being able to fall asleep at night	Discuss with your prescriber. A change in your dose may help. Make sure you take the dose early enough in the day.
Tachycardia	A pulse rate more than 120 beats per minute while you are resting.	If your pulse is over about 120 (i.e. not after exercise), you should mention this to your prescriber. It may be that you need a different dose or a beta-blocker to help slow it down.
Tell your prescriber if you get this side effect		
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 you have thoughts of harming yourself.

The small print: This leaflet is to help you understand more about your 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.

V07.10 [SRB 7-2020] ©2020 Mistura™ Enterprise Ltd (www.choiceandmedication.org). Choice and Medication™ indemnity applies only to licensed subscribing organisations and the personal use by that organisation's service users and carers. Use by non-subscribing organisations is prohibited