

## **ADHD Medication Contraindications and Drug Interactions**

### **Contraindications to Stimulants**

- Treatment with MAO inhibitors and for up to 14 days after discontinuation
- Glaucoma
- Advanced arteriosclerosis
- Untreated hyperthyroidism or thyroid dysfunction
- Known hypersensitivity or allergy to the products
- Moderate to severe hypertension (untreated)
- Pheochromocytoma
- Symptomatic cardiovascular disease or with potential to increase the risk of sudden cardiac death (e.g., coronary artery disease, structural heart disease, cardiomyopathy, history of arrhythmia).
- Acute psychiatric episodes of mania or psychosis

### **Contraindications to Atomoxetine (Strattera)**

- Treatment with MAO inhibitors and for up to 14 days after discontinuation
- Glaucoma (narrow angle)
- Advanced arteriosclerosis
- Untreated hyperthyroidism or thyroid dysfunction
- Known hypersensitivity or allergy to the products
- Moderate to severe hypertension (untreated)
- Pheochromocytoma
- Symptomatic cardiovascular disease or with potential to increase the risk of sudden cardiac death (e.g., coronary artery disease, structural heart disease, cardiomyopathy, history of arrhythmia).

### **Contraindications to Guanfacine XR (Intuniv XR)**

Known hypersensitivity or allergy to the products

Precautions are advised for those with a history of bradycardia, cardiovascular disease, heart block, hypotension, and syncope.

### **Main potential drug interactions for Psychostimulants**

- Monoamine oxidase inhibitors are contraindicated

- SSRIs and SNRIs – possible increased risk of serotonin syndrome
- TCAs – amphetamines and methylphenidate may interact with TCAs by different mechanisms
- Antipsychotics (e.g. chlorpromazine, fluphenazine) – may reduce the effect of amphetamines
- Anticonvulsants – methylphenidate may increase the level of phenytoin, primidone and phenobarbital
- Warfarin – methylphenidate may increase serum concentrations of warfarin

#### **Main potential drug interactions for Atomoxetine (Strattera)**

- Monoamine oxidase inhibitors are contraindicated.
- Inhibitors of CYP2D6 (e.g., paroxetine, fluoxetine, bupropion, quinidine) – may increase atomoxetine serum concentrations.
- Decongestants (e.g. pseudoephedrine) – possible increase in blood pressure and heart rate.
- QT prolonging agents (e.g. quetiapine, quinidine)- May affect QTc interval, consider alternatives.

#### **Main potential drug interactions for Guanfacine XR (Intuniv XR)**

- QT prolonging drugs (e.g. quetiapine, quinidine) – since Guanfacine XR may cause a decrease in heart rate, concomitant use with QT prolonging drugs is not recommended.
- Beta-blockers – may increase risk of rebound hypertensive effect if guanfacine XR is stopped abruptly.
- Anticonvulsants – Guanfacine XR may increase serum concentrations of valproic acid. Carbamazepine, phenobarbital and phenytoin may decrease serum concentrations of guanfacine XR through CYP3A4 induction.
- CYP3A4 inducers or inhibitors (e.g. rifampin, fluconazole, ritonavir) - Inducers may reduce serum concentrations of guanfacine XR
- CYP3A4 Inhibitors may increase serum concentrations of guanfacine XR.

Source: Canadian ADHD Practice Guidelines 4th Edition, 2018, [www.caddra.ca](http://www.caddra.ca)

### Selective Serotonin Reuptake Inhibitors (SSRIs) Dosing for Children and Adolescents

Name	FDA approval	Initial dose	Titration	Maximum dose
Fluoxetine (Prozac)	≥8 years old with depression  ≥7 years old with OCD	<12 years, 5 mg/day  ≥12 years, 10 mg/day	5 mg daily	40 mg/day
Sertraline (Zoloft)	≥6 years old with OCD	<12 years, 12.5 mg/day  ≥12 years, 25 mg/day	25 mg for <12  50 mg ≥12	200 mg/day
Fluvoxamine Luvox	≥8 years old with OCD	25 mg/day	25 mg (divide BID for doses >50 mg/day)	<12 years, 200 mg/day  ≥12 years, 300 mg/day
Citalopram (Celexa)		<12 years, 10 mg/day;  ≥12 years, 20 mg/day	<12 years, 5 mg; ≥12 years, 10 mg	40 mg daily
Escitalopram (Cipralext)	≥12 years old with depression	<12 years, 5 mg/day  ≥12 years, 10 mg/day	5 mg for <12  10 mg for ≥12	20 mg daily

## **Assessment Measures Available in Public Domain Free of Charge**

### Depression and Bipolar Disorders

#### **Center for Epidemiological Studies Depression Scale for Children (CES-DC)**

Designed for ages: 6-17

This is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Higher CES-DC scores indicate increasing levels of depression.

Available at:

[http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces\\_dc.pdf](http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf).

#### **Depression Self-Rating Scale for Children (DSRS)**

Designed for ages: 8-14

The DSRS is an 18-item self-report depression screening tool. It should take 5 to 10 minutes to complete this tool. Children who score 15 and over on the DSRS are significantly more likely to have a depressive diagnosis. This measure can be accessed at:

<http://www.scalesandmeasures.net/files/files/Birleson%20Self-Rating%20Scale%20for%20Child%20Depressive%20Disorder.pdf>

#### **Patient Health Questionnaire – 9 (PHQ-9)**

Designed for ages: 13 or older

The PHQ-9 is a 9-item measure developed for assessing and monitoring depression severity. Items are self-administered.

Scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe, and severe depression, respectively. Available at: <http://www.phqscreeners.com/>

#### **Child Mania Rating Scale-Parent Version (CMRS-P) New!**

Designed for ages: 5-17

The CMRS-P is 21-item parent-report measure designed to assess mania in youths ages 5-17. The CMRS-P may be used as a screening or diagnostic tool, and to monitor symptom changes over time. Available at: <http://www.dbsalliance.org/pdfs/ChildManiaSurvey.pdf>

## Anxiety

### **Self-Report for Childhood Anxiety Related Disorders (SCARED)**

Designed for ages: 8 and above

This measure is designed to screen for anxiety disorders.

It consists of 41 items that measure general anxiety, separation anxiety, social phobia, school phobia, and physical symptoms of anxiety. Both child self-report and parent report versions of SCARED are available at: [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments

### **Revised Children's Anxiety and Depression Scale (RCADS)**

Designed for grades 3 to 12

The RCADS is a 47-item designed to assess depression and anxiety in youth.

The subscales of the measure include: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder.

Both youth and parent versions of the measure are available in several languages.

Available at: User Guide: <http://www.childfirst.ucla.edu/RCADSGuide20110202.pdf>

Child version <http://www.childfirst.ucla.edu/RCADS%202009.pdf>

Parent version: <http://www.childfirst.ucla.edu/RCADS-P%202009.pdf>

### **Spence Children's Anxiety Scale (SCAS)**

Designed for ages: 7-18

The SCAS is a self-report measure of anxiety for children and adolescents.

The SCAS consists of 45 items (38 assessing anxiety, 7 items assessing social desirability).

The subscales include:

panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, fear of physical injury, and obsessions/compulsions.

Available at: [http://www.scaswebsite.com/index.php?p=1\\_6](http://www.scaswebsite.com/index.php?p=1_6)

### **Penn State Worry Questionnaire for Children (PSWQ-C) New!**

Designed for ages: 7-17

The PSWQ-C is a 14-item self-report questionnaire designed to assess worry in children and adolescents.

The PSWQ-C can be used as a screening tool. Total scores range from 0 to 42, with higher scores indicating greater tendency to worry. Available at: <http://www.childfirst.ucla.edu/resources.html>

### **Generalized Anxiety Disorder – 7 (GAD-7)**

Designed for youth ages: 13 and older

The GAD-7 is a 7-item anxiety measure developed after the PHQ. Items are self-administered and can be utilized in youth 13 years and older. Cut points of 5, 10, and 15 represent mild, moderate, and severe levels of anxiety. The screener is quick and user-friendly, improving the recognition rate of anxiety and facilitating diagnosis and treatment. Available at: <http://www.phqscreeners.com/>

Other Free Measures available from Center of School Mental Health at:

<http://csmh.umaryland.edu/>