

SUPPLEMENTARY TABLE 1

**ADHD pharmacological treatments**Summary of pharmacological treatments available in Canada for ADHD. Reproduced with permission from the Canadian ADHD Resource Alliance (CADDRA)<sup>21</sup>

Medications available	Characteristics	Duration of action <sup>1</sup>	Starting dose <sup>2</sup>	Dose titration as per product monograph	Dose titration (as per CADDRA)
<b>Amphetamine-based stimulants</b>					
Dexedrine tablets 5 mg	Pill can be crushed easily <sup>3</sup>	~4 hours	Tablets = 2.5-5 mg twice daily	↑ 2.5-5 mg at weekly intervals; Max. dose/day: (once or twice daily)	↑ 2.5-5 mg/day at weekly intervals; Max. dose/day (once or twice daily)
Dexedrine spansules 10, 15 mg	Spansule (not crushable)	~6-8 hours	Spansules = 10 mg once daily am	All ages = 40 mg	Children and adolescents = 20-30 mg Adults = 50 mg
Adderall XR capsules 5, 10, 15, 20, 25, 30 mg	Sprinkable granules	~12 hours	5-10 mg once daily am	↑ 5-10 mg at weekly intervals; Max. dose/day: Children = 30 mg Adolescents and adults = 20-30 mg	Children: ↑ 5 mg at weekly intervals; Max. dose/day = 30 mg Adolescents and adults: ↑ 5 mg at weekly intervals Max. dose/day = 50 mg
Vyvanse capsules 10, 20, 30, 40, 50, 60 mg	Capsule content can be diluted in water, orange juice and yoghurt	~13-14 hours	20-30 mg once daily am	↑ by clinical discretion at weekly intervals; Max. dose/day: All ages = 60 mg	↑ 10 mg at weekly intervals; Max. dose/day: Children = 60 mg Adolescents and adults = 70 mg
<b>Methylphenidate-based stimulants</b>					
Methylphenidate short-acting tablets 5 mg (generic)	Pill can be crushed easily <sup>3</sup>	~3-4 hours	5 mg twice to three times daily Adult = consider four times daily	↑ 5-10 mg at weekly intervals; Max. dose/day: All ages = 60 mg	↑ 5 mg at weekly intervals; Max. dose/day: Children and adolescents = 60 mg Adults = 100 mg
10, 20 mg (Ritalin)	Pill can be crushed easily <sup>3</sup>				
Biphentin capsules 10, 15, 20, 30, 40, 50, 60, 80 mg	Sprinkable granules	~10-12 hours	10-20 mg once daily am	↑ 10 mg at weekly intervals; Max. dose/day: Children and adolescents = 60 mg Adults = 80 mg	↑ 5-10 mg at weekly intervals; Max. dose/day: Children = 60 mg Adolescents and adults = 80 mg
Concerta extended-release tablets 18, 27, 25, 54 mg	Pill needs to be swallowed whole to keep delivery mechanism intact	~10-12 hours	18 mg once daily am	↑ 18 mg at weekly intervals; Max. dose/day: Children = 54 mg Adolescents = 54 mg Adults: 72 mg	↑ 9-18 mg at weekly intervals; Max. dose/day: Children = 72 mg Adolescents = 90 mg Adults = 108 mg
<b>Non-stimulant - selective noradrenaline reuptake inhibitor</b>					
Strattera (atomoxetine) capsules 10, 18, 25, 40, 60, 80, 100 mg	Capsule needs to be swallowed whole to reduce GI side-effects	Up to 24 hours	Children and adolescents: 0.5 mg/kg/day Adults = 40 mg once daily for 7-14 days	Maintain dose for a minimum of 7-14 days before adjusting; Children = 0.8 then 1.2 mg/kg/day 70 kg or adults = 60 then 80 mg/day Max. dose/day 1.4 mg/kg/day or 100 mg	Maintain dose for a minimum of 7-14 days before adjusting; Children = 0.8 then 1.2 mg/kg/day 70 kg or adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg
<b>Non-stimulant - selective alpha-2A adrenergic receptor agonist</b>					
Intuniv XR (guanfacine XR) extended-release tablets 1, 2, 3, 4 mg	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 hours	1 mg once daily (am or pm)	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly. Max. dose/day: monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to stimulants: 6-17 years = 4 mg	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly. Max. dose/day: monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to stimulants 6-17 years = 4 mg

For specific details on how to start, adjust and switch ADHA medications, clinicians are invited to refer to the Summary of Product Characteristics.

<sup>1</sup> Pharmacokinetic and pharmacodynamic response varies from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK and duration of effect.<sup>2</sup> Starting doses are from product monographs. CADDRA recommends generally starting with the lowest dose available.<sup>3</sup> Higher abuse potential.