

Non-Stimulant Medications for ADHD

What Parents Need to Know

Your child's doctor recommended a non-stimulant medication for ADHD. These medications work differently from stimulants and have their own strengths. This handout covers the key facts for each option so you know what to expect.

Why a Non-Stimulant?

Stimulants are the most effective ADHD medications for most children, but they are not the right fit for everyone. Your doctor may recommend a non-stimulant if stimulants caused unmanageable side effects, your child has severe anxiety or a substance use concern, your family prefers a non-controlled medication, or your child needs smooth 24-hour coverage. Non-stimulants have **no abuse potential** and are not controlled substances.

Atomoxetine (Strattera)

How it works: Raises the levels of key brain chemicals in the areas that control focus and impulse control. Unlike stimulants, it does not affect the brain's reward center, which is why it has zero addiction potential.

Key point: Atomoxetine takes time. Real improvement usually shows at 4 to 6 weeks, with full benefit at 3 to 6 months. The most common reason it "fails" is stopping too early.

- **Possible side effects:** May include nausea, tiredness, decreased appetite, and stomachache. Not every child gets these. Starting at a low dose and increasing slowly helps.
- **Biggest advantage:** Provides smooth, 24-hour coverage with no rebound or crash when it wears off. Also tends to help with anxiety alongside ADHD symptoms.
- **Safety note:** Carries the FDA's strongest safety warning for a small increase in suicidal thoughts in children (about 4 in 1,000 vs. 0 on placebo). No completed suicides occurred in studies. Watch for unusual mood changes, especially in the first few months.

Guanfacine XR (Intuniv) and Clonidine XR (Kapvay)

How they work: Originally blood pressure medications. They calm overactive signals in the brain's focus center. Guanfacine is more targeted with less drowsiness. Clonidine is more sedating, which can be useful at bedtime.

- **Possible side effects:** May include sleepiness (especially in the first 2 to 3 weeks, usually improves), lower blood pressure, and slower heart rate. Bedtime dosing helps manage drowsiness.

- **Often combined with stimulants:** Your child's doctor may add one of these to a stimulant to help with impulsivity, emotional outbursts, tics, or stimulant-related sleep problems.

Never Stop Suddenly

These medications must be tapered slowly. Stopping abruptly can cause a dangerous spike in blood pressure and heart rate. If doses are missed (e.g., forgotten on vacation), contact your child's doctor.

Viloxazine ER (Qelbree)

How it works: The newest non-stimulant (FDA approved 2021). Works on the same brain chemicals as atomoxetine but also affects mood pathways, which may help with managing emotions alongside attention.

- **Potentially faster onset:** Some children show improvement as early as 1 to 2 weeks, though full effect may still take longer. This is potentially faster than atomoxetine, but individual responses vary.
- **Possible side effects:** In children: may include sleepiness, decreased appetite, nausea. In teens and adults: insomnia and nausea are more common. Dosing time (morning vs. evening) may need adjusting based on whether it causes drowsiness or alertness.
- **Caffeine warning:** Viloxazine dramatically slows how the body processes caffeine. If your teen drinks coffee, energy drinks, or soda with caffeine, they need to cut back or the caffeine will build up and cause jitteriness, racing heart, and trouble sleeping.
- **Safety note:** Same strongest-level safety warning as atomoxetine for suicidal thoughts. Same monitoring applies.

What to Expect

Non-stimulants produce gradual improvement, not the dramatic same-day change that stimulants can provide. The most common reason non-stimulants "fail" is stopping too early. Atomoxetine needs at least 4 to 6 weeks, with full effect at 3 to 6 months. Expect visits every 2 to 4 weeks during dose adjustment. If frequent visits are hard, ask about phone or video check-ins.

One thing that helps: keep a simple weekly log of focus, mood, sleep, and appetite. Small changes add up and are easy to miss without a record. Compare week 6 to week 1, and you'll often see more progress than you realized.

Call Your Child's Doctor If You Notice:

Severe mood changes or any thoughts of self-harm (especially in the first few months). Yellowing skin or eyes, dark urine, or unusual stomach pain (rare liver concern with atomoxetine). Dizziness, fainting, or very slow heart rate (guanfacine/clonidine). Severe nausea or vomiting that does not improve.

Source: VeriPsych ADHD Clinical Education Series, Module 4: Non-Stimulant Pharmacotherapy. Full evidence base at veripsych.com.