

Caring for Your Child
Atomoxetine

What is Atomoxetine?

Atomoxetine is a non-stimulant medication approved by the FDA to treat ADHD. It is described as a selective norepinephrine reuptake inhibitor. Norepinephrine is a chemical in the brain that is important in controlling attention and impulsivity. Atomoxetine is often referred to by its brand name--Strattera.

How can Atomoxetine help?

Atomoxetine can help children to pay attention. Often, children who take Atomoxetine are less active and impulsive. Atomoxetine alone may not treat all of the problems that go along with ADHD. The medication may not stop your child from resisting routine, boring, or difficult tasks. Atomoxetine may not help with math or reading if your child has difficulty learning these skills. Many children with ADHD also need counseling and/or help with learning.

What does it mean that Atomoxetine is not a stimulant?

Atomoxetine works differently than stimulant medicines. Stimulants usually start working on the first day that your child takes them. Atomoxetine may take 1-2 weeks to start working and 4-6 weeks before it is working well. Because Atomoxetine is not a stimulant, it is not a controlled substance. This does not mean that it is safer for your child, but that it is less likely to be abused by others. Your doctor can provide refills for this medicine.

How long does it take to find the right dose?

Your doctor will probably start your child on a low dose of the medicine for about a week and then increase the dose to the level that works for most children. It may take 4-6 weeks to know if this dose is working well for your child. Sometimes further changes in the dose may be needed.

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What side effects does Atomoxetine have?

Common side effects that often decrease over time include:

- Stomachaches/Nausea (Atomoxetine should always be taken with food to minimize this side effect.)
- Drowsiness
- Decreased appetite/weight loss/decreased growth
- Dizziness
- Increased blood pressure and heart rate

Adults treated with Atomoxetine sometimes have sleep problems and decreased interest in sex.

Although rare, potentially serious side effects include:

- Thinking about suicide
- Increased activity, restlessness, irritability, and/or aggression
- Damage to the liver (If the white part of your child's eyes looks yellow, stop the medication and contact your doctor immediately)

The above lists do not include every possible side effect. If you think your child is experiencing a side effect not on one of these lists you should discuss it with your child's doctor.

Warnings about Atomoxetine

Children with heart disease may be at increased risk of fatal irregular heart rhythms on atomoxetine. If your child has a heart disease you should discuss the risks of the medication with his heart doctor before starting the medication. If your child has had fainting spells, chest pain with exercise, feelings of an irregular heart beat or heart rate, seizures, or rheumatic fever you should discuss these with the doctor before starting medication. If there is a history of sudden unexplained death in a family member under age 50, or if a family member has heart disease, you should discuss this with the doctor.

Painful and long lasting erections have occurred with atomoxetine. If this occurs, immediately tell your doctor.

Q: Should medication be taken only when my child goes to school?

A: No. To be most effective this medication needs to be taken every day.

Q: Are there medications my child should not take when on Atomoxetine?

A: This medication can have interactions with a number of other medications. You should discuss all medications and herbal supplements your child is taking with the doctor before starting Atomoxetine.

Q: Is it safe to stop the medication?

A: If you are concerned your child is having a serious side effect you may stop the atomoxetine, but in most cases your doctor would prefer to decrease the dose slowly if your child has been on the medicine for more than a few weeks. If you are thinking of stopping the medicine or do stop the medicine you should discuss this with your child's doctor.

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