

## Managing Common Stimulant Side Effects

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### Core Principles

- Most stimulant side effects are dose-related and predictable
- Side effects often reflect timing or formulation rather than medication failure
- The goal is to preserve benefit while improving tolerability
- Make one adjustment at a time

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### Common Stimulant Side Effects

Side Effect	Common Interpretation	First Adjustment to Consider
<b>Appetite suppression</b>	Expected stimulant effect	Adjust timing; nutrition strategies
<b>Insomnia</b>	Dose too high or late-day coverage	Earlier dosing; lower dose
<b>Anxiety</b>	Dose too high or class sensitivity	Reduce dose; switch class
<b>Irritability</b>	Overstimulation or rebound	Adjust timing; reduce dose
<b>Emotional blunting</b>	Overmedication	Reduce dose; switch class
<b>Headache</b>	Early or transient effect	Reassure; hydrate; observe
<b>GI upset</b>	Transient stimulant effect	Take with food; observe
<b>Increased HR or BP</b>	Sympathomimetic effect	Monitor; dose reduction

*Pearl: Side effects that emerge early or late in the dosing window often respond best to timing adjustments.*

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### When to Switch Strategies

- Side effects persist despite dose reduction
- Benefits disappear at tolerable doses
- Anxiety or emotional symptoms worsen despite adjustments
- Switch stimulant class before abandoning stimulants
- Consider non-stimulants if side effects remain limiting

## Appetite Suppression: Practical Management

- Appetite suppression is common and expected
- It does not usually indicate medication intolerance
- Weight loss risk is highest early in treatment

### Practical Strategies

- Encourage a large, protein-rich breakfast before dosing
- Plan calorie-dense evening meals when medication effect wanes
- Use snacks between dose effects rather than during peak action
- Monitor weight trends rather than single measurements

**Key Point:** *Appetite suppression is usually a timing issue, not medication intolerance.*

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## Rebound (Wear-Off) Symptoms

- Transient worsening of ADHD symptoms, irritability, or mood as medication wears off
- Often predictable and time-linked
- Not withdrawal, addiction, or medication harm
- Reported more commonly with amphetamines than methylphenidate in some patients
- Likely reflects greater peak-trough contrast

**Clinical Pearl:** *Rebound can occur at both too-low and too-high doses—context matters.*

## Managing Rebound

- Confirm symptoms consistently coincide with medication wear-off
- Add a small IR booster dose from the same class in afternoon before expected offset
- Lower dose if peak effects are too strong and offset is abrupt
- Switch formulation to smoother or longer-acting option
- Switch stimulant class if rebound remains prominent

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## Bottom Line

- Most stimulant side effects are manageable
- Dose and timing adjustments solve most problems