
ATOMOXETINE (Strattera) Fact Sheet [G]

Bottom Line:

Atomoxetine is a non-stimulant ADHD treatment that carries no abuse potential, causes less insomnia and anxiety, and is unlikely to worsen tics. Unfortunately, it is generally less effective than stimulants and takes longer to work (two to four weeks).

FDA Indications:

ADHD (adults and children ≥ 6 years).

Off-Label Uses:

Treatment-resistant depression.

Dosage Forms:

Capsules (G): 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg.

Dosage Guidance:

- Start 40 mg QAM for three days, \uparrow to 80 mg QAM; may \uparrow to 100 mg/day after two to four weeks if needed (max 100 mg/day); may divide doses >40 mg/day (morning and late afternoon/early evening).
- Special dosing for children <70 kg: Start 0.5 mg/kg QAM for three days, \uparrow to 1.2 mg/kg QAM; may \uparrow to max 1.4 mg/kg/day or 100 mg/day (whichever is less) after two to four weeks if needed; may divide doses >0.5 mg/kg/day.

Monitoring: Baseline LFTs; follow up if signs of liver disease.

Cost: \$

Side Effects:

- Most common: *Children:* Headache, abdominal pain, decreased appetite, fatigue, nausea, vomiting. *Adults:* Nausea, dry mouth, decreased appetite, insomnia, constipation, fatigue, erectile dysfunction, abdominal pain, dizziness, urinary hesitation.
- Serious but rare: Class warning for suicidal ideation in children and teens. Severe hepatic injury including increased hepatic enzymes (up to 40 times normal) and jaundice (bilirubin up to 12 times upper limit of normal). Increased blood pressure (\uparrow 15–20 mmHg) and heart rate (\uparrow 20 bpm).
- Pregnancy/breastfeeding: Limited but reassuring data in pregnancy; minimal data in breastfeeding.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Selective norepinephrine reuptake inhibitor (NRI).
- Metabolized primarily via CYP2D6; $t_{1/2}$: 5 hours.
- Avoid use with MAOIs. Exercise caution with 2D6 inhibitors such as fluoxetine, paroxetine, and quinidine (increased atomoxetine serum levels); use slower titration and do not exceed 80 mg/day in presence of 2D6 inhibitors or in 2D6 poor metabolizers.

Clinical Pearls:

- QAM and BID dosing are equally effective, but BID dosing has better GI tolerability. Can also be dosed at bedtime if it causes fatigue.
- Appears to be more effective in improving attention than in controlling hyperactivity.

Fun Fact:

Atomoxetine was originally known as “tomoxetine”; however, the FDA requested that the name be changed because the similarity to “tamoxifen” could lead to dispensing errors.