

STRATTERA

<p>Company: Lilly</p> <p>Pharmacologic Class: Selective norepinephrine reuptake inhibitor</p> <p>Active ingredient: Atomoxetine HCl 10mg, 18mg, 25mg, 40mg, 60mg; caps</p> <p>Indication: Attention deficit hyperactivity disorder (ADHD).</p> <p>Pharmacology: The mechanism by which atomoxetine produces its therapeutic effects in ADHD has not been fully elucidated; it is thought to be related to selective inhibition of the pre-synaptic norepinephrine transporter.</p> <p>Atomoxetine is the first FDA-approved treatment for ADHD that is not a controlled drug. In an abuse potential study in adults, it was not associated with stimulant or euphoric effects. Clinical study data showed only isolated incidents of drug diversion or inappropriate self administration and there was no evidence of symptom rebound or withdrawal symptoms.</p> <p>The safety and efficacy of combination therapy with other agents for the treatment of ADHD is not known.</p> <p>Clinical trials: The effectiveness of atomoxetine in the treatment of ADHD in pediatric patients 6 to 18 years of age was established in four randomized, double-blind, placebo-controlled studies. In all four studies, patients who received atomoxetine, either as a single daily dose or as evenly divided doses, showed statistically significant improvements in ADHD symptoms compared to placebo.</p> <p>The effectiveness of atomoxetine in the treatment of ADHD in adults 18 years of age and older was established in two studies. In both studies, patients receiving atomoxetine showed statistically significant improvements in ADHD symptoms compared to placebo.</p>	<p style="text-align: center;"><i>Strattera</i></p> <hr/> <p>Adults and Children: Swallow whole. Give once daily in the AM, or in 2 evenly divided doses (in AM and late afternoon/early PM). <6 years: not recommended. ≥6 years (<=70kg): initially 0.5mg/kg per day; increase after at least 3 days to 1.2mg/kg per day; max 1.4mg/kg or 100mg per day (whichever is less); (>70kg): initially 40mg/day; increase after at least 3 days to 80mg/day, then after 2ñ4 weeks may increase to max 100mg/day. Concomitant potent CYP2D6 inhibitors: titrate above initial dose at 4-week intervals and only if needed. Hepatic insufficiency (moderate): reduce dose by 50%; (severe): reduce dose by 75%. May discontinue without tapering.</p> <p>Contraindications: During or within 14 days of MAOIs. Narrow angle glaucoma.</p> <p>Precautions: Hypertension. Tachycardia. Cardio- or cerebrovascular disease. Poor metabolizers (CYP2D6). Hepatic insufficiency. Monitor growth, and BP/pulse (esp. at baseline and after dose increases). Reevaluate periodically. Labor & delivery. Pregnancy (Cat.C). Nursing mothers.</p> <p>Interactions: MAOIs: see Contraindications. May be potentiated by CYP2D6 inhibitors (eg, paroxetine, fluoxetine, quinidine). Increased cardiovascular effects with albuterol, pressor agents.</p> <p>Adverse Reactions: GI upset, fatigue, decreased appetite, weight loss, dizziness, mood swings, tachycardia, hypertension, orthostatic hypotension, mydriasis. Adults also: dry mouth, insomnia, sexual dysfunction, urinary hesitation/retention, dysmenorrhea.</p> <p>How Supplied: Capsó30</p>
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