



Dexedrine/Dexedrine Spansules (dextroamphetamine)

Generic name: Dextroamphetamine

Available strengths: 5 mg, 10 mg immediate-release tablets;

5 mg, 10 mg, 15 mg sustained-release capsules

(Dexedrine Spansules)

Available in generic: Yes

Drug class: Stimulant

General Information

Dexedrine (dextroamphetamine) and **Dexedrine Spansules (dextroamphetamine sustained-release capsules)** are psychostimulants, or better known as stimulants. Dexedrine is used primarily in treating **attention-deficit/hyperactivity disorder (ADHD)** and **narcolepsy**, a condition characterized by daytime somnolence in which the patient periodically falls into a deep sleep during the day. Narcolepsy is a disorder of the sleep-wake control mechanisms within the brain that interferes with both daytime wakefulness and nighttime sleep.

The use of a medication for its approved indication is called its *labeled use*. In clinical practice, however, physicians often prescribe medications for *unlabeled* (“off-label”) uses when published clinical studies, case reports, or their own clinical experiences support the efficacy and safety of these medications for these unapproved indications. Dexedrine is often used to augment antidepressants in treating refractory depression. For patients with chronic treatment-resistant depression, for example, Dexedrine in combination with antidepressants can provide symptomatic relief and improvement beyond that experienced with antidepressants alone.

In numerous clinical studies and decades of clinical experience, Dexedrine has clearly demonstrated improvement in outcome for children with ADHD. Dexedrine increases the child’s ability to concentrate, extends attention span, and decreases hyperactivity. Adults with ADHD also benefit from therapy with Dexedrine. Dexedrine helps them concentrate and remain focused on their tasks, increases their attention span, and decreases impulsivity and hyperactivity.

Dosing Information

Dexedrine is available in immediate-release tablets and sustained-release capsules (Spansules). For adults, the recommended starting dosage for Dexedrine is 5 mg twice a day. The dosage is adjusted based on the individ-

ual's response. The usual therapeutic dosage range is between 10 mg/day and 40 mg/day, administered two times daily. Dexedrine may be converted to once-daily dosing with an equivalent dosage of Dexedrine Spanules. The capsules should be swallowed whole and not chewed or crushed.

Common Side Effects

The common side effects associated with taking Dexedrine are rapid heart rate, palpitations, nervousness, restlessness, insomnia, dry mouth, constipation, nausea, diarrhea, loss of appetite, weight loss, and elevation of blood pressure.

Adverse Reactions and Precautions

Dexedrine has a high potential for abuse. Individuals with a history of alcohol and substance abuse may be at risk for abusing stimulants. Individuals who abuse Dexedrine develop tolerance and psychological dependence that may result in addiction. With long-term abuse of Dexedrine and the resulting sleepless nights, the individual may develop psychotic symptoms.

Dexedrine may increase blood pressure. Individuals with a history of high blood pressure or heart disease should be cautious about taking Dexedrine because it can exacerbate these conditions. Uncontrolled high blood pressure can have serious consequences, including stroke and heart attacks. Patients taking Dexedrine should routinely check their blood pressure.

Individuals with a history of seizure disorder should be cautious while taking Dexedrine because it can lower the seizure threshold.

In children and adolescents who are still in their growth period, Dexedrine can suppress linear growth. Physicians commonly interrupt treatment, if possible, on weekends and holidays, when children are not in school, for growth catch-up. Children and adolescents taking Dexedrine require close monitoring for growth suppression and periodic measuring of their height. This effect is not a concern in the adult population.

Dexedrine may make tics worse in individuals with a tic disorder (i.e., twitching of a muscle group, especially in the face).

Dexedrine should be avoided, or used with caution, by patients with a diagnosis of schizophrenia or bipolar disorder. Stimulants are frequently abused in this population, and high doses of Dexedrine may trigger psychosis and mania.

Possible Drug Interactions

Dexedrine should not be taken in combination with a group of antidepressants known as **monoamine oxidase inhibitors**. The combination may precipitate increases in blood pressure. This and other significant drug interactions reported with Dexedrine are summarized in the table below.

Ismelin (guanethidine)	The antihypertensive effects of Ismelin (i.e., lowering of blood pressure) may be decreased when combined with Dexedrine.
Monoamine oxidase inhibitors (MAOIs)	MAOI antidepressants (e.g., Parnate) should not be taken with Dexedrine; the combination may precipitate dangerous elevation of blood pressure.

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Selective serotonin reuptake inhibitors (SSRIs)	Dexedrine and other stimulants may elevate the blood levels of SSRI antidepressants (e.g., Paxil, Prozac) and enhance their effects.
Weight-loss medications	Weight-loss medications, prescription and non-prescription, should not be taken with stimulants. Excess stimulation may cause agitation, irritability, insomnia, and other adverse reactions.

Use in Pregnancy and Breastfeeding: Pregnancy Category C

Dexedrine has not been tested in women to determine its safety in pregnancy. The effects of the medication on the developing fetus in pregnant women are unknown. Women who are pregnant or may become pregnant should discuss this with their physician.

Nursing mothers should not take any stimulant, because small amounts will pass into breast milk and be ingested by the baby. If stopping the stimulant is not an alternative, breastfeeding should not be started or should be discontinued.

Overdose

The severity of acute Dexedrine overdose depends on the amount ingested. The individual may experience a progression of the following symptoms from an acute overdose: restlessness, agitation, irritability, insomnia, hyperactivity, confusion, elevated blood pressure, rapid heart rate, delirium, hallucinations, irregular heart beat, convulsions, coma, circulatory collapse, and death.

Any suspected overdose should be treated as an emergency. The person should be taken to the emergency department for observation and treatment. The prescription bottle of medication (and any other medication suspected in the overdose) should be brought as well, because the information on the prescription label can be helpful to the treating physician in determining the number of pills ingested.

Special Considerations

- To avoid insomnia, the last daily dose of Dexedrine should not be taken late in the evening. Dexedrine Spansules should be taken once a day in the morning.
- Dexedrine may be taken with or without food.
- Do not take more than instructed by your physician.
- If Dexedrine causes pronounced nervousness, restlessness, insomnia, loss of appetite, or weight loss, notify your physician.
- If you miss a dose, take it as soon as possible. If it is close to the next scheduled dose, skip the missed dose and resume your regular dosing schedule, but do not take double doses. If you missed your dose of Dexedrine Spansules in the morning and it is late in the evening, skip the dose and continue your regular dosing schedule the next morning.
- Do not chew or crush Dexedrine capsules; swallow them whole. Take with a full glass of water to help swallow the medication.
- Store the medication in its originally labeled, light-resistant container, away from heat and moisture. Heat and moisture may precipitate breakdown of the medication.
- Keep your medication out of reach of children.

If you have any questions about your medication, consult your physician or pharmacist.

