

Adderall

Amphetamine / dextroamphetamine • IR and XR

A stimulant that may help attention and follow-through. The goal is better function, not feeling wired.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

TAKE ONLY YOUR PRESCRIBED DOSE

IR AND XR HAVE DIFFERENT SCHEDULES

Mixed amphetamine salts • Schedule II controlled medicine •
Mydayis has separate dosing instructions.

What it is used for

IR tablets and XR capsules treat ADHD. IR also treats narcolepsy; that approval does not apply to XR. Ask which condition your prescription targets.

Mydayis contains the same mixed salts but releases them differently. Do not swap products or doses yourself.

How it works

It increases the activity of dopamine and norepinephrine, brain messengers involved in attention and staying on task.

Taking extra or using it differently can cause addiction, overdose or death. Feeling stimulated is not the treatment goal.

What to expect over time

THE FIRST DAY

Benefit and side effects may begin within about an hour.

THE FIRST FEW WEEKS

Your team adjusts timing and dose using your day-to-day experience.

THE RIGHT FIT

Tasks are easier without unacceptable sleep, appetite or mood changes.

Taking your medication

Follow your bottle's schedule. XR is taken once on waking; IR may have additional prescribed doses 4–6 hours apart. Avoid late doses.

Swallow XR whole, or sprinkle all capsule contents on applesauce and swallow immediately without chewing. Do not crush, divide the contents or save the mixture.

IR/XR may be taken with or without food. Keep meals regular. Never take extra, share it or use it to stay awake beyond your prescribed plan.

When to get help

Call 911: chest pain, fainting, severe trouble breathing, stroke symptoms, seizure or severe allergy. Fever with confusion, agitation or rigid/twitching muscles can be an emergency.

Get urgent advice: new hallucinations, paranoia or manic symptoms; do not take more while seeking care. Report finger/toe color changes or sores. A painful or over-4-hour erection needs emergency care.

Possible overdose? Call Poison Control now: 1-800-222-1222. Do not wait for symptoms. Call 911 if severe symptoms occur or you cannot stay safe.

Early side effects

Reduced appetite, trouble sleeping, dry mouth, headache, nausea or jitteriness can occur. Tell your team about persistent anxiety, irritability or feeling flat.

Other effects to discuss

Report weight loss, a hard evening crash, teeth grinding, sexual changes or new tics. Pulse/BP can rise; children need height and weight checks.

What to keep track of

Track focus, sleep, appetite, weight and mood. Your team checks BP/pulse, growth when relevant, and ongoing benefit.

Before you start

Discuss heart problems, fainting, family sudden death, high BP, thyroid or eye disease, seizures, tics, bipolar disorder/psychosis, eating concerns and kidney/liver disease. Share your substance-use history and all medicines. Discuss pregnancy/nursing. Avoid driving until you know how the medicine affects you; tell imaging staff you take it.

Medicines & interactions

MAOIs: do not combine

Do not take it during or within 14 days after an MAOI, including linezolid or IV methylene blue. Any switch needs a clinician's specific timing plan.

Antidepressants and other medicines

SSRIs/SNRIs, tramadol, triptans and St. John's wort can increase serotonin-syndrome risk. Fluoxetine, paroxetine and bupropion can also raise exposure. Check combinations first.

Cold remedies, antacids and supplements

Decongestants/other stimulants can raise BP and pulse. Antacids, baking soda, acid-reducing drugs and high-dose vitamin C can change effects. Do not use them to adjust your dose.

Alcohol and caffeine

Avoid alcohol until you have discussed it with your team; feeling alert does not mean you are unimpaired. Limit excess caffeine/energy drinks. Review blood-pressure medicines too.

Everyday tips

Eat breakfast and plan meals even when appetite is lower.

Use reminders, routines, therapy skills and accommodations.

Keep a sleep schedule; do not chase fatigue with extra doses.

Plan appointments and prescriptions before you run out.

Your questions, answered

What if I miss a dose?

If you miss the morning XR/Mydayis dose, skip it and resume the next morning. For IR, follow your pharmacist's missed-dose plan; avoid late catch-up doses. Never double.

Will it change my personality?

It should support your goals. Feeling unlike yourself, flat, irritable or overly driven needs a conversation about the dose or treatment—not something you have to tolerate.

Can I stop or become dependent?

Physical dependence can occur even with prescribed use; it is different from addiction. Plan stopping with your team. Fatigue and low mood can follow; severe depression or suicidal thoughts need urgent help.

What about pregnancy or breastfeeding?

Make a plan with your prescriber and obstetric team rather than stopping alone. Labels advise against breastfeeding; individual risks and benefits need specialist discussion. Report infant feeding, sleep or growth concerns.

Storage & safety

Keep locked away from children, pets and others, in the original container at room temperature away from heat, moisture and light. Never share. Use a pharmacy medicine take-back program for unused doses.

A final reminder

Follow your own prescribed plan.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=aff45863-ffe1-4d4f-8acf-c7081512a6c0>
 2. <https://medlineplus.gov/druginfo/meds/a601234.html>
 3. <https://mothertobaby.org/fact-sheets/dextroamphetamine-amphetamine-adderall/>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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