

Clonidine

Kapvay (ER) / Catapres (IR) / Catapres-TTS (patch)

A nonstimulant that can help ADHD or lower blood pressure. Take it consistently; stopping suddenly can be dangerous.

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

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

DO NOT STOP SUDDENLY

IR: 0.1, 0.2, 0.3 mg • ER TABLETS: 0.1 mg

Your formulation matters • Not a controlled medicine • The weekly patch has separate directions.

What it is used for

ER tablets treat ADHD in children and teens, alone or with a stimulant. Adult ADHD use is off-label. IR tablets and patches treat high blood pressure.

It is sometimes prescribed off-label for tics or other symptoms. Ask what your treatment should improve; sleepiness alone is not the goal.

How it works

It turns down part of the nervous system that keeps the body on alert. Blood pressure and pulse may fall, and you may feel sleepy.

It also affects brain signaling involved in attention and impulse control. ADHD improvement usually builds over several weeks.

What to expect over time

THE FIRST FEW DAYS

Drowsiness, dry mouth or dizziness may appear. Stand up slowly and keep safety check-ins.

AS THE DOSE CHANGES

Your team checks blood pressure, pulse and side effects. Increase only as prescribed.

THE NEXT FEW WEEKS

Review focus, behavior or your agreed goal. Report feeling too sleepy or unlike yourself.

Taking your medication

Follow your exact bottle directions. ER often starts at bedtime, then uses morning/bedtime doses. Do not swap IR, ER or patches yourself.

Take tablets with or without food. Swallow ER whole; never cut, crush or chew. Ask before changing dose or timing.

Refill early. If vomiting or running out could interrupt treatment, contact your team promptly. Never double to catch up.

When to get help

Call 911: collapse, trouble breathing, seizure, severe allergy, chest pain or stroke symptoms. Suspected overdose? Call Poison Control: 1-800-222-1222 immediately.

Get urgent advice: fainting, marked dizziness or an unusually slow pulse. Avoid driving while sleepy or dizzy.

After missed/stopped doses: severe headache, racing heart or chest tightness may mean rebound high blood pressure. Seek urgent care; do not self-adjust.

Early side effects

Sleepiness, fatigue, dry mouth, dizziness, constipation or headache can occur. Fluids and fiber may help when appropriate. Avoid overheating and dehydration.

Other effects to discuss

Report ongoing low energy, mood or sexual changes, dry eyes, appetite changes or patch rash. Do not assume persistent problems are something to tolerate.

What to keep track of

Keep BP/pulse checks at the start, after dose changes and regularly. Track sleep, mood and daily function.

Before you start

Tell your team about fainting, low BP, a slow pulse, heart rhythm problems, stroke, kidney disease, falls or any clonidine/patch allergy. Review every medicine and supplement. Blood tests and an ECG are not routine for everyone; your history may make them necessary.

Medicines & interactions

Beta-blockers and heart medicines

Propranolol, metoprolol, digoxin, verapamil and diltiazem can slow the heart further. Stopping order matters: never stop either medicine without a coordinated plan.

Sedatives and alcohol

Avoid alcohol. Opioids, benzodiazepines, sleep medicines and sedating allergy pills can add dangerous drowsiness. Check combinations with your pharmacist.

Other BP or psychiatric medicines

Blood-pressure medicines and some antipsychotics can worsen dizziness or low BP. Older tricyclic antidepressants can weaken clonidine's BP effect.

Other clonidine products

A tablet and a patch may accidentally duplicate treatment. Confirm the full plan before adding, replacing or removing either.

Everyday tips

Use a daily reminder and keep a refill buffer.

Keep regular meals, fluids and a sleep routine.

Use ADHD or tic supports alongside medicine.

Carry a medicine list, including any skin patch.

Your questions, answered

What if I miss a dose?

For ER tablets, skip it and take the next scheduled dose. Never double. IR instructions differ: check your pharmacy label. Call after repeated misses or vomiting; do not restart a higher dose yourself.

Can I stop once I feel better?

Plan a gradual reduction with your prescriber. Physical withdrawal can happen even though this is not a controlled drug. Report feeling overly slowed or emotionally flat rather than stopping suddenly.

What if I use a patch?

Replace weekly as directed; the supplied cover has no medicine. Follow the patch leaflet for skin care and loose patches. Tell MRI, surgery and emergency teams: it must be removed before MRI or electrical heart treatment, with a treatment plan.

Pregnant or breastfeeding?

Discuss an individual plan; do not stop suddenly. A newborn or nursing baby may need monitoring. Get help for unusual sleepiness, poor feeding, limpness or breathing changes; mention reduced milk supply.

Storage & safety

Lock away tablets and new/used patches from children and pets. Even small amounts can poison a child. Fold used patches sticky sides together and follow pharmacy disposal advice. Never share medicine.

A final reminder

Follow your 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/lookup.cfm?setid=99485427-a120-4fc7-bb61-25857d1900ec>
 2. <https://www.dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=dffb5fdd-06c0-4275-9f89-9e12b3adf8a9&type=display>
 3. https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/018891Orig1s034lbl.pdf
-

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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC