

Dextroamphetamine

Dexedrine Spansule / Zenzedi • Oral forms

A stimulant used for ADHD or narcolepsy. The goal is better function and safer wakefulness—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 AS PRESCRIBED

THIS SHEET COVERS TABLETS AND CAPSULES

Schedule II medicine • The Xelstryl skin patch has different instructions. Ask for its separate guide.

What it is used for

Oral products treat narcolepsy and childhood ADHD. Adult oral ADHD treatment is off-label: clinicians may prescribe it, but these products lack that FDA indication.

Ask what your medicine treats. Keep your sleep routine, ADHD supports or narcolepsy safety plan.

How it works

It increases dopamine and norepinephrine activity, which can support attention, impulse control and wakefulness.

It is not the same formulation as Adderall or Vyvanse. Taking extra or using it differently can cause addiction, overdose or death.

What to expect over time

THE FIRST DAY

Some benefit may appear with the first dose; timing varies.

THE FIRST FEW WEEKS

Your team checks function, sleep and appetite before dose changes.

THE RIGHT FIT

Coverage matches your day without unacceptable mood or physical effects.

Taking your medication

Follow your bottle's schedule. Take the first dose on waking; extra prescribed IR doses are usually 4–6 hours apart. Avoid late doses.

Swallow Spansule capsules whole—do not crush or chew them. Do not copy another stimulant's sprinkle instructions. Oral forms may be taken with or without food.

Do not swap products or doses yourself. Never take extra for a longer shift, studying or an energy boost, and never share it.

When to get help

Call 911: chest pain, fainting, severe breathing trouble, stroke symptoms, seizure or severe allergy. Fever with confusion and stiff/twitching muscles may be serotonin syndrome.

Get urgent advice: new hallucinations, paranoia or manic symptoms; do not take more while seeking care. Report finger/toe sores or color changes. Severe belly pain or a painful/prolonged erection needs urgent care.

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

Early side effects

Less appetite, dry mouth, headache, stomach upset, jitteriness or trouble sleeping can occur. Report persistent anxiety or irritability.

Other effects to discuss

Report weight loss, evening crashes, sexual changes, new tics or feeling flat. BP/pulse can rise; children need height and weight checks.

What to keep track of

Track benefit, sleep, appetite and mood. For narcolepsy, keep track of sleep attacks and follow your team's driving restrictions.

Before you start

Discuss heart disease, fainting, family sudden death, high BP, thyroid/eye problems, seizures, tics, bipolar disorder/psychosis, eating concerns, kidney/liver disease and pregnancy/nursing. Share all medicines and substance use. Tell laboratory staff you take it. Do not drive if sleepy or affected by side effects.

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 your clinician's timing plan.

Antidepressants and other medicines

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

Cold remedies, antacids and supplements

Decongestants and stimulants can raise pulse/BP. Antacids, baking soda, vitamin C and acid reducers can alter effects. Check first; do not use them to adjust the dose.

Alcohol and caffeine

Discuss alcohol with your team; feeling alert does not mean unimpaired. Limit excess caffeine/energy drinks. Review blood-pressure medicines too.

Everyday tips

Eat breakfast and plan meals even when less hungry.

Use routines, reminders and practical ADHD supports.

Keep a sleep schedule; do not replace sleep with extra doses.

Use hydration/oral care for dry mouth; keep follow-up visits.

Your questions, answered

What if I miss a dose?

Never double. Skip it if the next dose is near; avoid late catch-up doses. Ask your pharmacist for a missed-dose plan for your specific product.

Will it change my personality?

It should help your goals. Feeling unlike yourself, flat, irritable or overly driven deserves a dose or treatment review.

Can I stop or become dependent?

Physical dependence can occur even with prescribed use and differs from addiction. Plan stopping with your team. Fatigue, low mood and returning symptoms may follow; severe depression needs urgent help.

What about pregnancy or nursing?

Contact your prescriber and pregnancy team to make a plan, rather than stopping alone. Labels advise against breastfeeding; an individual specialist discussion can weigh treatment and feeding options.

Storage & safety

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

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/drugInfo.cfm?setid=cc717b9b-22ea-4c60-a1d4-ee38a40bce78>
 2. <https://medlineplus.gov/druginfo/meds/a605027.html>
 3. <https://mothertobaby.org/fact-sheets/dextroamphetamine-pregnancy/>
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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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