

Lisdexamfetamine

Vyvanse • Capsules or chewable tablets

A once-daily medicine for ADHD or binge-eating disorder. The aim is a more manageable day—not a stimulant rush.

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

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

ONCE DAILY, IN THE MORNING

CAPSULES OR CHEWABLES • FOLLOW YOUR BOTTLE

Schedule II medicine • Take only as prescribed. Do not use for weight loss or share with anyone.

What it is used for

Treats ADHD from age 6 and moderate-to-severe binge-eating disorder in adults. It is not for weight loss or ordinary overeating.

Keep your ADHD supports or eating-disorder care. Ask which condition your team is treating.

How it works

Your blood converts absorbed medicine into dextroamphetamine and L-lysine. The active drug changes dopamine and norepinephrine signaling.

Conversion gives a longer effect, but does not prevent misuse, addiction or overdose. Never take extra.

What to expect over time

THE FIRST DOSES

Benefit may begin the first day. Timing and duration vary.

THE FIRST FEW WEEKS

Your team adjusts the dose while checking benefit, sleep and appetite.

THE RIGHT FIT

Look for better daily function or fewer binges—not feeling wired or losing weight.

Taking your medication

Take your prescribed dose each morning, with or without food. Avoid afternoon or evening doses; they can disrupt sleep.

Swallow capsules whole, or mix ALL contents into yogurt, water or orange juice. Stir well and consume immediately. Do not save or divide the mixture.

Chew chewable tablets fully before swallowing. Do not switch from another stimulant using the same dose. Only your prescriber changes the dose.

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: hallucinations, paranoia or manic symptoms—do not take more while seeking care. Report finger/toe sores or color changes. Severe belly pain, blistering rash 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 and trouble sleeping can occur. Tell your team if these persist or interfere with your day.

Other effects to discuss

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

What to keep track of

Track sleep, appetite, mood and function; for BED, track binge episodes and distress—not weight.

Before you start

Discuss heart disease, fainting, family sudden death, high BP, bipolar disorder/psychosis, tics, seizures, circulation/eye/thyroid problems, kidney disease and pregnancy/nursing. Share all medicines and substance use. Tell your imaging team before a DAT scan; this medicine can affect results. Avoid driving until you know how it affects you.

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 or bupropion may raise exposure.

Cold remedies and supplements

Decongestants and other stimulants can raise pulse/BP. Baking soda and acidifying supplements can alter drug levels. Ask before use; never use them to change your dose.

Alcohol, caffeine and your medicine list

Discuss alcohol; limit excess caffeine and energy drinks. Review BP medicines and antipsychotics with your team. Do not change them yourself.

Everyday tips

Eat regular meals even when less hungry; keep your nutrition plan.

Use routines, reminders or ADHD coaching and school/work supports.

Keep a sleep schedule. Extra doses do not replace sleep.

For BED, use therapy and planned eating support; keep follow-ups.

Your questions, answered

What if I miss a dose?

Never double. Avoid an afternoon or evening catch-up dose. If it is no longer morning, skip it and resume the next morning unless your prescriber gave a different plan.

Will it change my personality?

It should support your goals. Feeling flat, irritable, overly driven or unlike yourself deserves a treatment review. Report dry mouth too; hydration and dental care help.

Can I stop or become dependent?

Physical dependence can happen 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. The label advises against breastfeeding. Discuss treatment and feeding options before nursing while taking it.

Storage & safety

Keep in the original, tightly closed container at room temperature, protected from light, heat and moisture and locked away from children and others. Never share. Plan prescriptions ahead and use pharmacy take-back for unused medicine.

A final reminder

Follow your prescribed plan; this is not a complete list of risks.

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=704e4378-ca83-445c-8b45-3cfa51c1ecad>
 2. <https://medlineplus.gov/druginfo/meds/a607047.html>
 3. <https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/adhd-medications/>
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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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC