

LATER LIFE DIAGNOSIS GEN X · 13.9

# Medication After Fifty: What Stimulants Do and Do Not Do at This Age

ADHD medication is a clinical option at fifty, sixty and beyond. The licensing under NICE NG87 does not change with age; the cardiovascular pre-screening is more careful. This summary covers what stimulants do and do not do at this age, the cardiovascular conversation, and the UK prescribing pathway.

FOR

Adults over fifty deciding about ADHD medication

AUDIENCE AGE

18+

REVIEWED

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PART OF

The NeuroFX resource library

## IN SUMMARY

## Medication After Fifty: What Stimulants Do and Do Not Do at This Age

### What medication does and does not do

- **Stimulants raise prefrontal dopamine and noradrenaline.** When they work, they improve sustained attention, reduce impulsivity, improve emotional regulation. The effect is usually noticeable within hours for stimulants, over weeks for non-stimulants. It is not subtle.
- **Non-stimulants are an alternative.** Atomoxetine and guanfacine work differently and take longer to show benefit. The effect size is smaller on average, but for some adults they suit better. Useful where stimulants are not tolerated or not appropriate.
- **What medication does not do.** It does not change personality. It does not treat depression or anxiety directly. It does not produce motivation where genuine interest is absent. It does not switch ADHD off. Lifestyle scaffolding still matters.

### The cardiovascular conversation at this age

- **Pre-screening is more careful.** Cardiovascular history, blood pressure, heart rate, often an ECG. Monitoring is more frequent in the first six months. The MHRA precautions apply at all ages and are taken more seriously at fifty-plus.
- **The evidence picture.** Zhang 2022 found a small absolute increase in cardiovascular risk concentrated in adults with pre-existing disease and at higher cumulative dose. Habel 2011 in adults without pre-existing disease found no significant increase. The risk is real, clinically manageable, and not a reason to default to no medication.
- **Pre-existing conditions are workable, mostly.** Well-controlled hypertension is not an automatic contraindication; the conversation is about managing both together with the GP. Uncontrolled hypertension, recent cardiovascular event or unstable arrhythmia is a contraindication until those are stable.
- **Drug interactions that matter more at this age.** Antihypertensives, antidepressants (particularly MAOIs which are contraindicated with stimulants), anti-arrhythmics. Worth the prescriber having the full medication list.

### How the UK pathway works

- **Initial titration is specialist.** Under NICE NG87, ADHD medication titration is initiated by a specialist clinician. After titration, NHS shared care depends on the local ICB accepting the shared-care agreement; some do, some do not.
- **NeuroFX prescribes for the over-fifties on the same pathway.** Specialist titration, ongoing prescribing, monitoring. Where shared care is declined, NeuroFX continues to prescribe privately. The ADHD medication page covers the practical detail.
- **Whether to start at all is the right first question.** What specifically would you want medication to do? If the answer is improve sustained attention or reduce switching cost on admin tasks, medication often delivers. If the answer is fix my marriage or stop me being depressed, medication is the wrong tool.

**WHEN TO SPEAK TO A PROFESSIONAL**

If you are over fifty and considering ADHD medication, the conversation belongs with a prescribing clinician who can review your cardiovascular history, your medication list and your specific goals. NeuroFX provides specialist titration and ongoing prescribing for the over-fifties. If you are already on medication and develop new cardiovascular symptoms (chest pain, palpitations, breathlessness, dizziness), stop and contact your prescriber or GP promptly; dial 999 if symptoms are severe or persistent.

**SOURCES**

NICE NG87; BNF; Zhang 2022 JAMA Netw Open; Habel 2011 JAMA; Cortese 2018 Lancet Psychiatry; Faraone consensus 2021; MHRA Drug Safety Update

**NEXT STEPS****Speak to NeuroFX**

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CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

**neurofx.co.uk** · **info@neurofx.co.uk** · **0333 533 3303**