

ADHD MEDICATION · 4.16

# ADHD Medication in Autistic Children: When It Helps, When It Makes Things Worse

ADHD medication can help autistic children who also have ADHD, but it helps fewer of them than it helps children with ADHD alone, and side effects are more common. This summary sets out what the trials found, which symptoms can get worse, and how a careful titration is run.

FOR

Parents of autistic children with ADHD

AUDIENCE AGE

6-17

REVIEWED

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PART OF

The NeuroFX resource library

## IN SUMMARY

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## What the evidence shows

- **About half respond, not most.** In the largest controlled trial, 49% of autistic children responded to methylphenidate and 18% stopped because of side effects. In ADHD alone, more than 70% respond.
- **The benefit is real but the evidence is thin.** Cochrane pooled four small trials and found methylphenidate might improve hyperactivity and possibly inattention in children who tolerate it, graded low-quality evidence. Reduced appetite was the only side effect clearly increased.
- **It treats ADHD symptoms only.** NICE does not recommend any medication for the core features of autism, and the trials found no effect on them either way.
- **Non-stimulants have trials in autistic children.** Guanfacine: 50% improved against 9.4% on placebo, with drowsiness and tiredness the main cost. Atomoxetine: modest benefit, better when combined with parent training; irritability was no more common than on placebo.

## Which symptoms can get worse

- **Some children do get worse, more often at higher doses.** Small studies report social withdrawal, irritability, low mood, more repetitive behaviour or tics in a minority. Larger trials found no worsening of core autism features, and the evidence on irritability is not enough to support or rule out an effect.
- **Appetite and sleep are the reliable ones.** These are the two side effects the trials measure consistently, and both land harder on a child whose eating or sleep is already fragile.
- **Behaviour is often the only signal.** Many autistic children cannot say they feel sick, flat or anxious. A written baseline before the first dose, notes on the time of day, and one change at a time make a side effect readable.

## How to titrate safely

- **Slower and closer.** NICE specifically asks for slower dose titration and more frequent monitoring where autism is present. Smaller steps, longer gaps, parent and school ratings at each change.
- **Monitor the body too.** Height, weight, pulse and blood pressure on the NICE schedule, a sleep diary, and a watch for tics and mood. Do not switch between modified-release brands casually.
- **Set a stopping rule at the start.** No response after a month at an adequate dose means moving on. Never stop guanfacine or lisdexamfetamine abruptly without advice. A tolerated dose is not the goal; a better day is.

**WHEN TO SPEAK TO A PROFESSIONAL**

Same day for chest pain, fainting, a sustained rapid heartbeat, a new seizure or any thoughts of self-harm. Promptly for new tics, marked withdrawal, persistent low mood, weight loss or unsettled sleep. On the NHS the route starts with your GP; NeuroFX offers child ADHD and autism assessment for ages 6 to 17 and NICE-aligned prescribing once a diagnosis is in place. Seek same-day help via 111 (or 999 in an emergency) for any mental health crisis.

**SOURCES**

RUPP 2005; Sturman 2017 (Cochrane); Rodrigues 2021; Handen 2015; Scahill 2015; NICE NG87; NICE CG170; BNF for Children

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

Private ADHD and autism assessment for adults and children aged 6 and upwards.  
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