NeuroFX
Changing Minds

ADHD MEDICATION · 4.6

Titration: Why the First Three Months on ADHD Medication Are the Hardest

ADHD medication titration is the structured trial that finds the right medication, dose and timing for an individual. The first three months carry most of the adjustment and most of the long-term shape.

FOR
Adults and parents starting or in active titration

AUDIENCE AGE
All ages

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PART OF
The NeuroFX resource library

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IN SUMMARY

Titration: Why the First Three Months on ADHD Medication Are the Hardest

What titration is

- **A structured trial, not a single decision.** Titration starts at a low dose and increases in planned steps with regular review, until the right balance of benefit and side effects is found. Specialist initiation is required under NICE NG87.
- **It takes time because three things have to land together.** The right medication, the right dose, and the right formulation for the working or school day. A medication that is working can still feel wrong if the formulation does not match the day.
- **The starting dose is almost never the final dose.** Most patients see reliable benefit on the second or third dose increase. The first ten to fourteen days are mainly about letting the body adjust.

What the first three months feel like

- **Weeks 1 to 2 are the settling-in period.** Mild headache, reduced appetite at lunchtime, some sleep disturbance, a small rise in heart rate. Most of this settles within a fortnight. Tolerability matters more than full benefit at this stage.
- **Weeks 3 to 4 bring the first real dose increase.** This is usually where benefit starts to become reliable. The clinical question is whether side effects have settled and whether focus, task initiation and emotional regulation are improving.
- **Weeks 5 to 6 are the first formal review.** NICE NG87 sets the formal review at around six weeks once a steady working dose is reached. Blood pressure, heart rate, weight, mood, sleep and appetite are all checked.
- **By twelve weeks, the picture is usually clear.** Either a working dose with tolerable side effects, a clear failure prompting a switch, or a partial picture warranting more adjustment. Around a third of patients need to switch medications; most find a working option in two trials.
- **Patient input shapes each decision.** A short daily note on focus, mood, sleep, appetite and side effects is more useful than a complex tracker. Specific descriptions help the prescriber more than general feelings.

How we support you

- **Specialist initiation and structured titration.** NeuroFX provides the planned reviews across the first three months, with cardiovascular monitoring, side-effect tracking and clear adjustments to dose, timing or brand where the picture calls for it.
- **Switching is normal, not failure.** If the first medication does not produce a working option, the next one usually does. We support a structured switch rather than treating it as a setback.
- **Shared care with your GP where the ICB accepts it.** Once stable on a specific medication and dose, we will support a shared care request to your NHS GP. Where shared care is declined, we offer continued private prescribing.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP, your prescriber or NHS 111 if a new symptom worries you, if blood pressure or heart rate feels noticeably different, or if mood, sleep or appetite changes are not settling. Seek urgent help via 999 or A&E for chest pain, shortness of breath, fainting or any acute mental health crisis. Do not adjust your own dose; titration only works as a plan.

SOURCES

NICE NG87; BNF; Cortese et al. 2018 (Lancet Psychiatry); Faraone et al. 2021 (Neurosci Biobehav Rev)

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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