NeuroFX
Changing Minds

ADHD MEDICATION · 4.4

Atomoxetine and the Non-Stimulant Pathway

Atomoxetine (Strattera) is the most prescribed non-stimulant for ADHD in the UK. It works differently from stimulants, takes longer to act, and suits a specific set of clinical situations.

FOR
Adults and parents considering a non-stimulant option

AUDIENCE AGE
Adult

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PART OF
The NeuroFX resource library

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IN SUMMARY

Atomoxetine and the Non-Stimulant Pathway

What atomoxetine does

- **A selective noradrenaline reuptake inhibitor.** Atomoxetine keeps noradrenaline available at the synapse, particularly in the prefrontal cortex. Through downstream effects it also raises prefrontal dopamine, but not in the striatum or nucleus accumbens. This is why it does not carry the same abuse-potential profile as stimulants.
- **Licensed from age 6 and into adult treatment.** Strattera (and generic atomoxetine) is the usual first-line non-stimulant under NICE NG87 where stimulants are unsuitable, not tolerated, or have not worked.
- **Not a controlled drug.** Prescriptions can carry repeats and are not subject to the 28-day stimulant rules. This is a practical advantage for some patients and some settings.

What to expect from it

- **Effect builds over weeks, not hours.** The full clinical benefit typically takes four to eight weeks of continuous treatment, sometimes longer. The medication is working in the background even when the first week feels uneventful.
- **Common early effects usually settle.** Nausea, reduced appetite, mild fatigue, dry mouth, occasional headache. Most of these settle within two to four weeks. A morning-evening split dose helps some patients ride out the early effects.
- **Suits specific clinical situations.** Stimulant intolerance, co-occurring tics, a history of substance use, significant co-occurring anxiety, or patient preference for a non-controlled-drug option.
- **Cardiovascular monitoring still applies.** Small rises in blood pressure and heart rate are common. Baseline measurements and checks through titration are standard.
- **Mood is monitored, especially in young people.** Atomoxetine carries an MHRA caution on suicidal thoughts, particularly in children and adolescents. New or worsening mood change, agitation or self-harm thinking is a reason to contact the prescriber the same day.

How we support you

- **Specialist initiation under NICE NG87.** Atomoxetine must be started by a clinician with ADHD expertise. NeuroFX provides that pathway across all UK age ranges from 6 upwards.
- **Structured titration with planned reviews.** Slower than stimulant titration by design. Reviews track mood, sleep, appetite, blood pressure, heart rate and weight, with adjustments as the clinical picture develops.
- **Shared care with your GP where the ICB accepts it.** Once stable, ongoing prescribing can transfer 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 changes are not settling. Seek urgent help via 999 or A&E for chest pain, jaundice, or any acute mental health crisis including thoughts of self-harm.

SOURCES

NICE NG87; BNF; BNFc; Cortese et al. 2018 (Lancet Psychiatry); MHRA Drug Safety Update

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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