

ADHD MEDICATION · 4.3

Lisdexamfetamine (Elvanse) Explained: How It Differs From Methylphenidate

Lisdexamfetamine is the long-acting amphetamine-class ADHD stimulant in the UK, sold as Elvanse for ages 6 to 17 and Elvanse Adult for 18 and over. Here is how it works and what to expect.

FOR

Adults and parents considering or starting Elvanse

AUDIENCE AGE

All ages

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

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What lisdexamfetamine does

- **A prodrug that releases its active form gradually.** Lisdexamfetamine is inactive when swallowed. The body converts it to dexamfetamine in the bloodstream, which produces a smoother and longer effect than direct amphetamines. One morning capsule covers most of the day.
- **Acts on dopamine and noradrenaline in two ways.** Like methylphenidate, it slows reuptake of these chemicals at the synapse. Unlike methylphenidate, it also increases their release. The clinical effect is similar; the mechanism differs, which is why some people respond well to one family and not the other.
- **Elvanse and Elvanse Adult are the UK brands.** Elvanse is licensed from age 6 to 17. Elvanse Adult is licensed for adults where methylphenidate has not been adequate or has been unsuitable. Vyvanse (US) and Tyvense (Ireland) are not the UK brands.

What a trial usually feels like

- **Taken once in the morning, ideally with breakfast.** Active duration is ten to thirteen hours. Late dosing reliably disrupts sleep, so morning timing matters.
- **First-day effects can mislead.** A clear-headed first morning is common. Full clinical benefit usually takes several weeks of structured titration. The starting dose is almost never the final dose.
- **The side-effect pattern is similar to methylphenidate.** Reduced appetite (often more pronounced through lunch), some sleep disturbance, mild dry mouth, a small rise in heart rate and blood pressure, occasional headache. Most settle in the first two weeks.
- **Longer coverage trades against a longer tail of side effects.** Appetite suppression and sleep disturbance can last later in the day than with methylphenidate. For some people that trade-off is the right one; for others, methylphenidate suits better.
- **Eat breakfast before the medication takes effect.** Lunchtime appetite suppression is the most consistently reported side effect. A solid breakfast helps offset it.

How we support you

- **Specialist initiation in line with NICE NG87.** Lisdexamfetamine must be initiated by a clinician with ADHD expertise. NeuroFX provides that pathway and the planned reviews across the first three months.
- **Switching between stimulants is normal.** Around a third of patients find their first stimulant is not the right fit. A switch from methylphenidate to lisdexamfetamine (or the other way) is the usual second step. We do not treat a switch as a failure.
- **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. Where the local ICB declines, 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 changes to mood, sleep or appetite are not settling. Seek urgent help via 999 or A&E for chest pain, shortness of breath, fainting or any acute mental health crisis.

SOURCES

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

NEXT STEPS**Speak to NeuroFX**

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