Table 10-15: Dosage for Medications Used in Treating HIV-Related Cognitive Disorders

- Psychostimulant dosing should start low and increase slowly, monitoring for agitation, palpitations, increased blood pressure, or disturbance in sleep.
- Some patients respond to one type of stimulant better than to others, and long-acting preparations are useful in prolonging the effect on cognition with less frequent dosing.
- Clinically, very few drug-drug interactions are seen, and side effects of stimulants are usually mild and easily managed.
- Although the following are common dosing patterns, significantly higher doses have been used, particularly in patients with pain syndromes.

Drug	Dosing	Comments
Methylphenidate (Ritalin, Concerta, Metadate)	10 to 80mg/day	Short-acting: q 4 to 6 hours / long-acting (SR): q 8 to 12 hours
Amphetamine: dextroamphetamine (Dexedrine, Dextrostat; Dexedrine spansules)	5 to 60mg	Short-acting: q 4 to 6 hours; long-acting (spansules): q 8 to 24 hours
Amphetamine: combination amphetamine (Adderall; Adderall XR)	10 to 40mg	q 6 to 8 hours; qd
Pemoline (Cylert)*	18.5mg to 148mg	Dose 1qd or bid

* Concerns about pemoline-induced liver failure necessitate frequent blood tests to evaluate liver function. Should not be used in patients with co-morbid HIV and hepatitis C.