Clonidine: Practical Pearls

The 9 PM MyChart Message

A 7-year-old with ADHD on methylphenidate 18 mg is doing great at school, but bedtime is a battle. The child takes over an hour to fall asleep, and the whole house is "miserable" by 10 PM. Sound familiar? This is one of the most common reasons pediatricians reach for clonidine.

What It Does

Clonidine stimulates alpha-2 adrenergic receptors in the brainstem, decreasing norepinephrine release and reducing sympathetic arousal, which is why it helps with blood pressure, hyperarousal, and sleep onset.

For families: "This medication helps tum down the volume on your child's brain at bedtime, so their body can do what it already knows how to do, which is fall asleep."

Why Pediatricians Encounter Clonidine

The FDA-approved pediatric indication is ADHD (for extended-release formulations), as monotherapy or as an adjunct to stimulants. The AAP guideline lists clonidine ER after stimulants, atomoxetine, and guanfacine ER in evidence strength.

However, most pediatricians first encounter clonidine for sleep, including stimulant-associated insomnia, bedtime hyperarousal in ASD or trauma, and neurodevelopmental conditions where behavioral interventions alone aren't enough.

It's worth being honest: the sleep evidence is largely observational. Melatonin has stronger RCT data for sleep-onset delay. However, clonidine's ER formulations have the practical advantage of potentially addressing both ADHD and sleep.

Formulations

Brand	Form	Release	Notes
Catapres	tablet	IR	off-label for sleep
Javadin	oral solution	IR	useful for kids who can't swallow tablets
Kapvay	tablet	ER (BID)	FDA-approved for ADHD, ages 6-17
Brand	**Form**	**Release**	**Notes**

ONYDA XR	oral suspension	ER (QHS)	FDA-approved for ADHD, ages 6 and older
Catapres-ITS	patch (weekly)	transdermal	rarely used in pediatrics

What Dose Do I Start?

For sleep (IR): 0.05-0.1 mg, 30-60 minutes before bedtime. Titrate by 0.05 mg every 1-2 weeks.

For ADHD (ER): Start 0.1 mg at bedtime, titrate by 0.1 mg/week, up to 0.4 mg/day. Do not substitute IR for ER mg-per-mg due to different pharmacokinetics.

Side Effects

Common: morning sedation, fatigue, dizziness, dry mouth, constipation

Serious: hypotension, bradycardia. Get baseline BP/HR, recheck at 2 weeks and with dose changes. Once stable, routine vitals at well-child visits are fine.

Safety in the Home

Clonidine has a narrow therapeutic index in young children, and a single tablet (0.1 mg) can cause toxicity in a toddler (CNS depression, miosis, bradycardia). Unintentional pediatric exposures have been rising as prescribing increases. If there are younger siblings, have the conversation: "Keep this where a toddler absolutely cannot reach it."

Discontinuation

Never stop this medication abruptly. Rebound hypertension is real. Families may have the misperception that it is just a sleep medication, so they can stop suddenly. It is important to provide proper psychoeducation.

References

FDA prescribing information: Catapres, Kapvay, ONYDA XR

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