

STIMULANTS: Introduction (p.1)

1. the term “stimulant” has no precise referent
but is generally taken to mean drugs that increase subjective arousal and decrease fatigue
2. drugs in this category were **originally derived for clinical use**
but now are used (abused) more for recreational use except for a few specific drugs/medical conditions*
3. at low-moderate dose levels, **all of these drugs produce:**
elevated mood (even euphoria)
increased vigilance, increased alertness
decreased fatigue, decreased sleepiness
positive signs of SNS arousal
signs of EEG arousal (e.g. less alpha, less theta, more beta)
4. are known by **several names:**

psychostimulants	sympathomimetics	CNS stimulants
behavioral stimulants	psychomotor stimulants	convulsants
analeptics	psychomimetics (hallucinogens, psychedelics)	
respiratory stimulants		
5. **include several very different (structurally) types of drugs:**
 - amphetamines
 - antidepressants (e.g. protriptyline/Vivactil)
 - caffeine (methylxanthine/xanthine family)
 - cocaine
 - convulsants (e.g. strychnine, bicuculline, picrotoxin)
 - ephedrine, pseudoephedrine (ma huang)
 - LSD (lysergic acid diethylamide)
 - magnesium phenolone (Cylert)
 - methylphenidate (Ritalin)
 - nicotine
 - etc.

STIMULANTS: Introduction (p.2)

***6. legitimate medical uses** currently:

tx of hyperactive/attention deficit disorder child/adult

tx of narcolepsy & idiopathic hypersomnia

tx of asthma, respiratory disorders (incl. central sleep apnea)

(should no longer be used for weight loss, although were so used in past)