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 (methlyxanthine/xanthine family)
   cocaine
   convulsants (e.g. strychnine, bicuculline, picrotoxin)
   ephedrine, pseudephedrine (ma huang)
   LSD (lysergic acid diethylamide)
   magnesium penoline (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)