

# SHARED CARE PRESCRIBING GUIDELINE

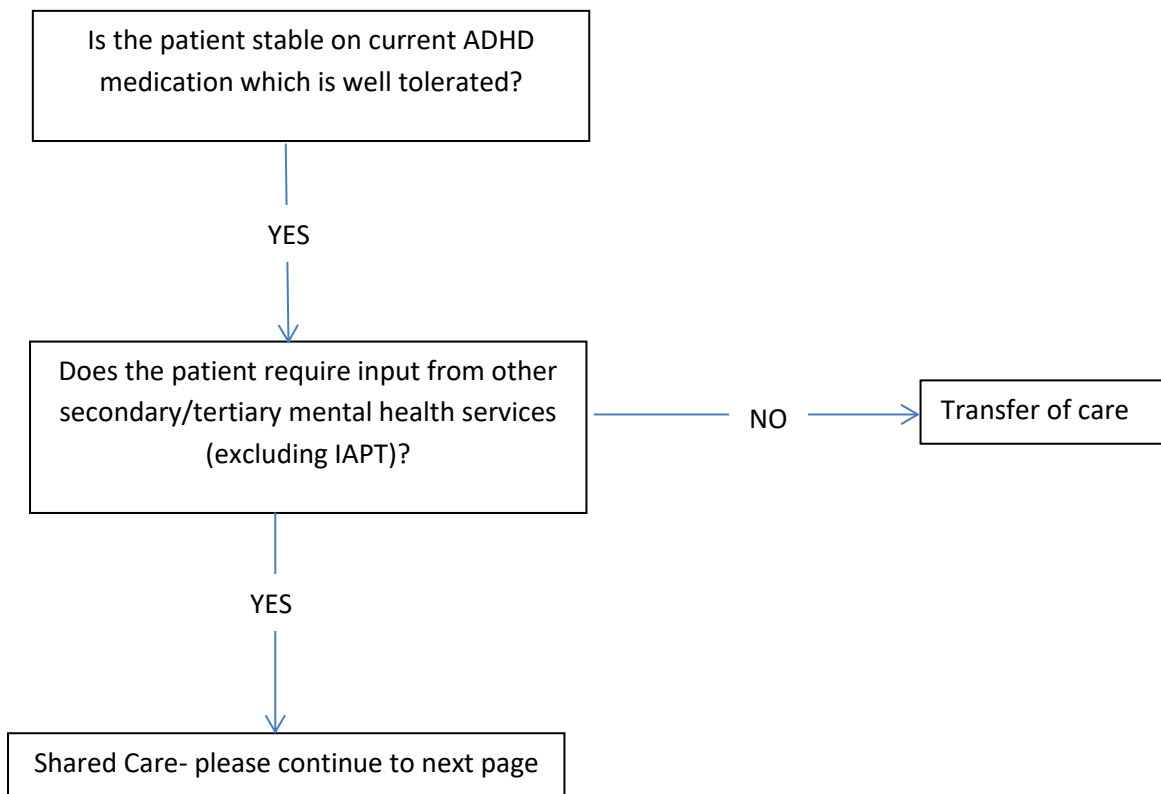
## Methylphenidate, atomoxetine, dexamfetamine and lisdexamfetamine for the treatment of **COMPLEX** Attention Deficit Hyperactivity Disorder in Adults

Some patients may be suitable for transfer of care rather than shared care. Complex patients should remain as shared care and remain under a specialist. Complex patients may include safeguarding patients and patients with mental health issues. However it is recognised that some less complex patients may be suitable for transfer of care and could be managed by their GP.

### Is your patient suitable for shared care or transfer of care?

Some patients may be suitable for transfer of care where they are discharged from mental health services and fully managed by their GP

Please follow flow chart below to determine if shared care or transfer of care would be most appropriate for a particular patient



## SHARED CARE PRESCRIBING GUIDELINE

### Methylphenidate, atomoxetine, dexamfetamine and lisdexamfetamine for the treatment of Attention Deficit Hyperactivity Disorder in Adults

#### NOTES to the GP

The information in the shared care guideline has been developed in consultation with South East London CCG Boroughs and it has been agreed that it is suitable for shared care.

This document should provide sufficient information to enable you to make an informed decision regarding the clinical and legal responsibility for prescribing either **methylphenidate, atomoxetine, dexamfetamine or lisdexamfetamine for the treatment of ADHD.**

The questions below will help you confirm this:

- Is the patient's condition predictable or stable?
- Do you have the relevant knowledge, skills and access to equipment to allow you to monitor treatment as indicated in this shared care prescribing guideline?
- Have you been provided with relevant clinical details including monitoring data?

**If you can answer YES to all these questions** (after reading this shared care guideline), then it is appropriate for you to accept prescribing responsibility.

**If the answer is NO to any of these questions** you should contact the requesting consultant/specialist team or your local Borough Medicines Management Team. There may be implications for the patient where the invitation to share care is declined. For example, the patient may need to be changed to an alternative treatment regimen. **It would not normally be expected that shared care prescribing would be declined on the basis of cost.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **It is important that patients are consulted about treatment and are in agreement with it.**

Prescribing should follow requirements in the South East London Interface Prescribing Policy. **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. The patient's best interests are always paramount.**

**Once you have read the shared care guideline and considered the information above, please complete the GP decision form on the next page and email back to the requesting clinician if you are in agreement to participate in shared care. If you are not in agreement, please include reasons for this.**

## GP DECISION FORM

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of **methylphenidate, atomoxetine, dexamfetamine and lisdexamfetamine for the treatment of ADHD in adults** can be shared between the consultant/specialist team and general practitioner (GP) during the titration period where local agreement exists. GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

<b>AGREEMENT TO PARTICIPATE IN SHARED CARE</b> Of [ <b>methylphenidate or atomoxetine or dexamfetamine or lisdexamfetamine delete and enter drug name above as appropriate</b> ] for the treatment of ADHD in Adults	
<b>Consultant/Specialist Name:</b>	<b>Patient name:</b>
<b>Consultant/Specialist signature:</b>	<b>Patient Hospital Number:</b>
	<b>Patient NHS Number:</b>
<b>Date completed:</b>	<b>Patient/Carer Agreement:</b>
<b>Hospital requesting shared care:</b>	Patient/Carer agrees to shared care <input type="checkbox"/>
	Patient/Carer does not agree to shared care <input type="checkbox"/>
<b>GP Name:</b>	
This is to confirm that I agree/do not agree [delete as appropriate] to participate in shared care for ( <b>Enter drug name</b> .....) for the treatment of ADHD for this patient as outlined in this shared care document	
<b>GP Signature:</b>	<b>Date signed:</b>
If <b>NOT</b> happy to take on shared care prescribing of this medication – please state why:	
<h3 style="color: blue;">ACTION</h3>	
<b>1. HOSPITAL CONSULTANT</b> <ul style="list-style-type: none"> <li>- Explain shared care to patient or carer and obtain agreement. Date agreement obtained.....</li> <li>- Indicate requesting hospital</li> <li>- Complete and sign agreement</li> <li>- Email (securely using nhs.net) full shared care guideline (including signed agreement) to GP</li> <li>- Place original in patient's notes</li> </ul>	<b>Tick to confirm:</b> <input type="checkbox"/>
<b>1. GP PRACTICE</b> <ul style="list-style-type: none"> <li>- If <b>in agreement</b> to participate in shared care, sign and email (via secure NHS.net) this sheet back <b>within 2 weeks</b> of receipt of <b>request from specialist</b> to either:                             <ul style="list-style-type: none"> <li>- Email address (via secure nhs.net):..... <b>[TRUST to ADD email address]</b></li> <li>- If you <b>do not agree</b> to participate in shared care, contact consultant and local Primary Care CCG Medicines Management Team within 2 weeks of receipt to discuss. If after discussion it is agreed not to undertake shared care for this patient, both the consultant and the local Primary Care CCG Medicines Management team should be informed.</li> <li>- Once a decision is reached, file a copy in the Patient's medical notes.</li> </ul> </li> </ul>	

## CIRCUMSTANCES WHEN SHARED CARE IS APPROPRIATE

- Prescribing responsibility will only be transferred when the consultant/ specialist team and the GP are in agreement that the patient's condition is stable or predictable.
- The hospital will provide the patient with a **minimum of 3 month's** supply of therapy

### 1. AREAS OF RESPONSIBILITY

#### Consultant / Specialist team responsibilities

- Establish or confirm current ADHD diagnosis, devise a management plan, and assess patient suitability for pharmacological treatment, and share this information with the patient and GP in written form.
- Conduct a careful history taking to assess any history/presence of cardiac disease and risk of substance misuse/diversion.
- Conduct baseline monitoring of BP/pulse and weight - **these should be shared with the GP following a request to take up shared care**
- Consider whether further physical testing/monitoring (such as blood tests, ECG, etc) or a cardiologist opinion is required prior to commencing on medication. [See NICE guidance](#) for further details.
- Establish and document any allergies and previous hypersensitivity to medications
- Discuss pharmacological treatment with patients or carers, ensuring and documenting that they have a clear understanding of potential benefits, side effects, frequency of administration and monitoring requirements
- Email a signed shared care guideline with patient details completed to GP for consideration of shared care request once need for pharmacological treatment is confirmed.
- Check drug interactions with medications currently prescribed to patient
- Initiate treatment and titrate the dose against symptoms and side effects (usually over 4-6 weeks) until dose optimisation is achieved or alternative medication is initiated. BP/pulse to be repeated after any dose increases or medication changes. (NB - At the time of initiating any new ADHD medication, inform GP in writing as to which of the 4 drugs included in this shared care guideline has been prescribed by sending a new shared care document).
- Once titration has been completed, and the patient's condition is stable or predictable, prescribing can be handed over to GP where this has been agreed.
- Information provided to the GP at handover should include:
  - A copy of the shared care guidelines with the relevant amendments made under *Agreement to participate in shared care* (page 2) detailing the drug which will involve shared care thereafter.
  - That prescriptions for the first 3 months supply have been given, and date and details of final prescription and the maintenance dose.
  - Information on when the patient will next be reviewed and by whom (NB minimum of annual specialist review initially).
  - The **brand** of methylphenidate prescribed
  - details of BP/pulse/weight at handover, and recommendations for future monitoring. .
- Inform GP of abnormal monitoring results and any changes in therapy
- Evaluate adverse events reported by GP or patient
- Carry out on-going monitoring and follow up accordingly to shared care guidelines including evaluating symptom control, side-effects, BP/pulse/weight, and continued need for therapy. Review at least annually once on a maintenance dose.
- Advise GP when ADHD treatment should be discontinued and provide necessary supervision and support during the discontinuation phase.
- To communicate promptly with the GP if treatment is changed.
- To report any suspected adverse effects to the MHRA: <http://www.yellowcard.gov.uk>

## General Practitioner responsibilities

- Consider shared care proposal within 2 weeks of receipt and fill in GP Decision form (page 2) and return to specialist.
- State in the patients records that the medicine is being prescribed under a Shared Care agreement

### *After agreement to shared care*

- Prescribe maintenance dose as recommended once the patient's condition is stable or predictable as directed by the specialist.
- **When prescribing methylphenidate continue with the brand specified by consultant/specialist.**
- Continue prescriptions after stabilisation in line with the points below.
- Monitor general health of patient and check adverse effects as appropriate
- Monitor weight, blood pressure and pulse as advised by specialist (NICE advice - BP/pulse and weight to be monitored every 6 months once on a maintenance dose).
- If patients develop symptoms suggestive of cardiac disease during treatment, including sustained resting tachycardia (more than 120 beats per minute) arrhythmia, or clinically significant increase in systolic blood pressure measured over two occasions, then reduce ADHD medication dosage, and refer for prompt specialist cardiac evaluation. See NICE guidance on hypertension.
- Stop treatment on advice of specialist or immediately if urgent need arises
- Check for drug interactions when prescribing new or stopping existing medication
- Discuss any suspected adverse events or abnormal results with specialist and agree any action required (this could be a telephone discussion).
- Only ask specialist to take back prescribing should the patients clinical condition deteriorate. Allow an adequate notice period of 10 working days. Consider a telephone discussion with the specialist if appropriate.
- Check that the patient is attending specialist appointments at least annually
- To advise the specialist if non-compliance is suspected
- To refer back to specialist if the patient's condition deteriorates.
- To report any suspected adverse effects to the MHRA via the Yellow Card scheme:  
<http://www.yellowcard.gov.uk>

## Patient's / Carer's responsibilities

- To contact the specialist or GP if he or she does not have a clear understanding of any aspect of the treatment, including implications where the treatment is with a controlled medication.
- To inform prescribing consultant/specialist team, GP and other healthcare professionals of any other medication being taken, including over the counter products, alternative therapies or recreational drugs.
- To inform community pharmacists that they are using ADHD treatments before purchasing medication over-the-counter
- To attend all hospital and GP appointments, including for monitoring of blood pressure/pulse/weight
- To take medicines as agreed and take steps to ensure that no doses are missed and not to share medicines with others
- To ensure medication is stored correctly and safely, and be aware medication is only for personal use.
- To read the patient information leaflet included with the medication.
- To report any adverse effects or warning symptoms to GP or hospital specialist
- To report to GP if pregnant or breastfeeding (or planning to become pregnant).
- To inform GP and specialist of any changes in addresses or telephone contact numbers.
- To request the need for repeat prescriptions in a timely manner to allow appropriate processing of the script.

## 2. CLINICAL INFORMATION

# METHYLPHENIDATE, ATOMOXETINE, DEXAMFETAMINE AND LISDEXAMFETAMINE

For place in therapy, please see overleaf

### Monitoring Requirements including frequency

#### Weight (methylphenidate, atomoxetine, dexamfetamine, lisdexamfetamine):

Record weight at least every 6 months. Consider monitoring BMI if there is significant weight change associated with treatment. If **problematic** weight loss is associated with drug treatment please contact the service to consider changing or stopping treatment.

#### Cardiac function and blood pressure (methylphenidate, atomoxetine, dexamfetamine, lisdexamfetamine)

Monitor heart rate and blood pressure before and after each dose change, and at least every 6 months. Clinically significant sustained or increased resting tachycardia, arrhythmia or systolic blood pressure measured on two occasions should prompt dose reduction and referral to a specialist physician (cardiology).

#### Atomoxetine

Monitor for dysmenorrhoea, erectile dysfunction and ejaculatory dysfunction. Monitor for agitation, irritability, suicidal thinking and self-harming behaviour, and unusual changes in behaviour, particularly during the initial months of treatment, or after a dose change. Patients should be warned about the potential for: increased agitation, anxiety, suicidal thinking and self-harming behaviour especially during the first few weeks of treatment and liver damage in rare cases (usually presenting as abdominal pain, unexplained nausea, malaise, darkening of the urine or jaundice).

#### Seizures (methylphenidate, atomoxetine, dexamfetamine, lisdexamfetamine)

If exacerbated in a patient with epilepsy or de novo seizures emerge, discontinue **the drug immediately**. For de novo seizure, refer to a neurologist. For worsening of pre-existing seizure, once ADHD medication is stopped, refer back to ADHD specialist.

#### Psychotic symptoms, mania (methylphenidate, atomoxetine, dexamfetamine, lisdexamfetamine)

If psychotic or severe affective symptoms emerge discontinue **the drug immediately** and refer to a psychiatrist for an assessment.

### Follow up arrangement

#### Consultant/specialist team:

- To arrange follow-up reviews during the titration period, and at least annually following handing over to GP prescribing.

#### GP:

- To act upon recommendations communicated by the consultant/specialist team
- To monitor prescribing rate of medications for individual patients, usually monthly prescribing for controlled medications.
- Check that the patient is attending specialist appointments at least annually
- To review the appropriateness of prescribing for patients who have not been seen by a specialist for over one year.

### Duration of treatment

Long term treatment may continue as long as required. Patients should have their treatment reviewed at least once a year by a specialist to determine whether continuation is needed.

### Criteria for stopping treatment

- If improvement of symptoms is not observed. GP should contact specialist services for advice in such circumstances.
- If there are adverse effects that necessitate stopping the medication
- If ADHD symptoms are judged to have resolved following specialist review
- The drug may be discontinued periodically (e.g. by stopping the drug for up to two weeks) to assess the patient's underlying ADHD symptoms as advised by the consultant/specialist team, but there is no stipulation in NICE guidance to do this on a regular basis, and it should be decided on a case by case basis.



### Indication for use, place in therapy, dose and further information

**NOTE:** The Information here is **not** exhaustive. **Please consult the current Summary of Product Characteristics (SPC) for up to date prescribing information including detailed information on adverse effects, drug interactions, cautions and contraindications (available via [www.medicines.org.uk](http://www.medicines.org.uk))**

Drug	Indication	Place in Therapy	Dose and route of administration		Notes
			Preparation	Dose (BNF)	
Methylphenidate hydrochloride  <b>MODIFIED RELEASE PREPARATIONS MUST BE PRESCRIBED BY BRAND</b>	See SPC's  Medikinet XL® licensed for initiation and continuation in adults; Concerta XL®, Delmosart®, Xenidate XL® licensed for continuation; Equasym XL® used off-label	To be considered <b>first line</b> for adults or if 6 week trial lisdexamfetamine has not been successful	Generic tablets	Initially 5mg 2-3 times daily, increasing weekly in 5mg dosage increments as necessary depending on treatment response and side-effects. Maximum total dosage - 100mg per day	Patients started on immediate release (IR) medication may switch to extended release preparations if once daily dosing is preferable.  In some cases rebound hyperactivity disorder may occur if the effect of the drug wears off in the evening. An additional dose later in the day may eliminate this difficulty, but may disturb sleep.
			Concerta XL® tablets  <b>Delmosart® tablets (preferred brand)</b>  <b>Xenidate® XL tablets (preferred brand)</b>  <small>(dosage released as 22% immediate release, 78% sustained release)</small>	Initially 18mg once daily in the morning increasing weekly in 18mg dosage increments as necessary depending on treatment response and side-effects, up to a maximum total dosage of 108mg once per day in the morning.	Total daily dose of 15mg IR medication equivalent to Concerta XL®/ Delmosart®/ Xenidate XL® 18mg once daily.  May need additional IR methylphenidate medication in the late afternoon if duration of action is too short – combined Concerta XL®/ Delmosart®/ Xenidate XL® dosage in IR equivalent and IR dosage not to exceed 100mg.  Tablet to be swallowed whole – may pass through GI tract unchanged. Not suitable in dysphagia or if GI lumen is restricted.  SEL Position Statement: <a href="#">Preferred choice of methylphenidate modified-release (MR) tablet brand</a>
			Equasym XL® capsules  <small>(dosage released as 30% immediate release, 70% sustained release)</small>	Initially 10mg once daily in the morning increasing weekly in 10mg dosage increments as necessary depending on treatment response and side-effects, up to a maximum total dosage of 100mg per day	In some instances twice daily dosing or the addition of IR methylphenidate may be required if duration of action is too short.  Contents of capsule can be sprinkled on a tablespoon of apple sauce then swallowed immediately without chewing.



Ref: APCSCG/009

**South East London shared care prescribing guideline: Methylphenidate, atomoxetine, dexamfetamine and lisdexamfetamine for the treatment of ADHD in ADULTS**

**Original approval date:** October 2016 **Last reviewed and approved:** October 2020 **Next Review date:** October 2023 (or sooner if evidence or practice changes)

			<p>Medikinet XL ® capsules</p> <p>(dosage released as 50% immediate release, 50% sustained release)</p>	<p>Initially 10mg once daily in the morning increasing weekly in 10mg dosage increments as necessary depending on treatment response and side-effects, up to a maximum total dosage of 100mg per day</p>	<p>In some instances twice daily dosing or the addition of IR methylphenidate may be required if duration of action is too short.</p> <p>Note there is a 5mg capsule where lower starting dose is required.</p> <p>Contents of capsule can be sprinkled on a tablespoon of apple sauce or yoghurt then swallowed immediately without chewing.</p>
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Drug	Indication	Place in Therapy	Dose and route of administration		Notes
			Preparation	Dose (BNF)	
Atomoxetine hydrochloride	Treatment of ADHD, licensed for adult initiation	To be considered if cannot tolerate lisdexamfetamine or methylphenidate or their symptoms have not responded to separate 6-week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses.	Atomoxetine hydrochloride capsules & liquid	<p>Body weight over 70kg – 40mg daily for 7 days, increasing to 80mg daily thereafter if tolerated. Can be increased to max 120mg daily (unlicensed) under the direction of a specialist.</p> <p>Body weight under 70kg – 500micrograms/kg daily for 7 days, increased according to response. Usual maintenance dose 1.2mg/kg, but may be increased to 1.8mg/kg (max 120mg daily) under the direction of a specialist.</p>	<p>Total daily dose may be given either as a single dose in the morning or as 2 divided doses with last dose no later than early evening.</p> <p>Patients to be informed of the specific cautions with regard emergent hepatic disorder and suicidal ideation – see SPC/BNF for full details.</p> <p>For patients with a known poor metaboliser genotype, or who don't tolerate the usual 40mg starting dose, a lower starting dose and slower up titration of the dose may be considered.</p>
Dexamfetamine sulfate	Treatment of ADHD, prescribed 'off label' in adults	To be considered for adults whose ADHD symptoms are responding to lisdexamfetamine but who cannot tolerate the longer effect profile	Dexamfetamine tablets & oral solution	Initially 5 mg twice daily, dose is increased at weekly intervals according to response, maintenance dose to be given in 2–4 divided doses; maximum 60 mg per day.	<p>APC recommendation:</p> <p><a href="http://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/New%20Medicine%20Recommendations/Recommendation%20040%20Dexamfetamine%20Adult%20ADHD%20(AMBER)%20Dec%202015.pdf">http://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/New%20Medicine%20Recommendations/Recommendation%20040%20Dexamfetamine%20Adult%20ADHD%20(AMBER)%20Dec%202015.pdf</a></p>
Lisdexamfetamine dimesylate	Treatment of ADHD, licensed for adult initiation	To be considered <b>first line</b> for adults or if 6 week trial methylphenidate has not been successful	<p>Elvanse Adult ® capsules</p> <p>30/50/70mg licensed in adults</p> <p>20/40/60mg off label in adults</p>	Initially 30mg once daily in the morning increasing weekly in 20mg dosage increments as necessary depending on treatment response and side-effects, up to a maximum total dosage of 70mg per day in the morning.	<p>Swallow capsule whole or mix contents of capsule in yoghurt or a glass of water or orange juice; contents should be dispersed completely and consumed immediately.</p> <p>APC recommendation: <a href="http://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/New%20Medicine%20Recommendations/Recommendation%20041%20Lisdexamfetamine%20Adult%20ADHD%20(AMBER)%20Dec%202015.pdf">http://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/New%20Medicine%20Recommendations/Recommendation%20041%20Lisdexamfetamine%20Adult%20ADHD%20(AMBER)%20Dec%202015.pdf</a></p>

### Side effects/Interactions: (from SPCs )

See also Monitoring Requirements including frequency above

	Adverse Effect	Frequency	SPC link & GP Management
<b>METHYLPHENIDATE</b>			Concerta <a href="https://www.medicines.org.uk/emc/medicine/30451">https://www.medicines.org.uk/emc/medicine/30451</a> Equasym <a href="https://www.medicines.org.uk/emc/medicine/15804">https://www.medicines.org.uk/emc/medicine/15804</a> Medikinet <a href="https://www.medicines.org.uk/emc/medicine/19664">https://www.medicines.org.uk/emc/medicine/19664</a> Medikinet XL <a href="https://www.medicines.org.uk/emc/product/313/smpc">https://www.medicines.org.uk/emc/product/313/smpc</a> Ritalin <a href="https://www.medicines.org.uk/emc/medicine/1316">https://www.medicines.org.uk/emc/medicine/1316</a> Delmosart <a href="https://www.medicines.org.uk/emc/product/2340/smpc">https://www.medicines.org.uk/emc/product/2340/smpc</a> Xenidate <a href="https://www.medicines.org.uk/emc/product/4397/smpc">https://www.medicines.org.uk/emc/product/4397/smpc</a>
	Nervousness and insomnia	>10%	Review dose and/or omit afternoon/evening dose if using TDS regime - refer to consultant/specialist team for advice.
	Decreased appetite	1-10%	Usually transient. Try taking medicine with food if it persists. <b>Refer to consultant/specialist team for advice if becomes problematic.</b>
	Headache, drowsiness, dizziness	>10%	Refer to consultant/ specialist team for advice if continues
	Abdominal pain, diarrhoea, nausea & vomiting, dry mouth, dyspepsia	1-10%	Occurs at initiation. May be alleviated by concomitant food intake. Refer to consultant/ specialist team for advice if continues
	Tachycardia, arrhythmia, palpitations, hypertension	1-10%	Monitor. Discontinue if significant & refer back to ADHD consultant/ specialist team & specialist cardiologist if indicated.
	Tics, aggression, anxiety, irritability	1-10%	Discontinue if tics develop. Refer back to consultant/ specialist team.
	Drug induced psychosis (e.g. hallucinations, restlessness) depression, mood swings	1-10%	Discontinue. Refer back to consultant/ specialist team.
<b>DEXAMFETAMINE</b>			Tablets <a href="https://www.medicines.org.uk/emc/product/5004/smpc">https://www.medicines.org.uk/emc/product/5004/smpc</a>
	Aggressive behaviour, anxiety, confusion, delirium, depression, euphoria, insomnia, irritability, tics, night tremors	Not stated	Reduce dose & ensure not given too near bedtime. Discontinue if tics develop. Refer back to consultant/ specialist team.
	Paranoia, psychosis	Not stated	Discontinue. Refer back to consultant/ specialist team.
	Palpitations, tachycardia, change in blood pressure, cardiomyopathy, chest pain.	Not stated	Monitor. Check pulse after every dose change. ECG if necessary. Discontinue if significant & refer back to ADHD consultant/ specialist team & specialist cardiologist if indicated.



LISDEXAMFETAMINE ▼		(adults)	Lisdexamfetamine Capsules <a href="https://www.medicines.org.uk/emc/product/6828/smpc">https://www.medicines.org.uk/emc/product/6828/smpc</a>
	Insomnia	>10%	Review dose - ensure taken in morning – refer to consultant/ specialist team for advice
	Decreased appetite (weight decreased)	>10% (1-10%)	Try taking medicine with food if it persists. <b>Refer to consultant/ specialist team for advice if becomes problematic</b>
	Headache, dry mouth	>10%	Refer to consultant/ specialist team for advice if continues
	Anorexia, diarrhoea, upper abdominal pain, nausea	1-10%	May be alleviated by concomitant food intake. Refer to consultant/ specialist team for advice if continues
	Anxiety, agitation, libido decreased, erectile dysfunction, dizziness, restlessness, tremor, irritability, fatigue, feeling jittery, hyperhidrosis	1-10%	Refer back to consultant/ specialist team.
	Tachycardia, palpitations, blood pressure increased,	1-10%	Monitor. Discontinue if significant & refer back to ADHD consultant/ specialist team & specialist cardiologist if indicated.
	Depression, tics, affect lability, dysphoria, euphoria, mania,	0.1-1%	Discontinue if tics develop. Refer back to consultant/ specialist team.
	Blurred vision, vomiting, urticaria, rash, pyrexia	0.1-1%	Discontinue. Refer back to consultant/ specialist team.
	Psychotic episodes, hallucinations, aggression, seizure	Not known	Discontinue. Refer back to consultant/ specialist team
ATOMOXETINE			Capsules <a href="https://www.medicines.org.uk/emc/medicine/14482">https://www.medicines.org.uk/emc/medicine/14482</a> Liquid <a href="https://www.medicines.org.uk/emc/medicine/30371">https://www.medicines.org.uk/emc/medicine/30371</a>
	Appetite decreased, dry mouth, nausea	>10%	Usually settles after 1 <sup>st</sup> month of treatment. Refer to consultant/ specialist team for advice if continues
	Headache, somnolence, insomnia	>10%	Usually settles after 1 <sup>st</sup> month of treatment. Refer to consultant/ specialist team for advice if continues
	Increased BP and heart rate	>10%	Monitor. Discontinue if clinically indicated. Refer back to ADHD consultant/ specialist team and cardiologist if indicated.
	Abdominal pain, constipation, dyspepsia, flatulence, vomiting	1-10%	Usually settles after 1 <sup>st</sup> month of treatment. Refer to consultant/ specialist team for advice if continues
	Weight decrease	1-10%	Usually settles after initial weight loss. <b>Refer to consultant/ specialist team for advice if becomes problematic</b>
	Palpitations, tachycardia	1-10%	Monitor. Discontinue if clinically indicated. Refer back to ADHD consultant/ specialist team and cardiologist if indicated.
	Libido decreased, sleep disorder, dizziness, sinus headache, tremor, fatigue, lethargy, agitation	1-10%	Refer back to consultant/ specialist team
	Dysuria, urinary hesitation, urinary retention	1-10%	Refer back to consultant/ specialist team
	Dysmenorrhoea, irregular menstruation, ejaculation	1-10%	Refer back to consultant/ specialist team

	disorder, erectile dysfunction, male genital pain		
	Suicide-related events, aggression, hostility and emotional lability,	0.1-1%	Discontinue drug. Refer back to consultant/ specialist team
	QT interval prolongation,	0.1-1%	Discontinue if significant & refer back to ADHD consultant/ specialist team & specialist cardiologist.
	Liver toxicity, abnormal liver function tests, jaundice, hepatitis,	0.01-0.1%	Discontinue drug. Refer back to consultant/ specialist team
	seizure, psychosis (including hallucinations),	0.01-0.1%	Discontinue drug. Refer back to consultant/ specialist team

## Further Information

A pharmaceutical company patient information leaflet (PIL) will be provided to the patient with each supply.

A review letter will be sent after initial assessment and following each further appointment. It is assumed that the GP agrees to the shared care arrangements

### **Methylphenidate modified release to be prescribed by brand name**

## Information on prescribing Controlled Drugs

Methylphenidate, dexamfetamine and lisdexamfetamine are schedule 2 Controlled drugs - the following applies:

- Prescribers can now issue computer-generated prescriptions for all CDs including Schedule 2 and 3 CDs; all details except the signature can be computer-generated
- Prescriptions for Schedule 2 CDs are only valid for 28 days.
- Schedule 2 CDs cannot be prescribed on repeat dispensing prescriptions
- There is a good practice requirement that the quantity of Schedule 2 CDs be limited to a quantity for up to 30 days treatment. In cases where the prescriber believes that a prescription should be issued for a longer period they may do so but will need to be able to justify that there is a clinical need and that it would not cause an unacceptable risk to patient safety
- The prescription for CDs must contain the dose, form, strength (where appropriate) and a total quantity of the preparation in both words and figures

## References

1. NICE guideline [NG87] Attention deficit hyperactivity disorder: diagnosis and management . March 2018. <https://www.nice.org.uk/guidance/NG87>
2. British National Formulary Jan 2020 <https://bnf.nice.org.uk/> (last Accessed February 2020)

**Summary of Product Characteristics** – access via [www.medicines.org.uk](http://www.medicines.org.uk)

4. Ritalin® - (Last accessed February 2020)
5. Equasym XL® - (Last accessed February 2020)
6. Medikinet® - (Last accessed February 2020)
7. Medikinet XL® - (Last accessed February 2020)
8. Concerta XL® - (Last accessed February 2020)
9. Strattera® - (Last accessed February 2020)
10. Elvanse Adult ® - (Last accessed February 2020)

#### 4. COMMUNICATION AND SUPPORT

**Please note that the clinical letter received from the consultant/specialist team should have the relevant contact details. If this is not provided you may find the following contact details useful.**

<b>South London and Maudsley (SLAM): switchboard 020 3228 6000</b>	
<b>Consultant/specialist team</b>  Adult ADHD and ASD Outpatient Clinics, South London and Maudsley NHS Foundation Trust	Tel: 0796664553  Email: <a href="mailto:adhdasdadmin@slam.nhs.uk">adhdasdadmin@slam.nhs.uk</a>
<b>Medication – Prescribing advice, interactions, availability of medicines</b>  Medicines Information/relevant hospital pharmacy dept	Tel: 020 3228 2317
<b>Oxleas NHS Trust switchboard</b>	
<b>Consultant/specialist team</b>	Tel: 020 8659 2151 Email: <a href="mailto:oxl-tr.adultsdassessment@nhs.net">oxl-tr.adultsdassessment@nhs.net</a>
<b>Medication – Prescribing advice, interactions, availability of medicines</b>  Medicines Information/relevant hospital pharmacy dept	Tel: 01322 625002 Email: <a href="mailto:oxl-tr.medicinesinfo@nhs.net">oxl-tr.medicinesinfo@nhs.net</a>