BNSSG Shared Care Guidance
Please complete all sections

Section 1: Heading

Drug	Dexamfetamine Sulphate
Amber ***three months***	
Indication	Narcolepsy and idiopathic hypersomnia

Section 2: Treatment Schedule

Usual dose and frequency of administration *(Please indicate if this is licensed or unlicensed and any relevant dosing information)*	Recommended starting dose is 10mg daily in divided doses (reduced to 5mg in elderly patients), increased at weekly intervals of 10mg (5mg in elderly patients). Maximum daily dose of 60mg. Dexamfetamine is classed as a Schedule 2 Controlled Drug under the Misuse of Dugs Act 1971. Prescriptions must therefore conform to the Misuse of Drugs Regulations 2001. It is 'best practice' to prescribe one month supply or less of schedule 2 controlled drugs at a time.
Route and formulation	Oral, immediate release tablet
Duration of treatment	These conditions are life-long. Symptomatic relief is achieved through medications which is the mainstay of management and will continue long term. Although long term use may lead to concern about abuse of stimulant drugs, studies suggest the risk is low in narcoleptic patients with patients rarely abusing drugs or developing addiction.

Section 3: Monitoring

Please give details of any tests that are required before or during treatment, including frequency, responsibilities (please state whether they will be undertaken in primary or secondary care), cause for adjustment and when it is required to refer back to the specialist.

Baseline tests - where appropriate

Assessment of pulse, blood pressure and renal function. Assessment of cardiovascular risk factors, social history including known drug dependency and alcohol abuse. If the patient has cardiac disorders, arrhythmia or moderate-severe hypertension then a cardiology opinion will be sought prior to treatment.

Subsequent tests - where appropriate *(Please indicate who takes responsibility for taking bloods and interpreting results)*

Test	Frequency	Who by	Action/management
Pulse	6 monthly	GP	Where hypertension and arrhythmias occur these patients should be referred back to specialist for review

Blood pressure	6 monthly	GP	

Section 4: Side Effects

Please list only the most pertinent side effects and management. Please provide guidance on when the GP should refer back to the specialist. For everything else, please see BNF or SPC.

Side effects and management

Side effect	Frequency/severity	Action/management
Over-stimulation of the CNS Vertigo, dyskinesia, headache, hyperactivity	Commonly occur. May be more often seen with doses >60mg daily	Mild symptoms, patient to reduce dose and contact clinician. Report troubling side effects back to specialist.
Cardiac disorders arrhythmia Palpitations Tachycardia	Commonly occur	Review cardiac history, other risk factors. Consider referral back to specialist for management advice
Psychiatric disorders Insomnia Nervousness Abnormal behaviour, aggression, excitation, anorexia, anxiety, depression and irritability	Very commonly occur Commonly occur	Mild symptoms, patient to reduce dose and contact clinician Higher doses >60mg daily have been linked with very fast thinking, difficulty controlling bursts of thoughts and bursts of verbal aggressiveness. Worsening of behaviours should be monitored at every dose increase.
Tics	Has previously been associated with dexamfetamine use	Mild symptoms, patient to reduce dose and contact clinician Worsening of tics should be monitored at every dose increase.

Referral back to specialist

Troubling side effects as described above including worsening psychiatric disorders. NBT Neuropsychiatry service is happy to provide ongoing advice and review patients if primary care requires this.

Section 5: Other Issues

(e.g. Drug Interactions, Contra-indications, Cautions, Special Recommendations)

Please list only the most pertinent action for GP to take (For full list please see BNF or SPC)

Issues

Contraindications:
Patient will be screened at initiation for contraindications such as cardiovascular disease including hypertension. Should risk factors for cerebral vascular disease develop during treatment refer back to specialist.

Not to be taken in pregnancy or lactation. Ideally pregnancy should be planned and management discussed.

Caution:
Epilepsy (if seizure frequency increases, the specialist should discontinue the treatment).

For a full list of significant drug interactions see BNF.

	• Important drug interactions: • MAO inhibitors (contraindicated during treatment and 14 days after stopping MAOI) • Beta blockers, lithium and α-methyltyrosine may antagonise effects of dexamfetamine. • Disulfiram may inhibit metabolism and excretion. • Tricyclic antidepressants may increase risk of cardiovascular side effects • Phenothiazines may inhibit the actions of dexamfetamine • Haloperidol may cause acute dystonias when co-administered with dexamfetamine • Alcohol may exacerbate CNS reactions – patients should abstain from alcohol. • Use with caution with guanethidine • GI acidifying and alkalizing agents may decrease or increase the absorption of dexamfetamine respectively.
Reminder to ask patient about specific problems	Dexamfetamine may affect performance of skilled tasks such as driving, and therefore caution should be taken. Effects of alcohol are unpredictable and therefore caution should be taken and it is advisable that patients abstain from alcohol during treatment. Do not stop taking except on direction of your doctor. Dexamfetamine is contraindicated in pregnancy and breast-feeding. Due to risk of worsening psychiatric disorders ask patients about emergence of symptoms including feelings of depression at all reviews.

Section 6: Advice to the patient

Advice for prescribing clinician to inform patient

1. Dexamfetamine may affect performance of skilled tasks such as driving, and therefore caution should be taken. Explain to the patient the principle of regulations under 5a of the Road Traffic Act 1988.
2. If tics develop, dexamfetamine treatment should be discontinued and the prescribing consultant should be contacted
3. Patients should attempt to abstain from alcohol as the effects can be unpredictable
4. Do not stop taking this medication unless under the direction of your doctor
5. Dexamfetamine is contraindicated in pregnancy and breastfeeding, discuss appropriate contraception and contact your doctor as matter of urgency if you fall pregnant whilst taking dexamfetamine.
6. Patients should be advised that they are being prescribed a controlled drug and to manage their stocks carefully storing their medicines securely within their home, where they are not on display to others and therefore liable to misuse or diversion.

Section 7: Generic principles of shared care for SECONDARY CARE

Please do not amend.

Core responsibilities

1. Initiating treatment and prescribing for the length of time specified in **section 1.**
2. Undertaking the clinical assessment and monitoring for the length of time specified in **section 1** and thereafter undertaking any ongoing monitoring as detailed in **section 3.**
3. Communicate details of the above in 1 and 2 to GP within the first month of treatment. This information should be transferred in a timely manner.
4. Refer patients to GP and provide information of further action where appropriate e.g. if blood test is due.
5. To provide advice to primary care when appropriate.
6. Review concurrent medications for potential interaction prior to initiation of drug specified in **section 1.**

7. Stopping treatment where appropriate or providing advice on when to stop.
8. Reporting adverse events to the MHRA.
9. Reminder to ask patients about particular problems see **section 5.**

Section 8: Generic principles of shared care for PRIMARY CARE

Please do not amend.

Core responsibilities

1. Responsible for taking over prescribing after the length of time specified in **section 1.**
2. Responsible for any clinical assessment and monitoring if detailed in **section 3** after the length of time specified in **section 1.**
3. Review of any new concurrent medications for potential interactions.
4. Reporting adverse events to the MHRA.
5. Refer for advice to specialist where appropriate.
6. Reminder to ask patients about particular problems see **section 5.**

Section 10: Contact Details

Name	Organisation	Telephone Number	E mail address
Neuropsychiatry Consultant	North Bristol NHS Trust	From NBT switchboard 0117 9701212	Click here to enter details
Specialist Neuropsychiatry registrar	North Bristol NHS Trust	From NBT Switchboard 01179701212	Click here to enter details
Click here to enter details	Click here to enter details	Click here to enter details	Click here to enter details
Click here to enter details	Click here to enter details	Click here to enter details	Click here to enter details

Section 11: Document Details

Date prepared	13/5/2020
Prepared by	Philip Hook, Kirsty Brisker
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Section 12: Collaboration

All shared care protocols should be BNSSG wide where possible. Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

1. Dr Dane Rayment, Neuropsychiatry consultant
2. Dr Jahnavi Acharya Specialty Neuropsychiatry doctor

Section 13: References

Please list references

1. EFNS guidelines on management of Narcolepsy. European Journal of Neurology 2006, 13:1035-1048.
2. Summary Product Characteristics Amfexa 5mg tablets, accessed via www.medicines.org.uk 3/5/20
3. Dynamed – Narcolepsy. Accessed 3/5/20
4. Medicines Complete www.medicinescomplete.com accessed 3/5/20
5. Sleep Medicine 16 (2015) 9-18 Clinical and practical considerations in the pharmacologic management of narcolepsy. Thorpy, Dauvilliers.