BNSSG Shared Care Guidance
Please complete all sections

Section 1: Heading

Drug	Dexamfetamine for adults with ADHD
Amber ***three months***	
Indication	Treatment of ADHD in Adults

Section 2: Treatment Schedule

Usual dose and frequency of administration *(Please indicate if this is licensed or unlicensed and any relevant dosing information)*	**This Shared Care Guidance only covers adult ADHD patients with no other serious mental health co-morbidities who are stabilised on an dexamfetamine prescription.** Dexamfetamine is indicated as part of a comprehensive treatment programme for attention-deficit/hyperactivity disorder (ADHD) in children and adolescents aged 6 to 17 years when response to previous methylphenidate treatment is considered clinically inadequate. Dexamfetamine is recommended for adults whose ADHD symptoms are responding to Lisdexamfetamine but who cannot tolerate the longer effect profile (NICE guidance NG87). The usual starting dose is 5mg twice daily, with incremental dose adjustments usually on a monthly basis in clinic but not more often than weekly. The maximum recommended dose is 60mg per day in divided doses, usually prescribed as two or three times a day. Dexamfetamine is available as 5mg, 10mg and 20mg tablets (immediate release). Dexamphetamine is not currently licensed in the UK for the treatment of adult ADHD. Dexamfetamine is classed as Schedule 2 Controlled Drug under the Misuse of Drugs 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 Drug.
Route and formulation	Oral, tablets
Duration of treatment	Patients should be encouraged to consider stopping the medication every 1 to 5 years, with the guidance of the specialist clinic if desired. Reduce the dose at weekly increments and discontinue over a four week period. If desired and clinically appropriate, Dexamfetamine can be restarted by the GP, referral back into the ADHD service is

	not necessary.

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

1. The GP practice to check BP, pulse and weight at referral, as per Referral form.
2. GP to carry out cardiac exam/ ECG if clinically indicated (e.g. family history of early CHD etc) prior to referral.
3. ADHD clinic to check BP, pulse and weight at the first appointment after starting treatment.

If any physical abnormality is found or suspected at baseline, investigate and treat as appropriate for that abnormality.

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

Test	Frequency	Who by	Action/management
BP, Pulse, Weight, height	First appointment	ADHD clinic	To prepare for medication titration
BP	After each dose increase and every 6 months and at annual review.	ADHD clinic if titration taking place in clinic At 6 monthly intervals: Patients can self-monitor and report to primary care or can be done by Primary Care At annual review: To be done by primary care.	If there is a clinically significant increase in blood pressure, monitor and treat as per usual unless it is felt that ADHD treatment benefits don't outweigh antihypertensive treatment requirement; discuss with ADHD clinic to consider dose adjustment or alternative ADHD treatment
Pulse			NICE guidance suggest to investigate a resting tachycardia of > 120pbm; we suggest to monitor and possibly investigate a sustained resting tachycardia >100bpm; consider ECG; discuss with ADHD clinic.
Weight			If there is evidence of significant weight loss, measure BMI and discuss with patient as appropriate. Strategies to manage weight loss include: -Taking medication with or after food. -Additional meals/snacks early morning or late evening when stimulant effects have worn off. -Choosing high calorie foods of good nutritional value. -Taking a planned break from treatment or changing medication.

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
Decreased appetite, weight loss	Very common	Advice to eat regular small portions throughout the day. Reduce and/or change timing of medication dose
Insomnia, nervousness	Very common	Consider change of timing of medication
Arrhythmia, palpitations, tachycardia	Common	Reduce dose; check for other conditions that give rise to heart rhythm problems
Abdominal pain and cramps, nausea, vomiting, dry mouth	Common	Advise to eat before medication, sugar free sweets and water to counteract dry mouth; reduce/change medication
Changes in blood pressure and heart rate (usually increases)	Common	Monitor more regularly, reduce/change ADHD medication and/or treat raised blood pressure
Arthralgia	Common	Reduce/change medication
Vertigo, dyskinesia, headache, hyperactivity	Common	Treat symptomatically and if no improvement after a period of time, reduce/change medication
Abnormal behaviour, aggression, excitation, anorexia, anxiety, depression, irritability	Common	Reduce/stop/change medication

Referral back to specialist

Contact specialist for advice if:

• Patient finds the medication intolerable for any given reason
• If there is concern about observed mental/psychological or physical side effects (e.g. depression or hypertension)
•The side effects mentioned above, do not appear to be of a temporary and short lived nature persist beyond the first week of medication.

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

Significant Drug Interactions

- History of drug abuse or alcohol abuse
- Epilepsy
- Eating disorder, suicidal ideation, hyperexcitability, psychotic symptoms, psychopathic/borderline personality disorder
- Agitation and aggressive behaviours
- Pregnancy and breastfeeding patients would require specialist advice.

Contraindications

•Glaucoma
•Phaeochromocytoma

	•Symptomatic cardiovascular disease, structural cardiac abnormalities and/or moderate or severe hypertension, heart failure, arterial occlusive disease, angina, haemodynamically significant congenital heart disease, cardiomyopathies, myocardial infarction, potentially life-threatening arrhythmias and channelopathies (disorders caused by the dysfunction of ion channels) •Advanced arteriosclerosis •Concomitant use of monoamine oxidase inhibitors (MAOI) or within 14 days of MAOI treatment •Hyperthyroidism or thyrotoxicosis. •Cerebrovascular disorders (cerebral aneurysm, vascular abnormalities including vasculitis or stroke) •Severe depression, severe and episodic (Type I) Bipolar (affective) Disorder (not well controlled) and schizophrenia (not well-controlled) •Porphyria •Gilles de la Tourette syndrome or similar dystonias •Hypersensitivity of any of the ingredients. Note: the current product available in the UK contains isomalt so is not suitable for patients with a fructose allergy.
Reminder to ask patient about specific problems	Ask the patient about substance use, compliance and adverse effects and be aware of the potential impact of this medication on co-morbidities such as anxiety.

Section 6: Advice to the patient

Advice for prescribing clinician to inform patient

1. It is not advisable to drink alcohol, use recreational substances or consume excessive amounts of caffeine whilst taking Atomoxetine.
2. The patient should immediately report abdominal pain, unexplained nausea, malaise, darkening of the urine, jaundice, or suicidal thinking and/or self-harm to the GP.
3. Failure to attend annual reviews when called for by the GP, could result in the medication being stopped.
4. Patients can choose to try stopping the medication. Annual reviews are an ideal opportunity to discuss this but a desire to stop medication can be expressed and discussed at any time.
5. Information on drug prescribed including a patient information leaflet (PIL). Information on mental health conditions, treatments and medication can be found at: http://www.choiceandmedication.org/awp/

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
Dr Dietmar Hank	AWP	Click here to enter details	Click here to enter details
Dr Dietmar Hank	AWP	01275 796262	Awp.specialisedadhdservices@nhs.net

Section 11: Document Details

Date prepared	6th December 2019
Prepared by	Emily Knight/Dietmar Hank
Date approved by JFG	March 2020
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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

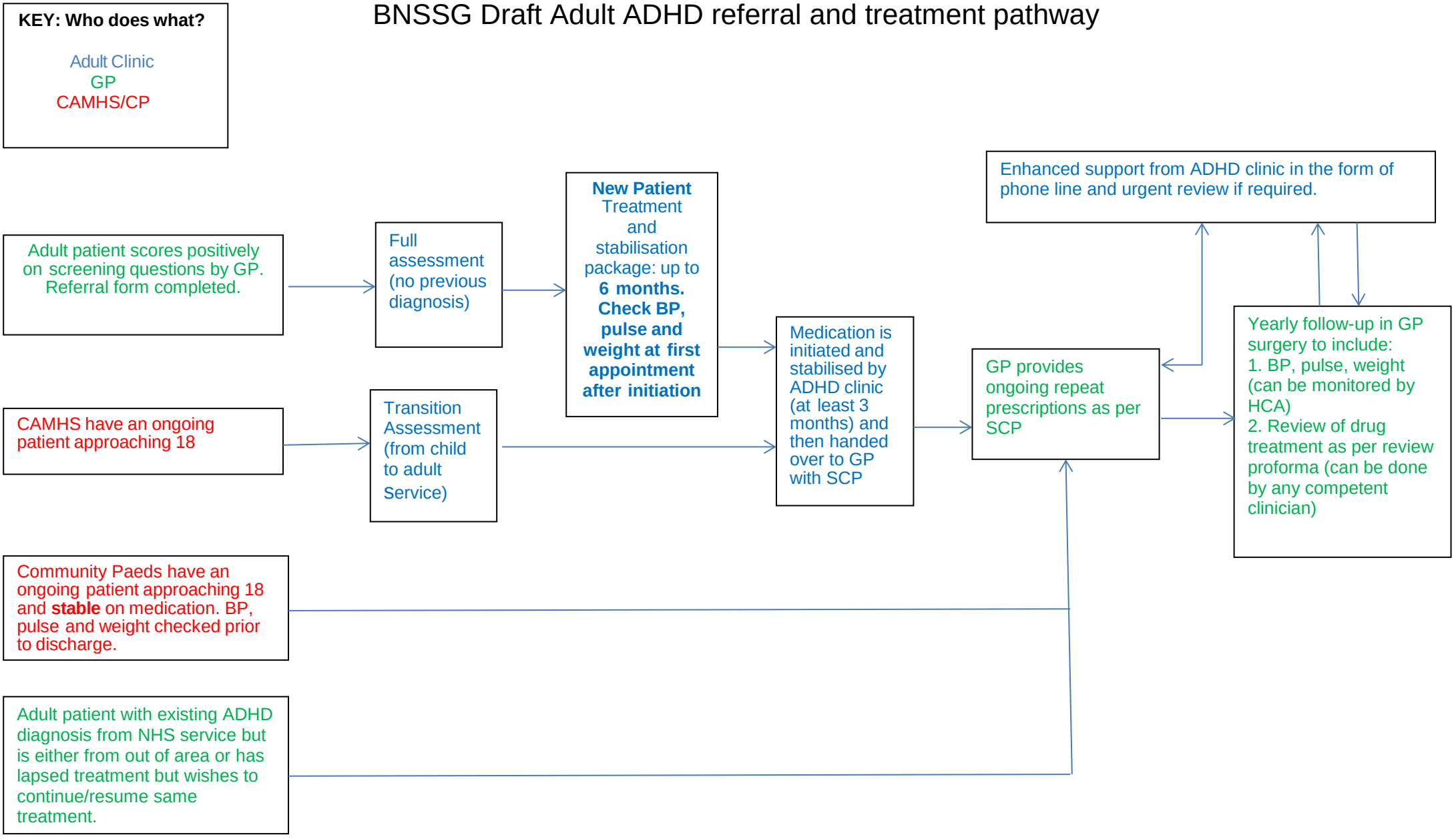
1. Click here to enter details

Section 13: References

Please list references

1. BNF online [accessed
2.

BNSSG Draft Adult ADHD referral and treatment pathway



Patients under CAMHs will generally be more complex and may be more likely to require Adult specialist input at transition. Patients under Community Paediatrics will generally be defined as more stable and able to be moved to care of the GP at transition.