

BNSSG Shared Care Guidance

Section 1: Heading

Drug	Lisdexamfetamine for adults with ADHD
Amber <i>three months</i>	
Indication	Treatment of ADHD in adults
Speciality / Department	Bristol ADHD Service (Attention Deficit Hyperactivity Disorder)
Trust(s)	Avon and Wiltshire Mental Health Partnership NHS Trust

Section 2: Treatment Schedule

Usual dose and frequency of administration	<p>Dexamfetamine was not licensed for the treatment of ADHD in adult patients until 01.07.15 but just gained a licence as Lisdexamfetamine (Elvanse Adult) and is now indicated as part of a comprehensive treatment programme for ADHD in adults. The NICE Guideline CG72 supports the second or third line use of Dexamfetamines in adults. Lisdexamfetamine is an engineered long-acting, pharmacologically inactive version of Dexamfetamine. Dexamphetamine is bound to lysine and released after hydrolysis in red blood cells as an unaltered molecule.</p> <p>Clinical effect of the drug is 12-13 hours, with significant advantages in safety and clinical effect, compared to shorter-acting compounds.</p> <p>This Shared Care Guidance only covers adult ADHD patients with no other serious mental health co-morbidities who are stabilised on a Lisdexamfetamine prescription.</p> <p>Formulations are marketed as the trade name Elvanse and Elvanse Adult (available from 01.07.15).</p> <p>Elvanse and Elvanse Adult are available as 30, 50, 70mg capsules, equivalent to 8.9mg, 14.8mg and 20.8mg Dexamfetamine, respectively. The dose may be adjusted starting at 30mg od, increasing to 50mg or 70mg, with the maximum BNF limit currently being 70mg a day, to be taken in the morning. Although the manufacturer recommends increases on a weekly basis, in general, we undertake dosage adjustment at approximately monthly intervals, if necessary.</p> <p>Lisdexamfetamine is classed as a Schedule 2 Controlled Drug</p>
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	under the Misuse of Dugs Act 1971. Prescriptions must therefore conform to the Misuse of Drugs Regulations 2001. It is 'best practice' is to prescribe one month supply or less of schedule 2 controlled drugs.
Route and formulation	Oral, capsules
Duration of treatment	Patients can choose to try stopping the medication every 1 to 5 years, with the guidance of the specialist clinic if desired. Patients will generally report definitively either way, if they feel they still need the medication once they are off it for longer than a few days.

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
<p>1. The AWP ADHD clinic to check BP, pulse and weight at the first appointment and after starting treatment, at every appointment where dose has been adjusted, and at the annual review.</p> <p>3. No need to check bloods or other parameters unless specific individual concerns exist.</p>
Subsequent tests - where appropriate
<p>If abnormality is found at baseline, investigate and treat appropriately as appropriate for that abnormality. If hypertension or tachycardia due to medication, then psychiatrist will be responsible for adjusting medication regime and/or liaising with the GP to generate a collaborative plan of action.</p>

Section 4: Side Effects

Please list the most common side effects and management. Please provide guidance on when the GP should refer back to the specialist.

Side effects and management	<p>If the patient experiences symptoms of hypertension, insomnia, agitation, anxiety and appetite suppression, they generally subside after 3-4 days.</p> <p>Very Common:</p> <ul style="list-style-type: none"> • Headache. This is usually transient. If it is persistent, consider stopping and consult the specialist team. • Decreased appetite. This is usually transient. Weight loss is rare in adults. • Dry mouth • Insomnia. This may be transient. Refer to the specialist team if persistent. <p>Common:</p> <ul style="list-style-type: none"> • CVS symptoms: arrhythmias, tachycardia, hypertension, and palpitations. Monitor the BP and pulse, and if necessary do an ECG. If the pulse is > 100, contact the specialist team. • Agitation • Anxiety • Bruxism • Libido reduced, erectile dysfunction • Dizziness • Restlessness • Tremor • Irritability
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	<ul style="list-style-type: none"> • Fatigue • Dyspnoea • Gastro-intestinal disorders: diarrhoea or constipation, nausea, upper abdominal pain <p>Uncommon:</p> <ul style="list-style-type: none"> • Hypersensitivity reactions. Contact specialist team. <p>Rare:</p> <ul style="list-style-type: none"> • Difficulties in visual accommodation, usually transient. Contact specialist team if persistent <p>Very Rare:</p> <ul style="list-style-type: none"> • Neuroleptic Malignant syndrome - Stop drug and refer. This can be characterised by: hyperthermia, fluctuating conscious level, muscular rigidity, autonomic dysfunction with pallor, tachycardia, labile blood pressure and urinary incontinence • Leucopaenia, thrombocytopenia and anaemia - Very Rare - Refer to specialist team drug may need to be stopped. <p>More rarely, depression, or very rarely, psychosis.</p>
Referral back to specialist	<ul style="list-style-type: none"> • patient finds the medication intolerable for any given reason, or • if you are concerned about observed mental/psychological or physical side effects (e.g. depression or hypertension), or • if the side effects mentioned below appear to persist beyond the first week of medication.

Section 5: Drug Interactions

Please list clinically significant drug interactions ([view lisdexamfetamine spc here](#))

Significant Drug Interactions	<p>MAOIs, moclobemide; risk of hypertensive crisis. Not to be given within 2 weeks of MAOIs</p> <p>Volatile liquid anaesthetics: increased risk of hypertension</p> <p>Tricyclic antidepressants: increased levels of TCA as can inhibit metabolism</p> <p>Antipsychotics – effects of Lisdexamfetamine possibly reduced by Chlorpromazine; Lisdexamfetamine possibly antagonises antipsychotic effects of Chlorpromazine</p> <p>Antihypertensives – Lisdexamfetamine may reduce the effect of antihypertensives</p> <p>Alcohol - limited data, may increase CNS adverse reactions</p> <p>Others: not to be given with other sympathomimetics e.g. pseudoephedrine and decongestants</p>
Reminder to ask patient about specific problems	<p>Ask about emergency of any possible side effects/compliance to treatment issues.</p>

Section 6: Contra-indications, Cautions and Special Recommendations

<p><u>Absolute contraindications:</u> Concomitant use of monoamine oxidase inhibitors (MAOIs) or within 14 days after treatment (due to the risk of hypertensive crisis).</p>

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Contraindications

- Hypersensitivity to sympathomimetic amines or any of the excipients in the particular formulation (e.g. Elvanse, Elvanse Adult)
- Hyperthyroidism or thyrotoxicosis
- Agitated states
- Symptomatic cardiovascular disease
- Advanced arteriosclerosis
- Moderate to severe hypertension.
- Glaucoma

Special Warnings and precautions

- Pre-existing cardiovascular disorders including 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)
- Pre-existing cerebrovascular disorders cerebral aneurysm, vascular abnormalities including vasculitis or stroke or known risk factors for cerebrovascular disorders
- Diagnosis or history of recent severe depression, anorexia nervosa/anorexic disorders, suicidal tendencies, psychotic symptoms, severe mood disorders, mania, schizophrenia, psychopathic/borderline personality disorder.
- Diagnosis or history of severe and episodic (Type 1) Bipolar (affective) disorder
- Tics – stimulants can exacerbate motor and phonic tics and Tourette's Syndrome
- Aggression – stimulants may cause aggressive behaviour or hostility
- Seizures – stimulants may lower the seizure threshold

Relative contraindications:

Pre-existing cardiac disease.

History of eating disorder.

Epilepsy

Tourette's syndrome

Dose reduction and discontinuation

If the symptoms of ADHD do not improve after appropriate dosage adjustment treatment must be stopped by the clinic. If paradoxical aggravation of symptoms or other serious adverse events occur, the dosage should be reduced or discontinued – advice should be sought from and managed by the clinic.

Section 7: Advice to the patient

Advice for prescribing clinician to inform patient

There is no specific psychiatric emergency that relates to ADHD. This is a lifelong condition that generally does not wax and wane.

Blood pressure should be monitored at appropriate intervals (see Responsibilities for Primary care and Secondary Care, below) in all patients taking stimulants, especially those with hypertension. It is recommended to check Blood pressure every six months with Lisdexamfetamines.

Caution is called for in emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase the dosage on their own initiative.

Our clinic runs 9am to 5pm weekdays and we welcome enquiries from patients and professionals alike, on any matter relating to ADHD in adults.

Adult ADHD medications are unlikely to increase in dosage once the medication dose is stabilised.

Patients can choose to miss medications on days they don't feel they will need them, but in general this pattern ought to be predictable week to week.

It is not advisable to drink alcohol or take other recreational drugs whilst on Lisdexamfetamine.

Once stabilised the patient should attend an annual review at the clinic, failure to do this could result in the

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medication being stopped.

Patients can choose to try stopping the medication every 1 to 5 years, with the guidance of the specialist clinic if desired. Patients will generally report definitively either way, if they feel they still need the medication once they are off it for longer than a few days.

Section 8: Responsibilities for Secondary Care

Core responsibilities

1. Initiating treatment and prescribing for the first three months
2. Undertaking the clinical assessment and monitoring for the first three months.
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. blood test is due.
5. To provide advice to primary care when appropriate.
6. Review concurrent medications for potential interaction prior to initiation of Lisdexamfetamine.
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.

Other specific to drug

1. Full psychiatric assessment including a structured objective assessment of symptoms.
2. Initiation and prescription of medication for at least 3-6 months. Reclaiming responsibility of prescription during subsequent times of dose adjustment (e.g. during an attempt to reduce or pause medication)
3. Monitor Blood pressure, pulse and weight at first appointment after initiating drug, at every dose increase and at annual reviews. Inform GP of abnormal results and any actions taken or required
4. Yearly psychiatric review of all patients once stabilised, including a decision on whether to try challenge off medication, and annual monitoring of BP, pulse and weight.
5. Liaising with all professionals and carers involved in the patient's care, as necessary.
6. Providing direction and advice with respect to psychological treatments.
7. Liaising with pharmacies on matters of supply and admin.
8. Being available by phone to GPs during office hours, with a target of 48 hours in work time for a clinician to return any enquiry calls.

Section 9: Responsibilities for Primary Care

Core responsibilities

1. Responsible for taking over prescribing after the first three months
2. Responsible for the clinical assessment and monitoring after the first three months
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.

Other specific to drug

1. Following a request for shared care of a patient, if the GP or any GP within the practice is unable to take on the prescribing for these patients, then the clinic should be informed as soon as possible.
2. If the GP decides not to prescribe lisdexamfetamine, it should still be added to the patients repeat list as a 'non-issued item' for information and safety purposes.
3. Checking BP, pulse and weight of patients prior to referral. Treating appropriately and/or consulting the clinic of abnormality detected. (Check more often if clinically relevant e.g. patient has pre-existing hypertension)

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4. Issuing repeat prescriptions once dose is stabilised, on request from specialist clinic.
5. To manage minor adverse events as appropriate.
6. To encourage and maintain a holistic and shared approach to the adult's care, with the adult being primarily responsible for decisions about his/her health and treatment.

Section 10: Contact Details

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Section 11: Document Details

Date prepared	June 2015
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Section 12: Collaboration

Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

Circulation amongst Commissioners from NHS Bristol, NHS North Somerset and NHS South Gloucestershire, and local GPs

Section 13: References

1. EMC <http://www.medicines.org.uk/emc/medicine/30377> [accessed 24.06.15]
2. MHRA <http://www.mhra.gov.uk/home/groups/par/documents/websiteresources/con534710.pdf> [accessed 24.06.15]
3. NICE Guidelines on ADHD (CG72, 2008)
4. British Association of Psychopharmacology Guidelines on Managing ADHD, 2014
http://www.bap.org.uk/pdfs/ADHD_Guidelines.pdf

BNSSG Shared Care Guidance The Bristol Care Pathway for Adults with ADHD

