North Lincolnshire Health and Care Partnership

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

H A P C
Humber Area Prescribing Committee

Shared Care Prescribing Guideline for the Pharmacological Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

Version:	VIX
Ratified by:	Northern Lincolnshire Area Prescribing Committee
Date ratified:	September 2020
Updated:	April 2023
Name of originator/author:	NECS Medicines Optimisation Team, North Lincolnshire CCG
Date reviewed:	April 2023
Reviewed by:	NECS Medicines Optimisation Team North Lincolnshire Health and Care Partnership
Name of responsible committee/individual:	NECS Medicines Optimisation Team Pharmacist
Date issued:	April 2023
Review date:	April 2025
Target audience:	Health care professionals working in primary and secondary care in ADHD services in North Lincolnshire

Children and young people's ADHD services in North Lincolnshire are provided by RDASH and NLAG, adult services are provided by RDASH and transition services are undertaken jointly by both organisations.

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1. INTRODUCTION

The purpose of these shared care prescribing arrangements is to clarify the roles and responsibilities of both Primary and Secondary Care clinicians in supporting service users from the initial GP referral to specialist services, diagnosis, initiation of treatment and ongoing monitoring of ADHD medications.

ADHD is a neurodevelopmental condition which manifests as cognitive and behavioural deficits. It is characterised by the core symptoms of hyperactivity, impulsivity and inattention. ADHD is thought to be a persistent condition. A diagnosis should only be made by specialist psychiatrist or appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

Drug treatments for ADHD should always form part of a comprehensive treatment programme that focuses on psychological, behavioural and educational/occupational needs.

Progressing to a stable, optimal dose usually takes approximately 8-12 weeks. Once achieved, a shared care arrangement may be requested for managing the prescribing of methylphenidate (immediate release and long acting), lisdexamfetamine, atomoxetine or dexamfetamine. This shared care guideline will outline:

1. Who will assess and diagnose
2. Who will initiate treatment and prescribe medication if necessary
3. Who will monitor as per requirements of a specific medicine e.g. any tests required (e.g. ECG), the exact names/nature of the tests, why they are needed, the frequency of testing, the location in which these will be carried out and action to be taken for any abnormal results
4. Which clinician will be responsible for receipt and review of the results
5. Who will communicate any necessary changes in dose to the patient, carers, parents and the GP.
6. What documentation is necessary to ensure accurate record keeping

In March 2018, the National Institute for Health and Care Excellence (NICE) published new guidance for the diagnosis and management of Attention Deficit Hyperactivity Disorder (NICE guideline NG87). This guidance was updated in September 2019.

2. SHARED CARE RESPONSIBILITIES (CHILDREN AND YOUNG ADULTS Under 19)

There is a general expectation from the initial referral to specialist services that if a medication is initiated and maintained, a shared care arrangement will be offered to parents, to enable the ongoing treatment to be transferred back to GP

Step 1 GP responsibility
When required, send initial referral request for psychological assessment to RDASH CAMHS - including patient details and brief summary of concerns.

Step 2 Specialist responsibility
Once referral is received, RDASH CAMHS will provide an initial screen and add patients to assessment waiting list. The patient will then be seen for an ADHD assessment. If a diagnosis of ADHD is given the option of medication management is discussed, in which a referral will be made from RDASH CAMHS to NLAG Paediatric ADHD service. Prior to prescribing, any physical health checks will be provided.

The assessment will include:

- Full mental health and social assessment
- Full history including past and present medical and psychiatric disorders or symptoms
- Concomitant medicines
- History or risk of substance misuse.

Additionally, the ADHD specialist service will be required to;

1. Before initiating treatment, perform all necessary tests, including specialist ADHD medical assessment (including blood tests, BMI, pulse, BP and ECG where indicated). Screen for substance misuse. Communicate the results to the patient's GP.
2. NICE advise 'an electrocardiogram (ECG) if the treatment may affect the QT interval'- if required, the specialist will need to undertake this test.
3. Discuss the benefits and side effects of treatment with the patient. Provide the service user with a Patient Information Leaflet, explain it and ensure that the service user understands the reason for the treatment and dosing regimen.
4. Initiate treatment and prescribe in accordance with NICE and locally agreed clinical guidelines until the GP formally agrees to share care. Patients will be seen in clinic prior to consideration of shared care.
5. Within 4 weeks of initial prescription (and usually within first 2 weeks):
    a. Review efficacy of the prescribed ADHD drug
    b. Monitor for side effects and document any problems discussed
    c. Adjust dose if necessary and correspond with GP as necessary for sharing of information
6. Take pulse and blood pressure.
7. Discuss the shared care arrangement with the patient, and provide parents and children / young people with options around the level of shared care*
8. Provide results of baseline tests and recommend frequency of monitoring to GP. The specialist must also explain what the recommended tests are, why they are needed and the location in which these tests will be carried out (primary or secondary care).
9. Send a letter to the GP after each clinic attendance ensuring current dose, weight, and frequency of monitoring are stated.
10. Inform GP of test results, actions to take in case of abnormal results, and advise the GP on when

to adjust the dose, stop treatment, change in behaviour; treatment resistance, increased sedation etc.

11. Report adverse events to the MHRA (via Yellow Card Scheme) and GP.
12. Inform GP of service users who do not attend clinic appointments.
13. Provide advice and support to GP whenever necessary.
14. At the annual review, review progress and communicate findings back to GP. Provide support and advice regarding all aspects of medication prescribed to GP. Offer routine appointment for review at 12 months.
15. Publish a pathway to support any advice / additional reviews, as requested by the GP.

**Within the pathway for those under 18, children, young people and their families will be provided with the option of the degree to which they would like to engage with shared care including whether their preference is for prescription only to be issued be their GP (level 1) or prescription and monitoring (level 2).*

Step 3 GP responsibility

Complete transfer form and send back to specialist team confirming acceptance/ rejection of shared care for service user. If there are concerns about the treatment there should be liaison with the specialist to resolve concerns. If the GP is unable to agree to shared care, inform specialist team stating reasons within 14 days of receipt of request.

Once the patient has stabilised (normally after at least 12 weeks):

1. Issue repeat prescriptions as advised by the specialist. (Level 1 and Level 2)
2. Monitor service user's overall health and well-being and offer follow up and monitoring of BP, pulse, BMI, (Level 2)
3. Manage adverse effects and discuss with specialist team when required
4. Ensure compatibility with concomitant medication. Consult with specialist mental health medicines information pharmacy service if required.
5. Adjust the dose as advised by the specialist (where applicable) and counsel the service user on any dose changes (Level 1 and Level 2)
6. Seek advice (over the phone or by requesting a review in the clinic) whenever there are concerns or questions about the service user's ongoing treatment with medication for ADHD (Level 2)
7. Refer patients for prompt specialist cardiac evaluation if symptoms develop such as palpitations, exertional chest pain, unexplained syncope, dyspnoea or other symptoms suggestive of heart disease. (Level 1 and Level 2)
8. Be alert for signs of diversion, misuse or abuse of ADHD medication (Level 1 and Level 2)
9. Stop treatment on advice of specialist or immediately if urgent need arises (Level 1 and Level 2).
10. Help in monitoring the progression of disease and inform the specialist team of any changes to medication (Level 2)
11. Report adverse events to the specialist and MHRA (See 'Adverse effects' section of document) (Level 1 and Level 2).

Consider re-referral to secondary care if there is:

- Non-compliance or suspected non-compliance with treatment or monitoring
- Pregnancy or planning pregnancy
- Breast feeding
- Initiation of interacting medication
- Lack of or concern over efficacy
- Intermittent or poor adherence with treatment
- Service user functioning declines significantly
- Tolerability or side effect problems
- Service user request to discontinue treatment or review treatment
- Comorbid alcohol or drug misuse suspected
- Risk to the person or others

Step 4 Service User/parent/carer responsibilities (Level 2)

1. Discuss potential benefits and side effects of treatment with the specialist and GP.
2. Check that where possible the specialists have provided a service user-held record or information sheet for monitoring and/or to alert other clinical staff to the treatment.
3. Share any concerns they have in relation to treatment with the medicine.
4. Report any adverse effects to their specialist or GP whilst taking the medicine.
5. Report to the specialist or GP if they do not have a clear understanding of their treatment.
6. Participate in the monitoring of therapy and the assessment of outcomes, to assist health professionals to provide safe, appropriate treatment.

3. TRANSITION TO ADULT SERVICES FOLLOWING NICE CLINICAL GUIDELINE CG87 ON ADHD

- A young person with ADHD receiving treatment and care from Child and Adolescent Mental Health Services (CAMHS) or paediatric services should be reassessed by the children's service at school-leaving to establish the need for continuing treatment into adulthood. If treatment is necessary, arrangements should be made for a smooth transition to adult services with details of the anticipated treatment and services that the young person will require. Transition should usually be completed from 17.5 years onwards - see NICE's guideline on transition from children's to adults' services for young people using health or social care services. [2008, amended 2018]
- The Under 18's ADHD service should contact the adult service and invite a representative to participate in a joint meeting appointment, which will be the young person's last appointment at the under 18's service.
- After transition to adult services, adult healthcare professionals should carry out a comprehensive assessment of the person with ADHD that includes personal, educational, occupational and social functioning, and assessment of any coexisting conditions, especially drug misuse, personality disorders, emotional problems and learning difficulties and make appropriate assessments, if required.

4. SHARED CARE RESPONSIBILITIES ADULTS

Step 1 **GP responsibility**
Send initial referral request for assessment to RDASH including patient details and brief summary of concerns

Step 2 **Specialist responsibility**
Once referral is received, the service will complete the appropriate triage and provide the appropriate assessment, as required. If a diagnosis is received, treatment options will be discussed with the patient.

If medication is requested the service will provide the appropriate medical and medication assessments including;

- Full mental health and social assessment
- Full history including past and present medical and psychiatric disorders or symptoms
- Concomitant medicines
- History or risk of substance misuse.

1. Before initiating treatment, perform all necessary tests, including specialist ADHD medical assessment (including blood tests, BMI, pulse, BP and ECG where indicated). Screen for substance misuse. Communicate the results to the patient's GP.
2. NICE advise 'an electrocardiogram (ECG) if the treatment may affect the QT interval'. The specialist will need to undertake this
3. Discuss the benefits and side effects of treatment with the patient. Provide the service user with a Patient Information Leaflet, explain it, and ensure that the service user understands the reason for the treatment, and dosing regimen. Obtain and document consent.
4. Initiate treatment and prescribe in accordance with NICE and locally agreed clinical guidelines until the GP formally agrees to share care. Patients will be seen in clinic prior to consideration of shared care
5. Within 4 weeks of initial prescription (and usually within first 2 weeks):

a. Review efficacy of the prescribed ADHD drug
b. Monitor for side effects and document any problems discussed
c. Adjust dose if necessary and correspond with GP's as necessary for sharing of information

6. Take pulse and blood pressure, record weight
7. Discuss the shared care arrangement with the patient. Ensure the patient understands that treatment may be stopped if they do not attend for monitoring and treatment reviews.
8. Provide results of baseline tests and recommend frequency of monitoring to GP. The specialist must also explain what the recommended tests are, why they are needed and the location in which these tests will be carried out (primary or secondary care).
9. Alert the patients GP after each clinic attendance ensuring current dose, weight, and frequency of monitoring are stated.
10. Inform GP of test results, actions to take in case of abnormal results, and advise the GP on when to adjust the dose, stop treatment, change in behaviour; treatment resistance, increased sedation etc.
11. Evaluate adverse effects reported by GP or patient.
12. Report adverse events to the MHRA (via Yellow Card Scheme) and GP.
13. Inform GP of service users who do not attend clinic appointments.
14. Provide advice and support to GP whenever necessary. Contact numbers on page one
15. At the annual review, review progress and communicate findings back to GP. Provide support and advice regarding all aspects of medication prescribed to GP. Offer routine appointment for review at 12 months.

Step 3 GP responsibility

Complete transfer form and send back to specialist team confirming acceptance/ rejection of shared care for service user. If there are concerns about the treatment there should be liaison with the specialist to resolve concerns. If the GP is unable to agree to shared care, inform specialist team stating reasons within 14 days of receipt of request.

Once the patient has stabilised (normally after at least 12 weeks):

1. Issue repeat prescriptions as advised by the Specialist.
2. Monitor service user's overall health and well-being and offer follow up and monitoring of BP, pulse, BMI, as advised by the Specialist Service.
3. Manage adverse effects and discuss with specialist team when required
4. Ensure compatibility with concomitant medication. Consult with specialist mental health medicines information pharmacy service if required.
5. Adjust the dose as advised by the specialist (where applicable) and counsel the service user on any dose changes
6. Seek advice (over the phone or by requesting a review in the clinic) whenever there are concerns or questions about the service user's ongoing treatment with medication for ADHD
7. Refer patients for prompt specialist cardiac evaluation if symptoms develop such as palpitations, exertional chest pain, unexplained syncope, dyspnoea or other symptoms suggestive of heart disease.
8. Be alert for signs of diversion, misuse or abuse of ADHD medication.
9. Stop treatment on advice of specialist or immediately if urgent need arises.
10. Help in monitoring the progression of disease and inform the specialist team of any changes to medication
11. Report adverse events to the specialist and MHRA (See 'Adverse effects' section of document)

Contact ADHD service if there is:

- Non-compliance or suspected non-compliance with treatment or monitoring
- Pregnancy or planning pregnancy
- Breast feeding
- Initiation of interacting medication
- Lack of or concern over efficacy
- Intermittent or poor adherence with treatment
- Service user functioning declines significantly
- Tolerability or side effect problems
- Service user request to discontinue treatment or review treatment
- Comorbid alcohol or drug misuse suspected
- Risk to the person or others

Step 4 Service user responsibility

1. To attend all scheduled monitoring and review appointments with primary care and the specialist.
2. To inform the GP if new health problems occur.
3. To ensure correct medication administration.
4. Report use of any over the counter (OTC) medications and ask for advice before purchasing any OTC medicines.
5. To be aware of side effects, and report any relevant symptoms.
6. To be aware that any medication will be discontinued if there are unacceptable adverse effects.
7. Not to drive or operate heavy machinery if medication affects ability to do so safely. Inform DVLA if ability to drive safely is affected.

5. SUPPORTING INFORMATION – treatment should be initiated by the specialist and where considerations are being given to switching medications, this should be the responsibility of the specialist

Medication Choice – children and young people

- Children aged 5 years and over should be offered methylphenidate (either short or long acting) if their ADHD symptoms are still causing a persistent significant impairment in at least one domain after their parents have received ADHD focused information, group based support has been offered and environmental modifications have been implemented and reviewed.
- Consider switching to lisdexamfetamine for children aged 5 years and over who have had a 6 week trial of methylphenidate at an adequate dose and not derived enough benefit in terms of reduced ADHD symptoms and associated impairment.
- Consider dexamphetamine for children aged 5 years and over whose ADHD symptoms are responding to lisdexamfetamine but who cannot tolerate the longer effect profile.
- Offer atomoxetine to children aged 5 years and over if they cannot tolerate methylphenidate or lisdexamfetamine or their symptoms have not responded to 6 week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses.

Medication Choice – adults

- Offer lisdexamfetamine or methylphenidate as first line pharmacological treatment for adults with ADHD (note that this is an off-label use of lisdexamfetamine for some adults, and some preparations of methylphenidate).
- Consider switching to lisdexamfetamine for adults who have had a 6-week trial of methylphenidate at an adequate dose but have not derived enough benefit in terms of reduced ADHD symptoms and associated impairment.
- Consider switching to methylphenidate for adults who have had a 6-week trial of lisdexamfetamine at an adequate dose but have not derived enough benefit in terms of reduced ADHD symptoms and associated impairment.
- Consider dexamfetamine for adults whose ADHD symptoms are responding to lisdexamfetamine but who cannot tolerate the longer effect profile.
- Offer atomoxetine to adults if: they cannot tolerate lisdexamfetamine or methylphenidate; their symptoms have not responded to separate 6-week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses.

INDICATIONS

Currently methylphenidate and dexamfetamine preparations do not have UK marketing authorisation for use in adults with ADHD. Hence, the prescription of methylphenidate and dexamfetamine after the age of 18 years is 'off label'. Informed consent should be obtained and documented. Atomoxetine and lisdexamfetamine are licensed for the treatment of ADHD in adult patients when the presence of the condition in childhood can be confirmed. NICE guidance recommends medication as first choice in the treatment of adults with moderate / severe ADHD.

DOSE AND ADMINISTRATION

For most recent information refer to SPC www.medicines.org.uk

Medication	Brand	Action	Dosage
Methylphenidate *Immediate Release*	Ritalin, Equasym, Medikinet *(branded generics also include Tranquilyn).* **see below*	CNS stimulant *Schedule 2 controlled drug*	Adult: 5mg BD - TDS up to a max of 100mg/daily in divided doses Children over 6 years 5mg OD – BD up to max of 60mg/daily in divided doses
Methylphenidate *Modified Release (MR)*	a) Equasym XL b) Medikinet XL c) Concerta XL *Xenidate XL, Matoride XL, Delmosart Xaggitin.* *Prescribe by Brand. Brands are not interchangeable due to differing immediate release and modified release components*	CNS stimulant *Schedule 2 controlled drug*	Adult: a) & b) 10mg once daily up to max of 100mg once daily c) 18mg once daily up to a max of 108mg once daily Children over 6 years a) & b) 10mg once daily up to a max of 60mg once daily c) 18mg once daily up to a max of 54mg once daily
Lisdexamfetamine▼	Elvanse	CNS stimulant *Schedule 2 controlled drug*	Adult: 30mg once daily up to a max of 70mg once daily (a lower dose of 20mg once a day can be prescribed if indicated) Children over 6 years 30mg once daily in the morning up to a max of 70mg once daily
Dexamfetamine Sulphate	Amfexa	CNS stimulant *Schedule 2 controlled drug*	Adult: 5mg BD up to a max of 60mg/daily in divided doses Children over 6 years 5mg OD – BD up to a max of 20mg/daily

Atomoxetine	Strattera	Selective noradrenaline reuptake inhibitor *(not a controlled drug)*	Adult (70kg and over) Usual Maintenance dose - 80-100 mg daily (max dose 120mg daily) Children up to 70kg body weight 0.5mg/kg up to max dose of 1.2mg/kg/daily Children over 70kg body weight 40mg daily up to max of 80mg daily
Guanfacine **(Red drug –for specialist prescribing only)**	Intuniv	Selectively targets postsynaptic α2A-adrenergic receptors, mimicking noradrenaline *(not a controlled drug)*	Children: Initially 1mg once daily, adjusted in steps of 1mg if necessary. Maintenance dose 0.05–0.12 mg/kg once daily

** Changes of specified brands should only be initiated by the secondary care specialist to prevent potential adverse effects when switching brands. Secondary care will initiate using an agreed cost effective choice*

PRESCRIBING SCHEDULE 2 CONTROLLED DRUGS

Methylphenidate, Lisdexamfetamine and Dexamfetamine (and all relevant formulations i.e. Ritalin, Medikinet, Equasym, Concerta, Elvanse) are Schedule 2 controlled drugs (CD) and hence subject to prescription requirements i.e. must be indelible, signed by the prescriber, be dated and specify the prescriber's address. The prescription must always state:

- Name and address of service user
- Form and strength of preparation (e.g. 20 mg capsules)
- Dose (e.g. 20 mg TDS) – A dose of 'as directed' cannot be used
- Total quantity or number of dose units in words AND figures e.g. 420 mg = Four Hundred and Twenty milligrams or Twenty One (21) capsules.

Advanced electronic signatures can be accepted for Schedule 2 and 3 Controlled Drugs where the Electronic Prescribing Service (EPS) is used.

A prescription is valid for 28 days from the date stated thereon. Prescriptions are limited to a supply of 30 days treatment; exceptionally to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the service user's notes.

Appropriate communication must occur between the specialist team and GP to ensure no overlap in prescribing.

ADVERSE EFFECTS

Refer to SPC/BNF

Suspected adverse drug reactions should be reported to the MHRA using the Yellow Card Scheme at www.yellowcard.mhra.gov.uk. Refer to BNF for further details.

CAUTIONS

Refer to SPC/BNF

ONGOING CLINICAL MONITORING

Once a patient's prescription is taken over by their GP all necessary clinical monitoring (with the exception of red drugs) will take place in Primary Care (*with the exception of children and young people who will have the option of their monitoring being maintained by the Specialist ADHD Service – referred to as a Level 1 Shared Care).* The ADHD service will offer specialist advice and review any patient whose medication was started in the clinic.

If there is need for specialist advice / interventions for adult patients who may already have ADHD diagnosis / treatment which was established elsewhere a new referral to the service will be required.

<u>Children (Level 2 shared care):</u>

1. Measure height, blood pressure and pulse annually (6 months after specialist reviews).
2. Measure weight every 3 months between specialist reviews for children aged 10 years and under; or annually for children over 10 years, young people and adults (6 months after specialist reviews).
3. Measure weight at 3 and 6 months following any medication change, as advised by the secondary care clinician.
4. Plot height, weight and blood pressure of children and young people on a growth chart.
5. Contact the specialist service with any cause for concern i.e. significantly reduced appetite; elevated blood pressure; significant weight loss.

<u>All Adults:</u>

1. Weight (all stimulants): Record weight at least every 6 months. If significant weight loss is associated with drug treatment contact the service to consider changing or stopping treatment. Consider monitoring BMI of adults with ADHD if there has been weight change as a result of their treatment, and changing the medication if weight change persists.
2. Cardiac function and blood pressure (all stimulants and Atomoxetine): Monitor heart rate and blood pressure before and after each dose change, and at least every 6 months[1] . If a person taking ADHD medication has sustained resting tachycardia (more than 120 beats per minute), arrhythmia or systolic blood pressure greater than the 95th percentile (or a clinically significant increase) measured on 2 occasions, reduce their dose (in conjunction with the specialist) and refer them to a cardiology/specialist physician.

MONITORING FOR ADVERSE EFFECTS

For full list, refer to Summary of Product Characteristics

1. **Seizures** If a person with ADHD develops new seizures or a worsening of existing seizures, review their ADHD medication and stop any medication that might be contributing to the seizures. After investigation, cautiously reintroduce ADHD medication if it is unlikely to be the cause of the seizures
2. **Sleep** Monitor changes in sleep pattern (for example, with a sleep diary) and adjust medication accordingly. Review sleep hygiene. If sleep disturbance associated with drug treatment continues refer back to specialist.
3. **Worsening behaviour (stimulants and Atomoxetine)** Monitor the behavioural response to medication, and if behaviour worsens adjust medication and refer to a psychiatrist to review the diagnosis. If psychotic or severe affective symptoms emerge review and consider discontinuing medication and refer to a psychiatrist for an assessment.
4. **Stimulant diversion** Healthcare professionals or carers should monitor changes in the potential for stimulant misuse and diversion, which may come with changes in circumstances and age.

CONTRAINDICATIONS

For a full list of contraindications, refer to the Summary of Product Characteristics.

DRUG INTERACTIONS

For a full list of drug interactions, refer to the Summary of Product Characteristics.

6. REFERENCES

1. NICE guideline [NG87] 87; Attention Deficit Hyperactivity Disorder: diagnosis and management ; March 2018 https://www.nice.org.uk/guidance/ng87
2. BNF 77
3. Summary of Product Characteristics http://www.medicines.org.uk
4. Camden & Islington NHS Foundation Trust, shared care guidelines for methylphenidate, dexamfetamine and atomoxetine for ADHD in adults, PHA43, July 2015
5. Barnet, Enfield and Haringey Mental Health Trust shared care guidelines for methylphenidate, dexamfetamine and atomoxetine for ADHD in adults, 2010 (Reviewed 2015)
6. MHRA. Drug Safety Update. January 2012. Available at: http://www.mhra.gov.uk/safetyinformation/drugsafetyupdate/CON140666

Patient information leaflets can be accessed from RDaSH.

Appendix A: Patients moving from out of area

- Patients arriving from out of area and already established on ADHD medication can be referred directly to the specialist service for review with regard to continuing benefit or whether the drug should be discontinued, if the GP requires this.

- The specialist team will not be able to advise on prescribing until an assessment of the patient has been made – the patient should be asked to obtain at least 3 month's supply from their previous (e.g. out of area) prescriber to ensure sufficient time for an appointment and assessment to be made.

- If a patient is unable to obtain a supply from their previous prescriber, then it will be the responsibility of the patient's new GP to decide whether to continue prescribing the ADHD medication until such time as the patient can be assessed by RDASH / NLaG.

Appendix B – recommendations from NICE 2018.

The main recommendations from the guideline in relation to pharmacological management of ADHD are:

- A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD. Diagnosis should be made on the basis of a full clinical and psychosocial assessment and in accordance with the DSM-5 or ICD-10 diagnostic criteria.
- All medication for ADHD should only be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD.
- Healthcare professionals initiating medication for ADHD should be familiar with the pharmacokinetic profiles of the short acting and long acting preparations; ensure treatment is tailored to the individual needs of the child, young person or adult; and take account of variations in bioavailability or pharmacokinetic profiles of different preparations.
- Before starting medication for ADHD, a full assessment should be undertaken which includes:
    - A review to confirm they meet the criteria for ADHD and need treatment
    - A review of mental health and social circumstances
    - A review of physical health including: medical history; current medication; height and weight; baseline pulse and blood pressure; cardiac examination; an ECG if the treatment may affect the QT interval. An electrocardiogram (ECG) is not needed before starting stimulants, atomoxetine or guanfacine, unless the person has any of the features listed below, or a co-existing condition that is being treated with a medicine that may pose an increased cardiac risk.
- Referral for a cardiology opinion should be made before treatment if any of the following apply:
    - History of congenital heart disease or previous cardiac surgery
    - History of sudden death in a first degree relative under the age of 40 years suggestive of cardiac disease
    - Shortness of breath on exertion compared with peers
    - Fainting on exertion or in response to fright or noise
    - Palpitations that are rapid, regular and start and stop suddenly
    - Chest pain suggesting cardiac origin
    - Signs of heart failure
    - A murmur heard on cardiac examination
    - Referral should be made to a paediatric hypertension specialist before starting medication for ADHD if blood pressure is consistently above the 95th centile for age and height in children and young people.
- Medication is not recommended in children under the age of 5 years. Health professionals should offer parents or carers a referral to an appropriate ADHD specific training/education programme.

Pharmacological treatment:

- **1st line**: Offer lisdexamfetamine or methylphenidate as first-line pharmacological treatment for adults with ADHD.
- **2nd line**: Consider switching to lisdexamfetamine for adults who have had a 6-week trial of methylphenidate at an adequate dose but have not derived enough benefit in terms of reduced ADHD symptoms and associated impairment.
- **3rd line**: Consider switching to methylphenidate for adults who have had a 6-week trial of lisdexamfetamine at an adequate dose but have not derived enough benefit in terms of reduced ADHD symptoms and associated impairment.

Consider dexamfetamine for adults whose ADHD symptoms are responding to lisdexamfetamine but who cannot tolerate the longer effect profile.
Offer atomoxetine to adults if:

- they cannot tolerate lisdexamfetamine or methylphenidate or
- their symptoms have not responded to separate 6-week trials of lisdexamfetamine and methylphenidate, having considered alternative formulations and doses.

Do not offer any of the following medication for ADHD without advice from a tertiary ADHD service:

- guanfacine for adults
- atypical antipsychotics in addition to stimulants for people with ADHD and coexisting pervasive aggression, rages or irritability
- medication not included in the recommendations above.

Important: Please refer to the full Summary of Product Characteristics (SPC) for each drug for details of side effects, cautions, contraindications and drug interactions via www.medicines.org.uk .

Appendix C

Page 1 of 3: REQUEST BY THE SPECIALIST CLINICIAN FOR THE SERVICE USER'S GP TO ENTER INTO THE SHARED CARE AGREEMENT

INSERT CLINIC ADDRESS

REF: Silverlink ID
NHS NO: Tel No:
Fax no:

Date of Clinic:
Date Typed:

The contents of this letter are confidential and may not be disclosed without the consent of the writer

GP ADDRESS

Dear Dr

RE **JOE BLOGG, DOB ADDRESS**

Your service user has been attending **INSERT NAME OF CLINIC** and has been prescribed *medication / dose / frequency.* He/she has been stabilised on treatment. It is felt that he/she will benefit from continuing this medication under the terms of the attached shared care guideline. For children and young people only, the patient and their family have requested a Tier 1 shared care, involving medication dispensing only or Tier 2 shared care, involving medication dispensing and regular physical monitoring in primary care.] – *delete as appropriate*

Please use page 3 of this pro forma to indicate if you would like to participate in shared care. Additionally, can you inform me of any changes made to other medication prescribed by yourselves? (Especially when changes involve medicines that interact with *medication)*.

I have enclosed the service user's most recent monitoring results and the service user's next tests are due in..... (delete if not applicable)

Yours sincerely

Name

Consultant Psychiatrist

CC – Service user

PRIVATE & CONFIDENTIAL

Service user details NHS No.	Date of request _____ GP Name _____ Practice _____

Indication of treatment:	Secondary care prescriber:
Care co-ordinator:	Contact No:
Service user is stabilised on:	Dose and frequency:

Please contact the Care co-ordinator, or the out of hours crisis team on INSERT TEL. NUMBER HERE .....if you require advice or:

- Non-compliance or suspected non-compliance with treatment or monitoring
- Pregnancy or planning pregnancy
- Breast feeding
- Initiation of interacting medication
- Lack of or concern over efficacy
- Intermittent or poor adherence with treatment
- Service user functioning declines significantly
- Tolerability or side effect problems
- Service user request to discontinue treatment or review treatment
- Comorbid alcohol or drug misuse suspected
- Risk to the person or others

Monitoring results	**Date**	**Result**	**Date next due**
Weight and BMI			
Height			
BP / Pulse			
ECG (for info only)			Specialist to undertake if needed

Service user given 28 day prescription on: ***INSERT DATE***
Next prescription due on: ***INSERT DATE***

Page 3 of 3: To be completed by the General Practitioner

Service user details NHS No.

Date of request _____

GP Name _____

Practice _____

- ☐ Yes. I agree to accept shared care for this medication with this service user as set out in the 'Shared Care Guideline for pharmacological treatment for ADHD". (Level 1 or Level 2 for Under 19's – please delete as appropriate)
- ☐ I have concerns relating to the treatment or monitoring arrangements and would like to discuss these before accepting shared care for this medication with this service user.
- ☐ No. I would not like to accept shared care for this medication with service user as:

Even if you do not agree to accept shared care please record that the service user has been initiated on the medication identified above within your clinical system.

Please sign and return within 14 days to:

Email back notification of acceptance to :
NLAG ADHD Team nlg-tr.sat9@nhs.net
ADULT RDASH Single Point of Access:
rdash.nlaccessteam@nhs.net

Name:
Date:
GP / On behalf of GP

Please also attach a copy to the service user's notes and add read codes as follows:

Shared care accepted
[System 1: Shared care consultant and GP – XE1TD.
EMIS: Shared care consultant and GP-66S2-1]
Shared care declined
[System 1: Shared care referred back to the hospital - XaKAm
EMIS Shared care prescribing sent back to hospital- 8BM7]

Appendix D

REQUEST FOR REVIEW BY RDASH/NLAG

This service user has previously been seen but requires a review.

Service User Name:	Consultant Psychiatrist:
DOB:	Care Co-ordinator:
NHS Number:	GP Practice:
Tel No:	Referrer:
	Date:

Please put an 'X' in the boxes that apply

Urgency level	
Within 24 hours	
Within 48 hours	
Within 14 days	
Within 28 days	

PLEASE INDICATE WHY REVIEW IS NEEDED:

Please put an 'X' in the boxes that apply (not mandatory)

Diagnosis/Clinical Signs/Symptoms	
Mood Disorder (Depression)	
Anxiety Disorder	
Psychotic Disorder	
Bipolar Disorder	
Personality Disorder	
Somatoform Disorder	
Sleep Disorder	
History of Abuse/Trauma/PTSD	
Other	

Reason for review	
Service user functioning declines significantly	
Non-compliance or suspected non-compliance with treatment or monitoring	
Pregnancy or planning pregnancy	
Breast feeding	
Initiation of interacting medication	
Lack of or concern over efficacy	
Intermittent or poor adherence with treatment	
Tolerability or side effect problems	
Service user request to discontinue treatment or review treatment	
Comorbid alcohol or drug misuse suspected	
Poor treatment response	
Risk to the person or others	

Please email to RDASH Single Point of Access (adult) at rdash.nlaccessteam@nhs.net and NLAG (Children) at nlg-tr.sat9@nhs.net

Appendix E

Medical Assessment Tool for Adults with ADHD

Have you ever been told by a doctor that you have heart disease?	
Do you ever get chest pain on exertion?	
Have you ever passed out or fainted whilst exercising?	
Has anyone in your family developed heart disease before the age of 60?	
Has anyone in your family died of heart disease before the age of 60?	
Do you know if you have high blood pressure or an increased cholesterol	
BP/Pulse is it regular?	
Weight	
Physical Examination (Done by GP)	
ECG, ECHO and 24 hr BP if indicated	

Baseline Monitoring – To be completed by Specialist Services		
Personal and family history of cardiovascular disease **ECG** if clinically indicated **BP/ Pulse**	**Height** **Weight** **BMI**	**Alcohol** **Smoking status** **Drug status**

↓

1st Month - To be completed by Specialist Services
Monitor adults and young adults for sexual dysfunction on atomoxetine

↓

3rd Month Monitoring - To be completed by Specialist Services	
Weight – measure every 3 months in children under 10 **BMI**	**Cardiovascular assessment – for guanfacine -** every 3 months in the first year of treatment, then every 6 months

↓

6th Month Monitoring - To be completed by Specialist Services	
Weight – every 6 months in adults and children over 10; measure every 3 months in children under 10 **BMI**	**Height** – every 6 months in children and young people **BP/Pulse –** every 6 months and before/after each dose change

Rotherham Doncaster and South Humber NHS Foundation Trust

APPENDIX F

Proposed process for Shared Care Prescribing Communications

RDaSH will complete the Transfer of care letter/ Medication advice notice once a stable medication regime has been established (stable dose for the last 3 months). It will be the prescriber's/practitioner's responsibility to monitor how long the service user has been prescribed the medication

The practitioner will inform RDaSH admin this correspondence has been created via a task. The transfer of care letter/Medication advice notice will be available within Communication & Letters

Admin will action the task, format the letter within Comms & letters/scan if prescriber completed by hand

RDaSH admin will inform the GP this communication is available:

If GP uses SystmOne this will be via a task with the task type: ***Shared Care Prescribing transfer.*** A Due date will also be entered. The body of the task will include the following

A transfer of care/medication advice notice is now available within Comms & letters /Tabbed journal dated XXXX
Please can you acknowledge approval within 14 days.
If you do not accept shared care, please liaise with the service accordingly

The transfer of prescribing refers to the following medication type:
ADHD medication.

If the GP is an EMIS practice the communication will be sent via email (within SystmOne)

Admin will update the referral allocation window within the patient record to indicate that RDaSH are seeking approval from the GP with the status: ***Awaiting confirmation the GP accepts transfer of prescribing***

Once acknowledgment has been received by the GP (task if a SystmOne Practice) or email if EMIS practice admin will update the referral allocation status with either:

- Ongoing Support and GP fully prescribing (ADHD medication)
- Shared Care Prescribing declined by GP

Reminder process:
Admin will monitor via the referral management window (status will be set as Awaiting confirmation) and follow up via a task (S1 practices or email EMIS practices)

The referral allocation status will be updated to reflect a reminder has been sent
If no response is received from the GP Practice XX days after a reminder has been sent the referral allocation status will be updated with the status ***No response received from GP***

Referral allocation window will then be used to identify the following:

- Date shared care prescribing started
- Status of referral allocation: Awaiting confirmation can be used by admin as a guide to follow up requests which have not been acknowledged