

NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE SHARED CARE PROTOCOL AGREEMENT

Treatment of attention deficit hyperactivity disorder (ADHD) in adults with methylphenidate, lisdexamfetamine, dexamfetamine and atomoxetine.

OBJECTIVES

- To outline the referral criteria for shared-care, define the responsibilities of the specialist (Consultant Psychiatrist or Non-Medical Prescriber specialising in ADHD) and the patient's primary care prescriber.
- To provide an information summary on the prescribing and monitoring of medications (methylphenidate, lisdexamfetamine, dexamfetamine and atomoxetine) for ADHD in adults (aged 18 years and over) – see information sheets for primary care prescribers.

REFERRAL CRITERIA

- Prescribing responsibility will only be transferred when it is agreed by the specialist and the patient's primary care prescriber that the **patient's condition and medication is stable**.

PROCESS FOR TRANSFERRING PRESCRIBING TO PRIMARY CARE

- The request for shared care should include individual patient information, outlining all relevant aspects of the patients care and which includes direction to the prescribing information sheets at www.nottsapc.nhs.uk.
- If the GP does not agree to share care for the patient then he/she will inform the specialist of his/her decision in writing within 14 days.
- In cases where shared care arrangements are not in place or where problems have arisen within the agreement and patient care may be affected, the responsibility for the patients' management including prescribing reverts back to the specialist.

CONDITION TO BE TREATED

Attention deficit hyperactivity disorder (ADHD) in adults.

ADHD has onset in childhood and frequently persists into adolescence and adult life. ADHD has an estimated prevalence of 2% in the adult population.

ADHD is a heterogeneous behavioural syndrome characterised by the core symptoms of inattention, hyperactivity and impulsivity. Not every person with ADHD has all of these symptoms – some people are predominantly hyperactive and impulsive; others are mainly inattentive. Symptoms of ADHD are distributed throughout the population and vary in severity; only those people with at least a moderate degree of psychological, social and/or educational or occupational impairment in multiple settings should be diagnosed with ADHD.

BACKGROUND INFORMATION

In adults with ADHD, medication should be offered if symptoms are causing a significant impairment after environmental modifications have been implemented and reviewed.

Following a decision to start medication in adults with ADHD, methylphenidate or lisdexamfetamine should be offered as first line pharmacological treatment by the specialist. After a 6-week trial at an adequate dose, but where enough benefit has not been derived, consider switching from methylphenidate to lisdexamfetamine or vice versa.

Dexamfetamine should be considered in adults who are responding to lisdexamfetamine but cannot tolerate the longer effect profile.

Atomoxetine should be considered in adults who either cannot tolerate methylphenidate or lisdexamfetamine or for those whose symptoms have not responded to separate 6-week trials of methylphenidate and lisdexamfetamine.

The same medication choices should be offered to people with ADHD and anxiety disorder, tic disorder or autism spectrum disorder as people with sole ADHD.

Medication for adults with ADHD who also misuse substances should only be prescribed by an appropriately qualified healthcare professional with expertise in managing both ADHD and substance misuse. Alternatively, there should be close liaison between the professional treating the ADHD and an addiction specialist.

NATIONAL GUIDANCE

NICE guideline NG87: Attention deficit hyperactivity disorder: diagnosis and management. Published date March 2018.

AREAS OF RESPONSIBILITY

Specialists Roles and Responsibilities

1. The specialist will confirm the working diagnosis.
2. The specialist will recommend and initiate the treatment.
3. The specialist will provide the patient with verbal and written information on their prescribed treatment (this is available from the Choice and Medication website).
4. The specialist will inform the patient of their responsibility to inform the DVLA if their ADHD affects their ability to drive safely.
5. If appropriate, the specialist will inform patients of child bearing potential the recommendations around pregnancy and breastfeeding for the medications covered by this SCP.
6. If shared care is considered appropriate for the patient, and the patient's treatment and condition are stable, the specialist will contact the GP.
7. The specialist will ensure that the patient has an adequate supply of medication (28 days) until shared care arrangements are in place. Further prescriptions will be issued if, for unforeseen reasons, arrangements for shared care are not in place at the end of 28 days. Patients should not be put in a position where they are unsure where to obtain supplies of their medication.
8. Where the patient is transitioning into adult ADHD services, and already in receipt of treatment for ADHD by another SCP, the specialist in the adult service will confirm that he/she is taking over the care of the patient, and request the continuation of shared care by the GP into adulthood.
9. The specialist will provide the patient's GP with the following information:
 - a. Diagnosis of the patient's condition with the relevant clinical details.
 - b. Details of the patient's treatment to date.

- c. Details of treatments to be undertaken by GP, including dose regimen (stating *brand and formulation* if it is a modified-release methylphenidate preparation) and the date for GP to start prescribing from.
 - d. Details of baseline and most recent monitoring results
 - e. Details of on-going monitoring arrangements
 - f. Including reasons for choice of treatment, medication or medication combination, frequency of treatment, number of months of treatment to be given before review by the specialist.
10. Whenever the specialist sees the patient, he/she will
 - a. Send a written summary within 14 days to the patient's GP.
 - b. Record test results on any patient-held monitoring booklet if applicable.
 - c. Communicate any dosage changes made to the patient.
 11. Contact details for specialists during working and non-working hours will be made available.
 12. Details for fast track referral back to secondary care will be supplied.
 13. The specialist will provide the patient with details of their treatment; follow up appointments and monitoring requirements.
 14. The specialist will conduct an annual review of on-going effectiveness and need for ADHD medication (see Duration of Treatment and follow up below).

Duration of Treatment and Follow up

In line with NICE Guidance¹ the specialist would be expected to review annually to establish the continuing need for medication.

Include in the review:

- Clinical need, benefits and side effects of medication.
- The views of the person with ADHD, and those of carers, a spouse or close friend, as appropriate.
- The effect of missed doses, planned dose reductions and brief periods of no treatment.
- The preferred pattern of medication use.
- Co-existing conditions; treat or refer if necessary.
- The need for psychological, social and occupational support for the person and/or carers.
- Consider working with the person and/or carers to find the best pattern of medication use, which may include periods without treatment.
- Adopt an individual treatment approach. Review patterns of use at least annually, considering the effect of medication treatment on coexisting conditions and mood changes.

Medication for ADHD should be continued for as long as it remains effective and the patient receives benefit. In some adults it may be appropriate to discontinue treatment completely according to individual needs. It is recognised that many younger adults are continuing to mature neurodevelopmentally in to their early twenties and some of these individuals may no longer require or wish to receive treatment after this point.

The decision if/when to discontinue treatment in the absence of harmful side effects would normally be made by the specialist in consultation with the patient at the annual review.

Primary Care Prescribers Roles and Responsibilities

The GP will be responsible for:

1. Ensuring that he/she has the information and knowledge to understand the therapeutic issues relating to the patients clinical condition.
2. Requesting additional training if they thought it necessary in order to prescribe for and monitor for this patient cohort. However there is no expectation that special training will be required.

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3. Agreeing that in his/her opinion the patient should receive shared care for the diagnosed condition unless good reasons exist for the management to remain with the specialist.
4. Continuing to provide ADHD treatment for adults where confirmation has been received from the specialist that they have responsibility for the care of the patient.
5. If the GP does not agree to share care for the patient then he/she will inform the specialist of his/her decision in writing or secure email within 14 days with reasons as to why shared care cannot be entered in to.
6. Prescribing and monitoring maintenance therapy in accordance with the written instructions contained within the shared care referral and the medication information sheets. Any abnormal results of monitoring to be communicated to the specialist.
7. Reporting any adverse effects to the specialist.
8. Ensuring the patient is given the appropriate appointments for follow up and monitoring. Any patient that fails to attend follow up appointments should be contacted in a timely manner to arrange an alternative appointment. Further prescriptions should not normally be provided by the GP for patients who do not attend follow up appointments for monitoring, and the specialist should be informed.
9. Ensuring that all prescriptions for methylphenidate, lisdexamfetamine and dexamfetamine conform to prescription requirements for Schedule 2 Controlled Drugs.
10. If appropriate, ensuring patients of child bearing potential are aware of the recommendations around pregnancy and breastfeeding for the medications covered by this SCP.
11. Ensuring that patients are aware of their responsibility to inform the DVLA if their ADHD affects their ability to drive safely.

Dispensing Pharmacist Roles and Responsibilities

1. The community pharmacist will professionally screen prescriptions to ensure they are safe for the patient and contact the GP/specialist if necessary to clarify their intentions.
2. The community pharmacist will fulfil legal prescriptions for medication unless they are considered unsafe.
3. The community pharmacist will counsel the patient on the proper use of their medication.
4. The community pharmacist will advise patients suspected of experiencing an adverse reaction to their medicines to contact their GP or specialist.
5. The community pharmacist will monitor for signs of possible drug misuse and diversion and inform the GP or specialist of any concerns.

Patient and Carer Roles and Responsibilities

1. The patient will take the medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
2. The patient will attend all follow-up appointments with the GP and specialist. If they are unable to attend any appointments they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
3. The patient will inform all healthcare professionals of their current medication prior to receiving any new prescribed or over-the-counter medication.
4. The patient will report all suspected adverse reactions to medicines to their GP or specialist.
5. The patient will store their medication securely.
6. The patient will read the information supplied by their GP, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given.
7. The patient will inform the DVLA if their ADHD affects their ability to drive safely.
8. The patient will inform the GP or specialist of any pregnancy or planned pregnancy.

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Information Given to Patient

Written information sheets on the medicines used in ADHD can be found at the following sites:

- <http://www.choiceandmedication.org/nottinghamshirehealthcare/>
- <http://www.rcpsych.ac.uk/mentalhealthinformation>

References

- 1) Attention deficit hyperactivity disorder: Diagnosis and management. NICE Clinical Guideline 87 (March 2018). Available: <http://www.nice.co.uk/guidance/ng87>

Contacts

Neurodevelopmental Specialist Service: Adult ADHD Service

The Pines, Highbury Hospital, Bulwell, Nottingham, NG6 9DR

Tel: 01159 560893

Email: NeSS@nottshc.nhs.uk

Pharmacy Services: Nottinghamshire Healthcare NHS Foundation Trust

Wells Road Centre Pharmacy: 01159 555356

Highbury Hospital Pharmacy: 01158 542247

Millbrook Hospital Pharmacy: 01159 691300, ext 14124

Email: MI@nottshc.nhs.uk

Version Control- Adult ADHD Shared Care Protocol			
Version	Author(s)	Date	Changes
1.0	Based on draft document developed by Dr B Houghton, Professor Chris Hollis and John Lawton. Reviewed and updated by: -Dr Kiran Jeenkeri , Consultant Psychiatrist and Clinical Director IDD Services, Nottinghamshire Healthcare NHS Foundation Trust -Jackie Dziewanowska , Neurodevelopmental Disorder Nurse Consultant and Neurodevelopmental Service Clinical Lead, Nottinghamshire Healthcare NHS Foundation Trust -Hannah Godden , Mental Health Interface and Efficiencies Pharmacist, Nottingham and Nottinghamshire CCGs/ Nottinghamshire Healthcare NHS Foundation Trust	March 2021	