PRESCRIBING GUIDELINES FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN CHILDREN & YOUNG PEOPLE

Complete baseline ADHD assessment & offer medication to children aged 5 years and over and young people if:

- Their ADHD symptoms are still causing persistent, significant impairment in at least one domain after environmental modifications have been implemented and reviewed
- They and their parents/carers have discussed information about ADHD

For pre- treatment assessment & ongoing monitoring click here & print patient information leaflets from Choice and medication website

Prescribe methylphenidate immediate release, Prescribe methylphenidate modified release preparations for: convenience, increased adherence, reduced stigma at school or better pharmacokinetics (see overleaf for options) Start at the appropriate dose using the current BNFC & increase dose as appropriate to the minimum effective dose. If 6 week trial at an adequate dose and not Effective management of symptoms derived enough benefit in terms of reduced with minimal side effects - continue ADHD symptoms and associated with minimum effective dose and impairments - stop methylphenidate transfer prescribing to primary care in line with shared care guidelines Prescribe lisdexamfetamine² at the recommended dose in the current BNFC. Review every 6 months once stable Switch to dexamfetamine if responds to If ineffective treatment (not responded to 6 lisdexamfetamine but week trial of adequate doses) or intolerable can't tolerate longer side effects, having considered alternative effect profile preparations - stop lisdexamfetamine (dexamfetamine) $oldsymbol{ au}$ Consider adjunctive therapies only with Prescribe atomoxetine at the advice from tertiary service: e.g. atypical recommended dose in the current BNFC. If antipsychotics (co-existing pervasive effective, review every 6 months or aggression, rages or irritability) or clonidine Prescribe guanfacine³ at the appropriate (sleep disturbance, rages or tics) (both dose. If effective, assess every 3 months. unlicensed)1

PRESCRIBING ADVICE FOR ALL PATIENTS

All medication is licensed for children over 6 years unless otherwise stated. Review diagnosis and co-morbidities if expected response to treatment is not observed, especially when changing type of drug treatment (stimulant to non-stimulant, and vice versa). Seek second opinion or refer to tertiary services any child or young person unresponsive to one or more stimulants or one non-stimulant

Consider a drug holiday during school holidays to minimise adverse effects. Consider shared care (where this has been agreed) once patient is clinically stable.

- 1. For advice on appropriate dosages or conversion, please contact a member of the Trust pharmacy team
- 2. Capsules may be opened and the capsule contents sprinkled onto a small amount (tablespoon) of apple sauce or yoghurt and given immediately, and not stored for future use.
- 3. Consider guanfacine <u>before</u> atomoxetine & other stimulants (i.e. 2nd line) in children who lose significant weight on methylphenidate

Title	Prescribing Guidelines for ADHD in Children & Young People			
Approved by	Drug & Therapeutics Committee	Date of Approval	24 th May 2018	
Protocol Number	PHARM-0077-v2	Date of Review	31 st May 2021	



PRESCRIBING GUIDELINES FOR NHS Foundation Trust ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN CHILDREN & YOUNG PEOPLE

AVAILABLE METHYLPHENIDATE MODIFIED-RELEASE PREPARATIONS

See guidance <u>here</u> for more information on relative pharmacokinetics

Brand	Available	Description	Release profile	NHS indicative price
	strengths			(30 units)
Preparations with 22%	6 immediate-releas	se component and 78% extende	d-release components	
Delmosart tablets	18mg	Yellow capsule shape tablet		£15.59
	27mg	Grey capsule shape tablet		£18.41
	36mg	White capsule shape tablet		£21.23
	54mg	Red capsule shape tablet		£36.81
Xenidate XL tablets	18mg	Yellow round tablet		£15.57
	27mg	Yellow oblong tablet	Immediate-release	£18.39
	36mg	White oblong tablet	component gives a	£21.21
	54mg	Red oblong tablet	maximum plasma	£36.79
	18mg	Yellow capsule shape tablet	concentration after 1 2	£15.58
	27mg	Grey capsule shape tablet	hours; extended-release	£18.40
Xaggitin XL tablets	36mg	White capsule shape tablet	component gives a	£21.22
	54mg	Red/brown capsule shape tablet	second peak after 6-8 hours.	£36.80
Concerta XL tablets	18mg	Yellow capsule shape tablet	Duration of action up to 12 hours.	£31.19
	27mg	Grey capsule shape tablet	12 110013.	£36.81
	36mg	White capsule shape tablet		£42.45
	54mg	Red capsule shape tablet		£73.62
Matoride XL tablets	18mg	Yellow round tablet		£15.58
	36mg	White round tablet		£21.22
	54mg	Pink round tablet		£36.80
Preparations with 30%	6 immediate-releas	se component and 70% extende	d-release component	
Equasym XL capsules ²	10mg	Dark green opaque capsule	Immediate-release component gives a maximum plasma	£25.00
	20mg	Blue opaque capsule	concentration after 1.5 hours; extended-release component gives a second peak after 6	£30.00
	30mg	Reddish brown opaque capsule	hours. Duration of action up to 8 hours.	£35.00
Preparations with 50%	6 immediate-releas	se component and 50% extende	d-release component	
Medikinet XL capsules ² Take with or after breakfast	5mg	White capsule		£24.04
	10mg	Lilac/ white capsule	Immediate-release component gives a rapid peak plasma concentration; extended- release component gives	£24.04
	20mg	Lilac capsule		£28.86
	30mg	Purple/ light grey capsule		£33.66
	40mg	Purple/ grey capsule	a second peak after 3-4 hours.	£57.72
	50mg	Violet/dark violet capsule	Duration of action up to 8 hours.	£62.52
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