Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Shared care guidelines

Drug

METHYLPHENIDATE

Specialty

CHILDREN & YOUNG PEOPLE'S SERVICES (CYPS)
ADULT MENTAL HEALTH (AMH) & LEARNING DISABILITIES (LD)

Indication

ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)

Overview

Methylphenidate is an amphetamine-like drug used for the management of ADHD. It is licensed for this indication in children & adolescents but its use in adults (over 18 years) is not licensed (off-label). The management of ADHD in patients of all ages is guided by NICE NG87 (March 2018) – this guidance recommends that drug treatment:

- Is used as part of a comprehensive treatment programme addressing psychological, behavioural and educational/occupational needs;
- Is used for children aged 5 years & over & young people only if their ADHD symptoms are still causing a persistent significant impairment in at least one domain after environmental modifications have been implemented & reviewed; they & their parents & carers have discussed information about ADHD & a baseline assessment has been carried out.
- Is used in adults (over 18 years) if their ADHD symptoms are still causing a significant impairment in at least one domain after environmental modifications have been implemented & reviewed unless the person has made an informed choice not to have medication, has difficulty adhering to medication or found medication ineffective or cannot tolerate it.
- Is initiated only by an expert in ADHD, but prescribing & monitoring responsibility can transfer to GPs under shared care arrangements.

Drug treatment of ADHD in patients under the care of TEWV is guided by separate prescribing algorithms for children & adolescents *(InTouch; Trust website)* and adults *(InTouch; Trust website)*

Specialist's responsibilities

Pre-treatment assessment (see SPC for contra-indications):

- Full mental health and social assessment, including risk assessment for substance misuse and drug diversion;
- Evaluation of cardiovascular status, including:
  - History of exercise syncope, undue breathlessness and other cardiovascular symptoms;
  - Heart rate & BP - plotted on a centile chart
  - ECG - if past medical or family history of serious cardiac disease, a history of sudden death in young family members, abnormal findings on cardiac examination or if the proposed treatment may affect the QT interval
- Height (children & adolescents only) & weight – plotted on a growth chart

Initiation and titration of drug treatment:

- Issue patient with ADHD medication treatment booklet, and complete essential details
- Prescribe methylphenidate during dose titration until the patient is stabilised, has had a 3 month check and shared care has been formally accepted by the patient's GP / primary care team.

Ritalin® / generic immediate-release preps:
Children (6-17 years): 5mg 1-2 times daily, increased if necessary at weekly intervals by 5-10mg daily
Adults: 5mg twice daily, increased if necessary at weekly intervals by 5-10mg daily
Concerta® XL / Matoride XL / Xenidate XL / Delmosart / Xaggitin XL:
Children & Adults - 18mg once daily, increased if necessary at weekly intervals by 18mg daily
Equasym XL® / Medikinet XL®:
Children & Adults - 10mg once daily, increased if necessary at weekly intervals by 10mg daily

Drug / preparation	Usual max. dose (BNF)	Dose must not exceed (NICE / Trust guidelines)
Methylphenidate (standard-release)	Children*: 60 mg / day Adults: 100 mg / day	Children*: 90 mg / day Adults: 100 mg / day
Concerta XL, Xenidate XL, Matoride XL, Delmosart, Xaggitin XL	Children*: 54 mg / day Adults: 108 mg / day	Children & Adults: 108 mg / day
Equasym XL Medikinet XL	Children*: 60 mg / day Adults: 100 mg / day	Children*: 90 mg / day Adults: 100 mg / day

* 6-17 years

Clinical monitoring:

- Assess response to treatment and need for dose adjustment every month until stabilised. Discontinue and consider alternatives if no response after 1 month.
- If treatment continues, re-assess at least annually & consider interrupting treatment to determine whether continuation is necessary.
- Adolescents - if still on treatment at school-leaving age, determine if treatment needs to be continued &, if it does, arrange transition to AMH / LD services by 18 years of age.
- 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

Specialist's responsibilities (continued)

Safety monitoring:

- Cardiovascular status - check heart rate & BP at each dose change, and every 6 months – record on centile charts to detect clinically important changes
- Height (children &young people only) - every 6 months – record on growth chart
- Weight – every 3 months in children 10 years and under; 3 & 6 months after starting treatment in children over 10 years and young people, then every 6 months or more often if concerns arise– record on growth chart; every 6 months in adults. Routine blood tests and ECGs are not required unless there is a clinical indication

Transfer of prescribing:

- Request transfer of prescribing and monitoring under shared care arrangements on an individual patient basis using the attached standard form with a covering clinic letter
- Provide a point of contact during working hours for any queries related to the prescribing and monitoring of methylphenidate
- If patient transferring from C&YPS to AMH / LD service, notify GP of new TEWV team details and arrangements for review. Existing shared care arrangements should not be interrupted.

Documentation & communication:

- At each review, update growth / centile charts and patient-held ADHD medication booklet with monitoring checks and dose changes
- After each review, send comprehensive letter to GP detailing outcome of review, date and outcome of monitoring (BP & pulse), changes to medication and plans for further review.
- Notify the GP and primary care team if the patient does not attend for specialist reviews

GP's responsibilities

- Acknowledge and respond to the request for shared care within 2 weeks of receipt
- Contact specialist if communication of prescribing & monitoring requirements is not clear
- Add methylphenidate to the patient's repeat prescription (even if not yet prescribing) so that drug interactions will be highlighted by the clinical system
- Provide regular, repeat prescriptions for methylphenidate (as the brand name for extended-release products) at dosage recommended by the specialist team (see above for usual maintenance and maximum doses)
- Limit prescriptions to 28 days' supply per prescription, in line with good practice relating to controlled drugs
- Assess cardiovascular status (heart rate & BP) at each dose change and every 6 months – record on centile charts for children & young people to detect clinically important changes
- Measure height (children & adolescents only) every 6 months & weight every 3 months in children 10 years & under; 3 & 6 months after starting treatment in children over 10 years & young people, then every 6 months or more often if concerns arise– record on growth chart; every 6 months in adults
- Be aware of potential side effects and inform the specialist team of suspected side effects
- Seek advice from the specialist team if the patient becomes clinically unstable
- Notify the specialist team of any change in the patient's physical health or social circumstances which may impact on or preclude treatment with methylphenidate (e.g. illicit drug misuse)
- Check annual review by specialist has taken place within last 12 months
- Stop issuing prescriptions if notified by the specialist team

Adverse events

Adverse event	Action (GP)	Action (specialist)
Raised BP(systolic BP> 95th centile or clinically significant increase) or pulse >120 bpm resting) or arrhythmia	Notify & seek advice from specialist	Reduce dose & seek advice from paediatrician or cardiologist
Reduced rate of growth (height or weight)		Reduce dose, or switch to alternative drug
Signs / symptoms of psychiatric disorder		Stop treatment & perform full psychiatric assessment
Signs / symptoms of heart disease		Reduce dose & seek advice from paediatrician or cardiologist
Tics		Reduce dose, or switch to alternative drug

Other information

Treatment of ADHD in people with a dual diagnosis (psychiatric disorder & substance dependence) should only be prescribed by healthcare professionals with expertise in managing both ADHD & substance misuse or direct access to substance misuse teams. For adults with ADHD & drug or alcohol disorders there should be close liaison with addiction services, & close monitoring of any interventions

Specialist service contact details

TEWV Prescriber: .....

Base: .....

Telephone No: .....

E-mail address: .....

Alternative contact: .....

Telephone no.: .....

E-mail address: .....

AMBER ▲	REQUEST FOR SHARED CARE (TRANSFER OF PRESCRIBING) OF MEDICINES FOR ADHD

GP details:

Patient details (name/address/DOB/NHS number):

Diagnosis:

Medication details (list dose, frequency and brand if appropriate. Specify clinical indications if first line option not prescribed or non-standard formulation prescribed)

The patient is stabilised on:

Discontinued medication (list details of any drugs discontinued when this AMBER treatment initiated):

Last prescription issued (details of date and length of supply):

Monitoring results to date:

Planned specialist review:

Actions requested of GP:

Please continue to issue monthly (28 days) prescriptions until advised otherwise

The treatment has been explained to the patient and they understand they should contact you for future prescriptions.

You will be informed of any changes to treatment, if you are not required to issue prescriptions or if treatment is to be discontinued.

Please contact the prescriber on the number below if there is any change in the patient's condition or social circumstances, if the patient fails to regularly collect prescriptions, if non-compliance with treatment is suspected or you require any other advice.

Specialist team contacts:	Contact details (e-mail/telephone no):
Care coordinator (name):	
Consultant (name):	
Prescriber (name):	

Signature: **Date:**

Acceptance of shared care for ADHD medication

Patient's name:	**NHS Number:**
Address:	
Medication:	
I confirm receipt of prescribing transfer information for the above patient and accept my responsibilities within the agreed shared care arrangements	
GP name: *(Please print name in BLOCK CAPITALS)*	
Signature/ Practice Stamp:	
Date:	

Please fax or scan/e-mail back to:	
Fax number:	**E-mail:**
or return by post as soon as possible to:	