

# Atomoxetine

## Shared Care Guidance

### Attention Deficit Hyperactivity Disorder (ADHD) in children and young people

<p>Introduction</p>	<p><b>Indication</b></p> <p>Atomoxetine is a highly selective and potent inhibitor of pre-synaptic noradrenaline. It is used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) following a comprehensive assessment and diagnosis, and is licensed for use in children of 6 years and older and in adolescents.</p> <p><b>Dosage and administration: BNF 70 (BNFC 2015), NICE ADHD Clinical Guideline 2008</b></p> <p>Total dose may be given <i>either</i> as a single dose in the morning <i>or</i> in two divided doses with last dose no later than early evening, with or without food. Unlike other treatments for ADHD, atomoxetine should be taken every day without “drug holidays”.</p> <p><b>Children 6 to 17 years</b></p> <table border="0"> <thead> <tr> <th><b>Body Weight</b></th> <th><b>Recommended initiation dose &amp; dosage titrations</b></th> <th><b>Recommended maintenance dose</b></th> </tr> </thead> <tbody> <tr> <td><b>&lt; 70kg</b></td> <td>Usually 0.5mg/kg/day, titrate upwards if necessary, in 7 day intervals</td> <td>Usually 1.2 mg/kg/day (max. 1.8mg/kg/ day; max. 120mg/day)</td> </tr> <tr> <td><b>&gt;70kg</b></td> <td>Usually 40mg/day, titrate upwards if necessary, in 7 day intervals</td> <td>Usually 80 mg/day (max 120mg/day)</td> </tr> </tbody> </table> <p>Higher daily doses to be given under the direction of a specialist (doses greater than 100mg daily – unlicensed)</p> <p><b>Available as:</b> Atomoxetine (Strattera®) is available as 10mg, 18mg, 25mg, 40mg, 60mg or 80mg capsules. Atomoxetine is also available as a 4mg/ml oral solution. It is not a controlled drug.</p>	<b>Body Weight</b>	<b>Recommended initiation dose &amp; dosage titrations</b>	<b>Recommended maintenance dose</b>	<b>&lt; 70kg</b>	Usually 0.5mg/kg/day, titrate upwards if necessary, in 7 day intervals	Usually 1.2 mg/kg/day (max. 1.8mg/kg/ day; max. 120mg/day)	<b>&gt;70kg</b>	Usually 40mg/day, titrate upwards if necessary, in 7 day intervals	Usually 80 mg/day (max 120mg/day)
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<p>Specialist Responsibilities</p>	<ul style="list-style-type: none"> <li>• Diagnose the condition and assess if the patient is suitable for treatment with atomoxetine (as per the pre-drug assessment in NICE guidance)</li> <li>• Provide patient/carer with relevant information on use, side effects and need for monitoring of medication Counsel patients regarding recognition of symptoms of hepatic damage or suicidal ideation and the need to promptly report these</li> <li>• Arrange shared care with the patient’s GP when the patient has received at least 3 months treatment from the specialist team.</li> <li>• Provide the GP with relevant information for each patient, including:             <ul style="list-style-type: none"> <li>○ Treatment to be undertaken by GP (dose, any dosage titrations etc.)</li> <li>○ System of monitoring and recording of progress and side effects</li> </ul> </li> <li>• <b>Monitoring condition:</b></li> <li>• Assess response to treatment and the need to continue therapy by reviewing the patient at regular intervals during initiation and at least annually thereafter.</li> <li>• Re-evaluate the need for continued therapy beyond 1 year, particularly when the patient has reached a stable and satisfactory response</li> </ul> <p><b>Monitoring side-effects:</b></p> <ul style="list-style-type: none"> <li>• Height &amp; weight: Every 6 months</li> <li>• BP &amp; heart rate: Approximately every 3 months as per specialist’s review schedule and with each dose change</li> <li>• Assess for development of: seizures, psychotic symptoms, anxiety, or suicidal thinking and self-harm</li> <li>• In young people assess for dysmenorrhoea, erectile dysfunction or ejaculatory dysfunction if appropriate</li> <li>• Advise discontinuation of atomoxetine if no improvement in symptoms is seen after a reasonable trial</li> <li>• Review the treatment regularly, sending a written summary to the GP whenever the patient is reviewed</li> <li>• Provide any other advice or information for the GP if required</li> <li>• Inform GP if failing to attend appointments</li> </ul>									

	<ul style="list-style-type: none"> <li>Supervise any discontinuation of treatment or onward referral to adult service if appropriate.</li> </ul>
<b>GP Responsibilities</b>	<ul style="list-style-type: none"> <li>Prescribe atomoxetine.</li> <li>Report significant deviations from the prescribing pattern to the specialist</li> <li>Monitor and record the therapy in accordance with written directions of specialist</li> <li>Report any adverse events to the specialist, and the usual bodies (e.g. MHRA).</li> <li>Contact specialist if concerned about any aspects of the patient's treatment e.g. Failure to collect prescriptions</li> </ul>
<b>Adverse Effects, Precautions, Contraindications</b>	<p><b>Atomoxetine is contra-indicated in:</b> Patients on MAOIs (or within 2 weeks after discontinuing therapy with a MAOI) Severe cardiovascular disease, severe cerebrovascular disease</p> <p><b>Cautions:</b> QT-interval prolongation, aggressive behaviour, cardiovascular disease, cerebrovascular disease, emotional lability, history of seizures, hostility, hypertension, mania, psychosis, structural cardiac abnormalities, susceptibility to angle-closure glaucoma, tachycardia.</p> <p><b>Increase in pulse and BP:</b> Patients may experience a modest increase in pulse (mean &lt;10 bpm) and/or increase in blood pressure (mean &lt;5 mmHg). In most cases these are not clinically important. Due to potential for additive pharmacological effects, caution is advised in patients with hypertension, tachycardia, cardiovascular or cerebrovascular disease.</p> <p><b>GI Disturbance:</b> Treatment may be associated with transient gastrointestinal side-effects of abdominal pain, vomiting, decreased appetite, constipation, dyspepsia and nausea. There is a rare risk of hepatic disorder.</p> <p><b>Other side-effects</b> include dry mouth, urinary retention or hesitancy, insomnia, early wakening, somnolence, irritability, dizziness, fatigue, headache, decreased libido, erectile or ejaculatory disorder, dysmenorrhoea or menstrual irregularities, palpitations, hot flushes and rash. Suicidal ideation is a rare side-effect which has been reported.</p>
<b>Common Drug Interactions</b>	<ul style="list-style-type: none"> <li>MAOIs <ul style="list-style-type: none"> <li>Due to potential for additive pharmacological effects, caution is advised in patients on concomitant treatment with:</li> <li>High dose nebulised or systemically administered salbutamol (or other beta2 agonists)</li> <li>Pressor agents (eg. the decongestants pseudoephedrine or phenylephrine)</li> <li>Drugs that affect noradrenaline (eg. antidepressants such as imipramine, venlafaxine and mirtazapine)</li> <li>Drugs which inhibit CYP2D6 isoenzyme (eg. fluoxetine, paroxetine) – slower titration may be necessary.</li> <li>Concurrent use of atomoxetine and methylphenidate does not cause increased side effects of either drug. There is no interaction between atomoxetine and alcohol.</li> </ul> </li> </ul>
<b>Communication</b>	<p><b>ADHD Specialists</b> MON – FRI, 09:00 – 17:00 Newcastle and Gateshead CYPS:- 0191 246 6913 (Benton House) North Tyneside CAMHS:- 0191 2196725 (Albion Road Clinic) 0191 200 7435 (Balliol Centre) Northumberland CYPS:- 01670 394 256 (Villa 9, Northgate)</p>

This information is not inclusive of all prescribing information and potential adverse effects.

**Please refer to full prescribing data in the SPC or the BNF**

