

SBARD in relation to prescribing medicines for Attention Deficit Hyperactivity Disorder

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Situation:

Prescriptions for ADHD medicines (methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine and guanfacine) should not exceed the maximum recommended doses.

Prescriptions for controlled stimulants (methylphenidate, dexamfetamine and lisdexamfetamine) should not normally exceed 30 days' treatment.

Prescribing combinations of ADHD medicines (e.g. methylphenidate + atomoxetine) is not recommended.

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Background:

Several cases in adult services have come to our attention in which the patient has been or is currently prescribed an ADHD medicine significantly above the maximum recommended dose, or has been prescribed a combination of medicines, or both.

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Assessment:

Medicines for ADHD can have significant side effects on the cardiovascular system (raised blood pressure, raised heart rate) in patients of any age. In children there can be significant impact on growth and development. The stimulant drugs also have the potential to be misused, or diverted for misuse. Prescribing of high doses, large quantities and/or a combination of medicines increases the risk of side-effects, dependence or misuse, and diversion.

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Recommendation:

Prescribing of ADHD medicines should be within the following recommendations:

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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	Children: 54 mg / day Adults: 108 mg / day	108 mg / day
Equasym XL Medikinet XL	Children: 60 mg / day Adults: 100 mg / day	Children: 90 mg / day Adults: 100 mg / day
Dexamfetamine	Children: 1 mg / kg / day Adults: 60 mg / day	Children: 40 mg / day Adults: 60 mg / day
Lisdexamfetamine	70 mg / day	70 mg / day
Atomoxetine	Children: 1.2 mg / kg / day Adults: 100 mg / day	120 mg / day
Guanfacine	4 - 7 mg / day (according to weight)	7 mg / day

Although prescribing a combination of ADHD medicines has been described in the literature, and may benefit some individuals, it should not be routine practice and should only be considered on the advice of a specialist tertiary service. Prescriptions for stimulants should be limited to 30 days' supply (although this is not a legal requirement it is a good practice recommendation).

Decision:

TEWV prescribers involved in the management of patients with ADHD (of any age) should note the recommendations above, ensure that their prescribing practice is compliant and review any patients where prescribing is not compliant. If you have any queries please contact TEWV Medicines Information - 0191 4415778 or tewv.medicinesinformation@nhs.net.