NHS
Newcastle Gateshead
Clinical Commissioning Group

GATESHEAD SHARED CARE GUIDELINE

Methylphenidate in the treatment of Attention Deficit Hyperactivity Disorder in Children, Young People and Adults

Implementation Date: April 2015
Review Date: April 2017

This guidance has been prepared and approved for use within, Gateshead in consultation within the CCG, Secondary Care Trusts and Local Medical Committees.

The guideline sets out the details of the transfer of prescribing and respective responsibilities of GPs and specialist services within shared care prescribing arrangements. It is intended to provide sufficient information to allow GPs to prescribe these treatments within a shared care setting

Approved by:

Committee	Date
Gateshead Medicines Management Committee	11th March 2015
Newcastle Gateshead CCG Optimisation of Medicines, Pathways and Guidelines Committee	16th April 2015

Methylphenidate is a CNS stimulant drug used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). It should only be initiated following assessment and diagnosis by a specialist with expertise in ADHD, as part of a comprehensive treatment plan.
Licensed (amber) Indications: for use in children of 6 years and over.
Unlicensed (amber) Indications: for continuation of treatment for patients who progress into adulthood who remain under specialist care.
Methylphenidate is a schedule 2 controlled drug and is therefore subject to normal controlled drug regulations.

<table>
<tr><th colspan="4">SHARED CARE GUIDELINE</th></tr>
<tr><td>Non-proprietary name</td><td colspan="3">Methylphenidate</td></tr>
<tr><td>Dosage form and strength</td><td>Immediate and modified release preparations – see below</td><td>BNF class</td><td>4.4</td></tr>
<tr><td colspan="4">Availability</td></tr>
<tr><td colspan="2">Immediate Release</td><td colspan="2">Modified Release</td></tr>
<tr><td colspan="2">Ritalin ® 10mg scored tablets</td><td colspan="2">Concerta XL® 18mg, 27mg, 36mg tablets 12 hour effect (IR:MR – 22:78)</td></tr>
<tr><td colspan="2">Medikinet®5mg, 10mg and 20mg scored tablets</td><td colspan="2">Equasym® 10mg, 20mg, 30mg capsules 8 hour effect (IR:MR 30:70)</td></tr>
<tr><td colspan="2">Generic preparations available</td><td colspan="2">Medikinet® XL 10mg, 20mg, 30mg and 40mg capsules – 8 hour effect (IR:MR 50:50)</td></tr>
<tr><td colspan="4">Ritalin® immediate release tablets may be halved, Equasym XL® and Medikinet® modified release capsules may be opened to allow contents to be sprinkled on food. Concerta XL® tablets cannot be halved or opened.</td></tr>
<tr><td>Indication</td><td colspan="3">Methylphenidate is a CNS stimulant drug used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). It should only be initiated following assessment and diagnosis by a specialist with expertise in ADHD, as part of a comprehensive treatment plan.</td></tr>
<tr><td>Dosage and Administration</td><td colspan="3">See BNF, BNFC and NICE ADHD Clinical Guideline 2008
Immediate release: Initially 5 mg 1–2 times daily, increased if necessary at weekly intervals by 5–10 mg daily; usual maximum is 60 mg daily in 2–3 divided doses but may be increased to 2.1 mg/kg daily in 2–3 divided doses (max. 90 mg immediate release methylphenidate daily) under the direction of a specialist.
Modified Release:
Concerta XL® should be started at 18mg in the morning – increased if necessary by increments of 18mg at approximately weekly intervals. Patients already established on immediate release methylphenidate can be switched to Concerta XL® using the following equivalents:
5mg methylphenidate three times daily → 18mg once daily
10mg methylphenidate three times daily → 36mg once daily
15mg methylphenidate three times daily → 54mg once daily
Equasym XL® should be started at a dose of 10mg in the morning before breakfast – increased if necessary by weekly increments of 10mg.
Medikinet XL® should be started in the morning with or after breakfast (otherwise release may not be adequately sustained).
Patients already established on immediate release methylphenidate can be switched to the milligram equivalent daily dose of Equasym XL® or Medikinet XL®
The dosage of modified release methylphenidate may be increased under the direction of a specialist to a maximum total daily dose of: Concerta XL up to 108mg; Equasym XL up to 90mg; Medikinet XL up to 90mg.
In some cases, patients may require both a modified release and immediate release preparation for adequate control of symptoms.</td></tr>
<tr><td>Eligibility criteria for shared care</td><td colspan="3">Children over 6 years of age and adults who have been assessed by a specialist and have a diagnosis of ADHD</td></tr>
<tr><td>Excluded patients</td><td colspan="3">Children under 6 years of age</td></tr>
</table>

Initiation	The patient is initiated on treatment, titrated to a therapeutic dose then supplied with a further month's treatment by the specialist to give time for shared care to be arranged. In some circumstances it may be more appropriate for the GP to prescribe methylphenidate on the advice of a specialist during the initiation and titration phase. This must be done on a case by case basis by prior arrangement and all the necessary information for the Gp to do this safely must be provided by the specialist. Both the Specialist and the GP must agree to the shared care arrangement.
Specialist Responsibilities	**Pre-Treatment** - Diagnose the condition and assess suitability for treatment with methylphenidate (as per the pre-drug assessment in NICE guidance) Review the patient's relevant medical history and physical examination including: • history of exercise syncope or undue breathlessness • family history of serious cardiac disease • examination of the cardiovascular system. Usually this information will be available to the specialist, if not; the specialist will work in collaboration with the GP. Only prescribe or ask the GP to prescribe if this information is available. **Request an ECG if there past medical or family history of serious cardiac disease or abnormal findings on cardiac examination - symptoms suggestive of heart disease should prompt specialist cardiac evaluation.** **Routine blood tests are not recommended unless clinically indicated.** Carry out a pre-drug treatment assessment, including • a full mental health and social assessment**,** • risk assessment for substance misuse and drug diversion. • baseline weight and height, heart rate and blood pressure Provide patient/carer with relevant information on use, side effects and need for monitoring of medication - document this is in the medical notes. Ensure that patient is informed that the use of methylphenidate in adults is an unlicensed indication with a corresponding entry in the medical notes. **Contact the GP to seek formal agreement for the shared care.** Provide the GP with relevant information including: • Treatment to be undertaken by GP (dose, any dosage titrations etc) • System of monitoring and recording of progress and side effects **Monitoring** - condition: Assess response to treatment and the need to continue therapy by reviewing the patient at regularly as per specialist review schedule. Monitoring side-effects: • Appetite, height (not applicable for adults) & weight: Every 6 months • BP & pulse: Approximately every 3 months as per specialist's review schedule and with each dose change. Symptoms suggestive of heart disease should prompt specialist cardiac evaluation • Assess for: development of tics, psychotic symptoms, anxiety, or seizures Advise discontinuation if no improvement after a reasonable trial Review treatment regularly, sending a written summary to the GP at each review. Provide any other advice or information for the GP if required Ensure changes to treatment are communicated in writing to the GP as soon as possible (Sending information via fax is not acceptable in Northumberland) Supervise treatment discontinuation, or onward referral to adult service if appropriate. Monitor and liaise with the GP regarding any adverse effects, which occur during treatment, including reporting of all serious adverse drug reactions to the MHRA. Notify the GP of failed attendance

GP Responsibilities	• Prescribe methylphenidate following recommendations of the specialist. It is strongly recommended that prescriptions are issued for maximum treatment duration of **one month**, in line with good practice guidance for controlled drug • Provide the specialist with relevant medical history and background information. • Notify the specialist of any family/social circumstances which may preclude treatment with methylphenidate (including current/past use of illicit drugs) • Routine blood tests are not recommended unless there is a clinical indication. A full blood count **should** be considered immediately if a patient has prolonged or severe infection in order to exclude blood dyscrasia (very rarely reported). All of the relevant results should be copied to the specialist. • If the GP becomes aware that the patient has started misusing substances such as cocaine, heroin or amphetamines, care should be transferred back to the specialist. • To contact the specialist if concerned about any aspects of the patient's treatment. • Report significant deviations from the prescribing pattern to the specialist • Monitor and record the therapy in accordance with written directions of specialist • Report any adverse events to the specialist, and the usual bodies. (Eg MHRA).
Adverse Effects, Precautions and Contraindications	Contraindicated in patients with: Glaucoma Marked anxiety, agitation, tension or psychosis Hyperthyroidism Current / recent (within 14 days) treatment with MAOI's *Some Cardiovascular diseases *Motor tics, or family history of Tourette's syndrome *Although these last two are listed as contraindications, in some circumstances, methylphenidate can be used with caution and careful monitoring by the specialist. Use with caution in epilepsy. If seizure frequency increases, the specialist should discontinue methylphenidate. Dizziness, nervousness, drowsiness and headaches are commonly experienced upon initiation of therapy. Loss of appetite (some weight loss may occur) and insomnia may also occur. These effects are often mild and transient and may be controlled by a reduction in dose. Other adverse effects include: abdominal pain, nausea and vomiting (can be alleviated with concomitant food intake), dry mouth, emotional lability, temporary growth retardation, changes in blood pressure, tachycardia, palpitations, skin rash, itching or bruising
Common Drug Interactions	Methylphenidate can: Can enhance anticoagulant effect of warfarin Can increase the plasma levels of some anticonvulsants (phenytoin, primidone, phenobarbitone) and tricyclic antidepressants Can exacerbate CNS adverse effects of alcohol (abstention advised) Should be used cautiously with MAOIs and pressor agents (eg. ephedrine). Concurrent use of methylphenidate and atomoxetine does not cause increased side effects of either drug. There are no known interactions with antibiotics, simple analgesics and antihistamines commonly prescribed for children.
Communication/Contact Details	For any queries relating to this patient's treatment with methylphenidate please contact the specialist named below.

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

CONTACTS FOR FURTHER INFORMATION

MON – FRI, 09:00 – 17:00:

Specialist Teams

Newcastle	**Benton House**	**0191 2466913**
Sunderland and Gateshead	**Monkwearmouth Hospital**	**0191-5665500**

Private and Confidential

Shared Care Request/Confirmation

- Consultant to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 day

Consultant ……	**Patient details (use hospital label if preferred)**
Department ……	**Name** ……
Hospital ……	**Address** ……
	……
	Postcode ..... **Sex** ……...
	NHS or Hosp. Reg. No. …… **DoB** ……...

Treatment Requested for Prescribing in Accordance with an Approved Shared Care Arrangement

Drug Name **Dose** **Frequency**

Indication

Other Information (if appropriate)

Signed (Specialist Prescriber **Name (print)** **Date**

To be completed by GP

Please tick one box

I ACCEPT the proposed shared care arrangement for this patient ❑

or

I ACCEPT the proposed shared care arrangement with the caveats below ❑

or

I DO NOT ACCEPT the proposed shared care arrangement for this patient ❑

My caveats / reason(s) for not accepting include:

……..

……..

Signed …… **Name (print)** ..... **Date** ……

(Patients GP)

N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP