NHS
Sunderland
Clinical Commissioning Group

Dexamfetamine

ADHD Shared Care Guideline (adults and children)

Introduction	**Indication**: Dexamfetamine is a CNS stimulant drug used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) following a comprehensive assessment and diagnosis. Usually second line when other treatments have been inadequate or not tolerated in children over 6 years, young people (licensed use) and adults (unlicensed use). Use in adults supported by NICE CG 72 guidance and the British National Formulary (BNF). **Dosage and Administration** Child 6–18 years initially 2.5 mg 2–3 times daily, increased if necessary at weekly intervals by 5 mg; usual max. 1 mg/kg daily, up to 20 mg (40 mg daily has been required in some children) Adult over 18 years [unlicensed use], initially 5 mg twice daily, increased at weekly intervals according to response; max. 60 mg daily Maintenance dose given in 2–4 divided doses **Available as**: Dexamfetamine 5mg tablets (Dexedrine®) Tablets may be halved Dexamfetamine is a schedule 2 controlled drug and is therefore subject to normal controlled drug regulations.

Specialist Responsibilities	• Diagnose the condition and assess if the patient is suitable for treatment with dexamfetamine (as per the pre-drug assessment in NICE guidance)
	• Provide patient/carer with relevant information on use, side effects and need for monitoring of medication
	• Arrange shared care with the patient's GP
	• Provide the GP with relevant information for each patient, including:
	  ○ Treatment to be undertaken by GP (dose, any dosage titrations etc.)
	  ○ System of monitoring and recording of progress and side effects
	Monitoring of condition:
	• Assess response to treatment and the need to continue therapy by reviewing the patient at regular intervals
	Monitoring side-effects:
	• Appetite, height (not applicable for adults) & weight: Every 6 months
	• Blood pressure & heart rate: Approximately every 3 months as per specialist's review schedule, and with each dose change
	• Assess for: development of tics, psychotic symptoms, anxiety, or seizures
	• Advise discontinuation of dexamfetamine if no improvement in symptoms is seen after a reasonable trial
	• Review the treatment regularly, sending a written summary to the GP whenever the patient is reviewed
	• Provide any other advice or information for the GP if required
	• Supervise any discontinuation of treatment or onward referral to adult service if appropriate.

<table>
<tr><td>GP Responsibilities</td><td>

Prescribe dexamfetamine.
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 (e.g. MHRA).

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<tr><td>Adverse Effects, Precautions, Contraindications</td><td>
Contraindicated in patients with:
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<tr><td>Known intolerance of sympathomimetic amines</td><td>Marked anxiety, agitation, tension or psychosis</td></tr>
<tr><td>Glaucoma.</td><td>Hyperthyroidism</td></tr>
<tr><td>*Cardiovascular disease – including hypertension</td><td>Current or recent (within 14 days) treatment with MAOI’s</td></tr>
<tr><td colspan="2">* Motor tics, or family history of Tourette’s syndrome</td></tr>
</table>
* Although these two are listed as contraindications, in some circumstances, dexamfetamine can be used with caution and careful monitoring by the specialist.

Use with caution in epilepsy. If seizure frequency increases, the specialist should discontinue dexamfetamine
Use with caution in renal impairment
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 con-trolled 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 and heart rate, tachycardia, palpitations, skin rash, itching or bruising.

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<tr><td>Common Drug Interactions</td><td>

Effect of dexamfetamine can be decreased by: beta-blockers (e.g. propranolol), lithium and phenothiazines
Concurrent use of beta-blockers may result in severe hypertension
Concurrent use of tricyclic antidepressants may increase risk of cardiovascular side effects
Concurrent (or recent) use of MAOI’s may precipitate hypertensive crisis
Acute dystonia has been noted with concurrent administration of haloperidol.

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<tr><td>Communication</td><td>
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<tr><td>Specialist Teams</td><td>Mon-Fri, 9am-5pm</td><td></td></tr>
<tr><td>CYPS Newcastle</td><td>Benton House, Newcastle</td><td>0191 2466913</td></tr>
<tr><td>CYPS Sunderland/Sth Tyneside</td><td>Monkwearmouth Hospital</td><td>0191 5665500</td></tr>
<tr><td>Adults (all)</td><td>Collingwood Court, St Nicholas Hospital</td><td>0191 2864256</td></tr>
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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

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Dexamfetamine - Shared Care Request/Confirmation

- Specialist Prescriber 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

Specialist Prescriber …… **Department** …… **Hospital** ……	**Patient details (use hospital label if preferred)** **Name** …… **Address** …… …… **Postcode** ..... **M/F** …….. **NHS or Hosp. Reg. No.** …… **DoB** ……..

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

Drug Name **Dexamfetamine** **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** ……

(Patient's GP)

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

Prepared by: NTW NHS FT **Implementation Date: March 2016** **Review Date: March 2018**