NHS
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Clinical Commissioning Group

SHARED CARE GUIDELINE

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

Implementation Date: June 2017

Review Date: June 2019

This guidance has been prepared and approved for use within Sunderland 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 this treatment within a shared care setting

Approved by:

Committee	Date
Sunderland Joint Formulary	**June 2017**
Sunderland CCG Medicines Guidelines Group	**June 2017**

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: use in adults but clearly supported by NICE CG 72 guidance and the British National Formulary (BNF).
Methylphenidate is a schedule 2 controlled drug and is therefore subject to normal controlled drug regulations.

SHARED CARE GUIDELINE			
Non-proprietary name	**Methylphenidate**		
Dosage forms and strengths	See below:	BNF class	4.4
Immediate Release	**Modified Release**		
Ritalin ® 10mg scored tablets Medikinet®5mg, 10mg and 20mg scored tablets Generic preparations available	Concerta XL® 18mg, 27mg, 36mg tablets 12 hour effect (IR:MR – 22:78) Equasym® 10mg, 20mg, 30mg capsules 8 hour effect (IR:MR 30:70) Medikinet® XL 10mg, 20mg, 30mg and 40mg capsules – 8 hour effect (IR:MR 50:50)		
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**.**			

Indication	Methylphenidate is a CNS stimulant drug used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD).
Eligibility criteria for shared care	Children over 6 years of age and adults who have been assessed by a specialist and have a diagnosis of ADHD
Excluded patients	Children under 6 years of age
Dosage and Administration	**See BNF, BNFC and NICE ADHD CG 72 Clinical Guideline 2008**

	Immediate Release Methylphenidate	**Modified Release**		
		Concerta XL®	**Equasym XL®**	**Medikinet XL®**
Child 6-17 years	Initially 5 mg 1–2 times daily, increased at weekly intervals by 5–10 mg daily Usual licensed maximum is 60 mg daily in 2–3 divided doses may be increased to 2.1 mg/kg daily in 2–3 divided doses (max.	Initiate at 18mg in the morning – increased by increments of 18mg at approximately weekly intervals up to 2.1 mg/kg daily, licensed max. Dose 54 mg daily may be increased to higher dose under direction of specialist;	Initially 10 mg once daily, dose to be taken in the morning before breakfast; increased gradually at weekly intervals if necessary; increased if necessary up to 2.1 mg/kg daily, licensed max. Dose is 60 mg daily, to be increased to higher dose only under direction of specialist; discontinue if no response	

		90 mg daily) under the direction of a specialist.	maximum 108 mg per day.	after 1 month; maximum 90 mg per day.
	Adult	Initially 5 mg 2–3 times a day, increased weekly intervals according to response up to 100 mg daily in 2–3 divided doses		Initially 10 mg once daily, dose to be taken in the morning with breakfast; adjusted at weekly intervals according to response; maximum 100 mg per day
	All	Doses over 60 mg daily not licensed	IR methylphenidate can be switched to Concerta XL®: 5mg TDS → 18mg daily 10mg TDS → 36mg daily 15mg TDS → 54mg daily Concerta XL > 54 mg daily not licensed.	Patients already established on immediate release methylphenidate can be switched to the milligram equivalent daily dose of Equasym XL® or Medikinet XL®
	All ages - if effect wears off in evening (with rebound hyperactivity) a dose at bedtime may be appropriate (establish need with trial bedtime dose). Treatment may be started using a modified-release preparation Discontinue if no response after 1 month In some cases, patients may require both a modified release and immediate release preparation for adequate control of symptoms.			
Specialist Responsibilities	**Pre-Treatment** - Diagnose the condition and assess suitability for treatment with methylphenidate (as per the pre-drug assessment in NICE guidance) Conduct a baseline evaluation of a patient's cardiovascular status including blood pressure and heart rate. Document concomitant medications, past and present co-morbid medical and psychiatric disorders or symptoms, family history of sudden cardiac/unexplained death 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 is a 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 + social assessment, substance misuse/drug diversion risk assessment • baseline weight and height (children only), heart rate and blood pressure (centile charts for children) • request GP to undertake any necessary further investigations. Provide patient/carer with relevant information on use, side effects and need for monitoring of medication - document this is in the medical notes. Initiate treatment and titrate to a therapeutic dose then supply a further month's treatment to give time for shared care to be arranged. The specialist should supply treatment for at least 3 months before asking GP to accept shared care. 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 - contact the GP to seek formal agreement providing the GP with relevant information including: • Treatment to be undertaken by GP (including any dose changes 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 (children only) & weight: 6 monthly			

	• BP & heart rate: at least 6 monthly as per specialist's review schedule and with each dose change (record on growth/centile charts for children) Symptoms suggestive of heart disease should prompt specialist cardiac evaluation Assess - development/worsening of tics, psychotic symptoms, anxiety, aggression + seizures • Re-evaluate the usefulness of methylphenidate at least yearly • 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 • Communicate treatment changes in writing to the GP as soon as possible • Supervise treatment discontinuation, or onward referral to adult service if appropriate. • Liaise with the GP if any other additional tests/monitoring is required. • 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 specialist recommendations ensuring prescriptions are issued for a maximum of one month treatment, in line with good practice guidance for CDs • Provide the specialist with relevant medical history and background information. • Notify the specialist of any family/social circumstances which may preclude treatment (including current/past use of illicit drugs) If the patient misuses substances e.g. cocaine, heroin or amphetamines, transfer care 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. (E.g. MHRA)
Adverse Effects, Precautions and Contraindications	**Contraindications** - Anorexia, arrhythmias, cardiomyopathy, cardiovascular disease, cerebrovascular disorders, heart failure, hypersensitivity to sympathomimetic amines or any excipient, hyperthyroidism or thyrotoxicosis, moderate to severe hypertension, phaeochromocytoma, psychosis, severe depression, structural cardiac abnormalities, suicidal ideation, uncontrolled bipolar disorder, vasculitis **Special warnings and precautions for use** - Agitation , Anxiety, Bipolar illness, Epilepsy, Glaucoma, History of alcohol /drug abuse, May lower the seizure threshold discontinue if seizures occur/worsen , Tics and Tourette's syndrome **Adverse Effects** **Common or very common -** Abdominal pain; aggression; alopecia; anorexia; arrhythmias; arthralgia; asthenia; changes in blood pressure; cough; depression; diarrhoea; dizziness; drowsiness; dry mouth; dyspepsia; fever; growth restriction; headache; insomnia; irritability; movement disorders; nasopharyngitis; nausea; nervousness; palpitation; pruritus; rash; reduced weight gain; tachycardia; tics; vomiting **Uncommon -** Abnormal dreams; confusion; constipation; dyspnoea; epistaxis; haematuria; muscle cramps; suicidal ideation; urinary frequency **Rare -** Angina; sweating; visual disturbances **Very rare -** Angle-closure glaucoma; blood disorders; cerebral arteritis; dependence; erythema multiforme; exfoliative dermatitis; hepatic dysfunction; leucopenia; myocardial infarction; neuroleptic malignant syndrome; psychosis; seizures; thrombocytopenia; tolerance; Tourette's **Frequency not known -** Bradycardia; convulsions; supraventricular tachycardia
Common Drug Interactions	Methylphenidate: • 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 + atomoxetine does not cause increased side effects of either drug.
Communication/ Contact Details	For any queries relating to this patient's treatment with methylphenidate please contact the specialist named below: **Newcastle + Gateshead CYPS** **Benton House** **0191 2466913** **Sunderland + South Tyneside CYPS** **Monkwearmouth Hospital** **0191 5665500** **NTW Adult ADHD Team (all areas)** **Keegan Court** **0191 2876250**

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

Private and Confidential

Shared Care Request/Confirmation – Methylphenidate for ADHD

- 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

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

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

Drug Name – Methylphenidate **Dose ……** **Frequency……**
Indication – ADHD
Other info (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