SHARED CARE AGREEMENT

Name of medicine guanfacine

Indication for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 6 to 18 years

Version: **3.0** Approval date: **December 2021** Review date: **December 2024**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Procedures for Shared Care. Please refer to the procedure for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant or Specialist Prescriber in Mental Health

- Assessment and diagnosis of children with ADHD.
- Initiation and supply of guanfacine until patient is stable and for one further month.
- Patient monitoring – height, weight, pulse, BP are monitored during clinic visits initially 3 monthly, then 6 monthly in the longer term. All monitoring will be undertaken by CAMHS.
- Discontinuation - advising the GP when guanfacine should be discontinued. The specialist will provide the necessary supervision and support during this period. Guanfacine should not be stopped suddenly due to rebound hypertension risk.
- If guanfacine is continued beyond 18 years of age the responsible CAMHS consultant will arrange for care to be transferred to Adult Mental Health Services as appropriate.

General Practitioner

- GP to prescribe in accordance with the NHS Lothian Procedures for the Shared Care of Medicines.

Patient, Relatives, Carers

- as listed in the NHS Lothian Procedures for the Shared Care of Medicines.

Support and Advice for the GP

Child and Adolescent Mental Health Services:

CAMHS North Edinburgh	0131 286 5059
CAMHS South Edinburgh	0131 536 1110
CAMHS East Lothian	0131 446 4872
CAMHS Midlothian	01968 671330
CAMHS West Lothian	01506 523785
CAMHS ID Team	0131 537 9589

Clinical Pharmacy Service, Royal Edinburgh Hospital: 0131 537 6842 / 6823 / 6372

Key Information on the Medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Attention deficit hyperactivity disorder (ADHD) is diagnosed if the three clinical features - inattention, over-activity and impulsiveness - have been present from an early age, persist in more than one situation (e.g. at home and in school) and impair function.

In children, the diagnosis must be made following a comprehensive assessment co-ordinated by an appropriate child psychiatrist and/or a paediatrician with special interest and training in this field.

The assessment and management of this condition has been reviewed NICE Clinical Guideline (NG 87), September 2019. NICE recognises drug treatment of ADHD as part of a comprehensive treatment programme addressing psychological, behavioural and educational or occupational needs.

Patients are usually transferred from CAMHS to adult mental health services at the age of 18 years.

Indication

Guanfacine is an alternative non-stimulant treatment option in patients who have failed to respond adequately or not tolerated CNS stimulants.

Guanfacine is licensed for use in children aged 6-17 years - this SCA therefore applies to children aged 6 and over. Guanfacine is not licensed for use in adult patients (aged 18 years and older)

Guanfacine is currently listed in the Lothian Joint Formulary (LJF) as an alternative non-stimulant choice treatment for ADHD in children, where formulary choices are not suitable, not tolerated or have been shown to be ineffective.

Dosage and Administration

Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk and prescribing notes in LJF
Guanfacine should not be taken with high fat content meals due to increased absorption.

Monitoring

All monitoring will be carried out by the specialist CAMHS teams.

- Monitoring will be carried out at initiation, 3 monthly, then 6 monthly in the longer term.
- Monitoring will include measurement of height and use of developmental norms for growth, weight and centiles for pulse and blood pressure.
- Any findings that are out with the expected range for age will be investigated further including more frequent monitoring and if necessary referral to another specialist.

Contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Cautions - Refer to current Summary of Product Characteristics (SPC) for full detail: www.medicines.org.uk
Note risk of QT prolongation. Prescribe with caution in patients with known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval. Consider further cardiovascular evaluation.

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk
Can cause somnolence / sedation which could typically last for 2-3 weeks. Can cause syncope, hypotension and bradycardia. Patients may show an increase in their BMI during treatment. Patients will be closely monitored on a weekly basis during dose titration and stabilisation. Refer to SPC for a full list of adverse effects.

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk
Guanfacine levels can be affected by CYP 3A4/5 inhibitors and inducers (including grapefruit juice). It should not be taken with high fat content meals due to increased absorption. Refer to SPC for a full list of drug interactions.

The presence of this SCA does not compel a Primary Care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

Approved for use by the:

General Practice Prescribing Committee on 7th December 2021
REAS Drug and Therapeutics Committee on 8th December 2021