SHARED CARE AGREEMENT

Name of medicine methylphenidate

Indication for attention deficit hyperactivity disorder (ADHD) in adults and children aged 6 years and older

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

- Adults: co-ordinate the assessment and diagnosis of adult patients.
    - Mental health services will verify the diagnosis of patients from overseas; these patients should provide suitable correspondence from the previous medical providers.
    - The appropriate documentation should also be provided for patients diagnosed privately or in another Health Board area.
    - In some cases it may be necessary for mental health services to repeat assessments.
- Initiation and supply of immediate release methylphenidate until patient's treatment is stable and for one further month, including conversion to modified release preparation when appropriate.
- Informing patient of the 'off label' use of methylphenidate.
- Patient monitoring (see also 'Monitoring' below)
    - Children – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term. All monitoring will be undertaken by CAMHS.
    - Adults – height, weight and family history of cardiovascular disease at baseline and refer patient for ECG if required; monitor BP and pulse during dose titration – 6 monthly monitoring by GP thereafter. Re-evaluation of continued need for methylphenidate treatment beyond one year.
- If methylphenidate 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.
- Discontinuation - advising the GP when methylphenidate should be discontinued. The specialist will provide the necessary supervision and support during this period. Be aware that abrupt discontinuation can precipitate withdrawal.

General Practitioner

- Prescribe modified release methylphenidate preparations by brand as advised by the specialist team because the pharmacokinetic profiles of the brands differ.
- For adults: Monitoring of weight, pulse and blood pressure every 6 months.

Patient, Relatives, Carers

- As listed in 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

Specialist Adult Mental Health Services:

North East Edinburgh Community Mental Health Team	Inchkeith House	0131 537 4530
South East Edinburgh Community Mental Health Team	Ballenden House	0131 374 2204
South West Edinburgh Community Mental Health Team	Cambridge Street	0131 537 8650
North West Edinburgh Community Mental Health Team	Craigroyston Clinic	0131 315 2026
Midlothian Joint Mental Health Team		0131 285 9600
East Lothian Mental Health Team		01620 642905
West Lothian Outpatients		01506 523770

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 by an appropriate child psychiatrist and/or a paediatrician with special interest and training in this field. A diagnosis in adults must be made following a comprehensive assessment by a psychiatrist.

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

Methylphenidate is indicated for the treatment of ADHD as part of a comprehensive treatment programme when remedial measures alone prove insufficient. For adults, treatment must be initiated under the supervision of a psychiatrist, and for children, a child psychiatrist and / or paediatrician with special interest and training in this field.

Methylphenidate is licensed for use in:

- children aged six years and over (this SCA therefore applies to children aged six years and over)
- adults who are continuing treatment commenced in childhood or adolescence

Although methylphenidate is not licensed in newly diagnosed adults, clinical evidence supports its use in this patient group. It is currently listed in the Lothian Joint Formulary (LJF) as first choice treatment for ADHD in adults and children.

Preparations

- Modified release methylphenidate preparations must be prescribed by brand as advised by the specialist team. The pharmacokinetic profiles of the brands differ; a specific modified release formulation will be chosen to suit the symptoms and lifestyle of the individual patient. The specialist team may switch from one preparation to another.
- The preferred brand of methylphenidate modified–release tablets 18mg, 27mg 36mg, 54mg is Xaggitin XL®.
- Immediate release methylphenidate preparations offer the advantage of flexible dosing. These products are less expensive than the modified release preparations and are used in preference when acceptable to the patient.
- Combinations of modified release and immediate release preparations may be prescribed on the advice of a specialist. For example, where the effects of the modified release preparation wear off and a "top up" dose is required in the evening.

Dosage and Administration
Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk and prescribing notes in LJF

Monitoring (adult)

For adults, weight, pulse and blood pressure are to be monitored by the GP every six months.

- If abnormal, recheck within 2 weeks. If still abnormal discuss with the psychiatrist.
- If pulse or blood pressure is severely abnormal, stop methylphenidate and inform the psychiatrist immediately.
- These results will be reviewed by the specialist during patient reviews and the psychiatrist will liaise with the GP about any changes, further investigations or specialist referral required.

Monitoring (child under 18 years)

For children, 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): www.medicines.org.uk

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

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

The presence of this SCA does not compel a GP 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