Shared care guidelines

Drug	**ATOMOXETINE**
Specialty	CHILDREN & YOUNG PEOPLE'S SERVICES (CYPS) ADULT MENTAL HEALTH (AMH) & LEARNING DISABILITIES (LD)
Indication	ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)
Overview	Atomoxetine is a selective noradrenaline reuptake inhibitor used for the management of ADHD. It is licensed for this indication in children and adults. The management of ADHD in patients of all ages is guided by NICE NG87 (last update Sept.2019) – this guidance recommends that drug treatment: • Is used as part of a comprehensive treatment programme addressing psychological, behavioural and educational/occupational needs; • Is used for children aged 5 years & over and young people only if their ADHD symptoms are still causing a persistent significant impairment in at least one domain after environmental modifications have been implemented and reviewed; they and their parents and carers have discussed information about ADHD and a baseline assessment has been carried out. • Is used in adults (over 18 years) if their ADHD symptoms are still causing a significant impairment in at least one domain after environmental modifications have been implemented and reviewed unless the person has made an informed choice not to have medication, has difficulty adhering to medication or found medication ineffective or cannot tolerate it. • Is initiated only by an expert in ADHD, but prescribing & monitoring responsibility can transfer to GPs under shared care arrangements. Drug treatment of ADHD in patients under the care of The Retreat is guided by separate prescribing algorithms for children & adolescents and adults

Specialist's responsibilities	**Pre-treatment assessment** (see SPC for contra-indications):
	• Full mental health & social assessment, including risk assessment for substance misuse & drug diversion;
	• Evaluation of cardiovascular status, including:
	  ○ Heart rate & BP - plotted on a centile chart [refer to paediatric hypertension specialist before starting treatment if BP is consistently above 95th centile]
	  ○ ECG, and refer for cardiology opinion before starting treatment, **if** there is:
	  ▪ history of congenital heart disease or previous cardiac surgery
	  ▪ history of sudden death in a first-degree relative < 40 years suggesting a cardiac disease
	  ▪ shortness of breath on exertion compared with peers
	  ▪ fainting on exertion or in response to fright or noise
	  ▪ palpitations that are rapid, regular and start and stop suddenly
	  ▪ chest pain suggesting cardiac origin
	  ▪ signs of heart failure
	  ▪ a murmur heard on cardiac examination
	  ▪ BP that is classified as hypertensive in adults
	  [ECG is not needed if all of the above are absent and the person is not taking medication that poses an increased cardiac risk]
	• Height (children & adolescents only) & weight – plotted on a growth chart
	• Assessment of liver function - initial & target dose reduction is needed in moderate-severe impairment (see SPC for details)
	Initiation and titration of drug treatment:
	• Issue patient with ADHD medication treatment booklet, and complete essential details
	• Prescribe atomoxetine during dose titration until the patient is stabilised, has had a 3 month check and shared care has been formally accepted by the patient's GP / primary care team.
	Dose in adults and children over 6 years:
	Up to 70kg body weight: 0.5 mg / kg daily, increased after 7 days according to response to approximately 1.2 mg / kg daily ; maximum 1.8 mg / kg daily (120 mg daily)
	Over 70kg body weight: 40 mg daily, increased after 7 days according to response to 80 mg daily
	Usual maximum dose (BNF): Children – 1.2 mg / kg daily; Adults – 100 mg daily
	Dose must not exceed (NICE / Trust guidelines): 120 mg daily
	N.B. total daily dose may be given either as a single dose in the morning or in two divided doses with last dose no later than early evening.
	Clinical monitoring:
	• Assess response to treatment and need for dose adjustment every month until stabilised. Discontinue and consider alternatives if no response after 1 month.
	• If treatment continues, re-assess at least annually and consider interrupting treatment to determine whether continuation is necessary.
	• Adolescents - if still on treatment at school-leaving age, determine if treatment needs to be continued and, if it does, arrange transition to AMH / LD services by 18 years of age.
	• Consider monitoring BMI of adults with ADHD if there has been weight change as a result of their treatment and changing the medication if weight change persists

Specialist's responsibilities (continued)

Safety monitoring:

- Cardiovascular status - check heart rate & BP at each dose change, and at each face-to-face review if>6 months since last check by team or GP – record on centile charts to detect clinically important changes
- Height (children &young people only) – at each face-to-face review if >6 months since last check by team or GP – record on growth chart
- Weight – within 3 months (prior to transfer) in children and young people; at each face-to-face review if >3 months (children 10 years & under) or >6 months (children >10 years & adults) since last check by team or GP, more often if concerns arise– record on growth chart
- Routine blood tests and ECGs are not required unless there is a clinical indication

Transfer of prescribing:

- Request transfer of prescribing and monitoring under shared care arrangements on an individual patient basis using the attached standard form with a covering clinic letter
- Provide a point of contact during working hours for any queries related to the prescribing and monitoring of atomoxetine
- If patient transferring from CYPS to AMH / LD service, notify GP of new team details and arrangements for review. Existing shared care arrangements should not be interrupted.

Documentation & communication:

- Advise patient/carer of risk of increased anxiety and suicidal thinking during early weeks of treatment
- Advise patient/carer of risk of liver disorders (rare), how to recognise symptoms and to seek medical advice if they occur (abdominal pain, unexplained nausea, malaise, darkening of urine, jaundice)
- At each review, update growth / centile charts and patient-held ADHD medication booklet with monitoring checks and dose changes
- After each review, send comprehensive letter to GP detailing outcome of review, date and outcome of monitoring (BP & pulse), changes to medication and plans for further review.
- Notify the GP and primary care team if the patient does not attend for specialist reviews

GP's responsibilities

- Acknowledge and respond to the request for shared care within 2 weeks of receipt
- Contact specialist if communication of prescribing & monitoring requirements is not clear
- Add atomoxetine to the patient's repeat prescription (even if not yet prescribing) so that drug interactions will be highlighted by the clinical system
- Provide regular, repeat prescriptions for atomoxetine at dosage recommended by the specialist team (see above for usual maintenance and maximum doses)
- Assess cardiovascular status (heart rate & BP) every 6 months unless notified that done at review by specialist team – record on centile charts to detect clinically important changes
- Measure height (children & adolescents only) every 6 months & weight every 3 months (children 10 years & under) or every 6 months (children >10 years & adults) unless notified that done at review by specialist team; more often if concerns arise – record on growth chart;
- Be aware of potential side effects and inform the specialist team of suspected side effects
- Seek advice from the specialist team if the patient becomes clinically unstable
- Notify the specialist team of any change in the patient's physical health or social circumstances which may impact on or preclude treatment with atomoxetine (e.g. signs of liver disorder, illicit drug misuse)
- Check that annual review by specialist has taken place within last 12 months
- Stop issuing prescriptions if notified by the specialist team

Adverse events

Adverse event	Action (GP)	Action (specialist)
Raised BP(systolic BP> 95th centile or clinically significant increase) or pulse >120 bpm resting) or arrhythmia	Notify and seek advice from specialist	Reduce dose & seek advice from paediatrician or cardiologist
Reduced rate of growth (height or weight)		Reduce dose, or switch to alternative drug
Signs / symptoms of psychiatric disorder		Stop treatment & perform full psychiatric assessment
Signs / symptoms of heart disease		Reduce dose & seek advice from paediatrician or cardiologist
Signs / symptoms of liver disorder		Stop treatment; check LFTs
Tics		Reduce dose, or switch to alternative drug

Other information

Treatment of ADHD in people with a dual diagnosis (psychiatric disorder & substance dependence) should only be prescribed by healthcare professionals with expertise in managing both ADHD & substance misuse, or direct access to substance misuse teams. For adults with ADHD and drug or alcohol disorders there should be close liaison with addiction services, and close monitoring of any interventions

AMBER ▲	REQUEST FOR SHARED CARE (TRANSFER OF PRESCRIBING) OF MEDICINES FOR ADHD

GP details:

Patient details (name/address/DOB/NHS number):

Diagnosis:

Medication details (list dose, frequency and brand if appropriate. Specify clinical indications if first line option not prescribed or non-standard formulation prescribed)

The patient is stabilised on:

Discontinued medication (list details of any drugs discontinued when this AMBER treatment initiated):

Last prescription issued (details of date and length of supply):

Monitoring results to date:

Planned specialist review:

Actions requested of GP:

Please continue to issue monthly (28 days) prescriptions until advised otherwise

The treatment has been explained to the patient and they understand they should contact you for future prescriptions.

You will be informed of any changes to treatment, if you are not required to issue prescriptions or if treatment is to be discontinued.

Please contact the prescriber on the number below if there is any change in the patient's condition or social circumstances, if the patient fails to regularly collect prescriptions, if non-compliance with treatment is suspected or you require any other advice.

Specialist team contacts:	Contact details (e-mail/telephone no):
Care coordinator (name):	
Consultant (name):	
Prescriber (name):	

Signature:	**Date:**

Acceptance of shared care for ADHD medication

Patient's name:	**NHS Number:**
Address:	
Medication:	
I confirm receipt of prescribing transfer information for the above patient and accept my responsibilities within agreed shared care arrangements	
GP name: *(Please print name in BLOCK CAPITALS)*	
Signature/ Practice Stamp:	
Date:	

Please scan & e-mail back to:
E-mail:
or return by post as soon as possible to:

Shared Care Guidance provided by Tees Esk NHS foundation Trust