

Shared Care Guideline for the prescribing of methylphenidate, atomoxetine and dexamfetamine in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children, young people and adults

Child and Adolescent Mental Health Services (CAMHS) for HPFT
Adult ADHD Services for HPFT
Hertfordshire Primary Care Trusts
Hertfordshire Community NHS Trust
East and North Herts NHS Trust

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1.0 Introduction

- 1.1. The Hertfordshire Shared Care Guideline for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children, young people and adults is produced after a number of meetings with stakeholders (Specialist service Psychiatrist CAMHS, Community Paediatricians, Pharmacy, GPs, Adult and Children Commissioning Managers) and consultation with service users and carers.
- 1.2. The guideline is compliant with the National Institute for Clinical Excellence (NICE) guideline 72 issued in September 2008. The ADHD NICE Quick Reference Guideline is included as Part 2 of this document.
- 1.3. The Hertfordshire guideline incorporates:

Part 1 identifies the process of referral to specialist services and further management for adults, children and young people

Section 2	The referral pathway to the specialist ADHD service.
Section 3	How Shared Care will be managed.
Section 4	Levels of shared care
Section 5	Monitoring and Review

Part 2 The NICE Quick Reference Guideline includes:

- Principles of treatment and care
 - ADHD in children and young people
 - ADHD in adults
 - How to use drug treatment in children, young people and adults
 - Monitoring side effects
 - Behavioural and psychological interventions in children and young people
- 1.4. The appendices to the guideline contain the referral templates, information of the responsibilities of patient, carer, specialist service and the GP and information on safety monitoring.

Part 1

2.0 Referral Pathway

- 2.1. All patients must be registered with a Hertfordshire GP if a referral to a specialist service is being considered.
- 2.2. Prior to a referral to a specialist service for assessment, diagnosis and possible drug treatment for ADHD, the GP should exclude other options for treatment. See Part 2, NICE Quick Reference Guide pages 9 and 15.
- 2.3. When the GP has excluded other options for treatment and considers a specialist ADHD assessment and diagnosis is required this will be discussed with the patient and/or carer. This applies to patients **of any age**. With their agreement a referral to the appropriate ADHD specialist will be generated (see S2.4 and 2.5 below)..
- 2.4. If the patient is **over the age of 18 years** the referral should be sent to the local Community Mental Health Team (CMHT) for assessment. Specialist ADHD Services for patients over the age of 18 years when required are accessed via the CMHT The GP will be informed of the outcome of the CMHT assessment and also that of ADHD specialist.
- 2.5. Similarly, Young People over the age of 18 years in transition to the Adult Service should be referred by the Community Paediatric Service or CAMHS to the local CMHT (see 2.4 above)

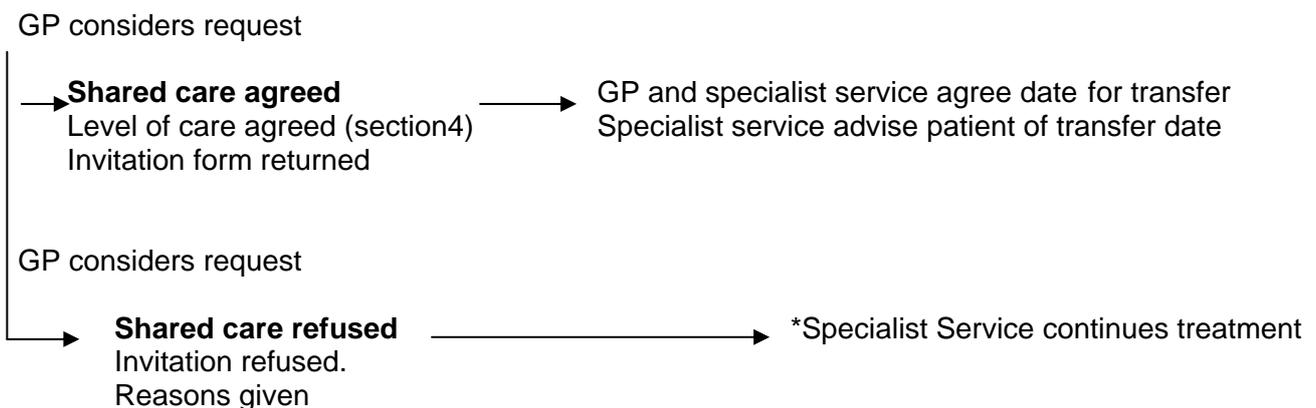
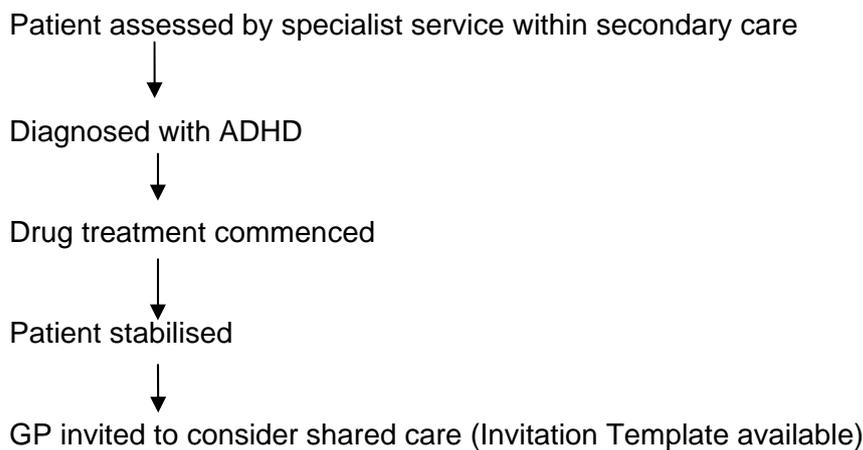
2.6. Children and young people **under the age of 18 years** requiring specialist assessment for ADHD should be referred to specialist ADHD Teams within CAMHS or Hertfordshire Community NHS Trust or the Community Paediatric Service North and East Herts according to local pathways/protocols. Following receipt of the referral an assessment will occur and the GP informed of the outcome.

2.7. If, following specialist care assessment of a patient **of any age**, treatment for ADHD is not considered appropriate the GP will be informed of this decision. When appropriate, recommendations for alternative interventions will be made. For example, this may include suggesting engagement with other community agencies.

2.8. When a patient requires drug treatment for ADHD this will be commenced by the specialist service within secondary care.

2.9. When the specialist service considers a patient **of any age** is sufficiently stable, and the patient and/or carers are in agreement, contact will be made with the GP to invite them to consider sharing the care of the patient. Shared care should not normally be considered during the first 3 months of drug treatment. Further information regarding levels of shared care can be seen below in sections 3 and 4.

2.10. Shared Care Pathway Flowchart



When a Shared Care agreement is in place monitoring by GP and specialist service will be conducted according to the agreed level of care. See Section 4

3.0 How Shared Care will be managed

- 3.1. When a specialist service considers shared care may be appropriate contact with the GP will be made using the template shown in Appendix A.
- 3.2. It is not possible to insist a GP must agree to share the care of a patient with ADHD. A number of considerations need to be taken into account including the level of expertise and knowledge of the condition and drug treatment.
- 3.3. Specialist and primary services should work together to overcome difficulties whenever this is possible in order to offer patients on-going treatment nearer their homes and outside a hospital or clinic setting.
- 3.4. In order to assist a GP the specialist services will offer opportunities for training and on-going support when a shared care arrangement has been agreed.
- 3.5. The patient/carer should be in agreement that the option of Shared Care is explored with the GP and must be aware that whilst a shared care arrangement is in place they will not receive prescriptions for methylphenidate, atomoxetine or dexamfetamine from the specialist ADHD services
- 3.6. In discussion regarding shared care with the patient/carer the specialist service must complete the form shown in appendix C "Responsibilities of the specialist service, the patient/carer and the GP". This form must be signed and sent with the GP invitation letter appendix A.
- 3.7. When a request from a specialist care service is received by the GP to participate in shared care (see S3.1 above) for a patient with ADHD, the decision required from the GP is to identify whether or not he/she is in agreement to share care, and at which level of care. (See section 4 below).
- 3.8. The invitation template should be completed and returned in a timely manner by the primary care team identifying whether or not the care will be shared and at which level (Section 4 below).
- 3.9. A shared care arrangement must not be commenced until the primary care team has informed the specialist care team of the date on which they are able to take over responsibility for the prescribing of medication. The specialist care team hold responsibility for ensuring the patient/carer is informed when the shared care arrangement is in place and the transfer date agreed.
- 3.10. When Shared Care has been agreed between the specialist service and the GP, regular communication is essential. Any reason for concern relating to the ADHD treatment, or any other condition that may have a bearing on this treatment, should be reported.
- 3.11. GPs, in discussion with patients and carers, should use their professional judgement when concerned (at any level of shared care) and if in doubt discuss this with the specialist service.
- 3.12. The patient/carer should know that the GP is the first point of contact for all medical concerns. When needed the GP will consult with the specialist ADHD service.
- 3.13. The continuation of Shared Care will be dependent upon the patients' on-going stability. The specialist service should be advised immediately if this is in doubt.
- 3.14. The continuation of shared care also depends upon the patient being able to comply with the need to be monitored by the GP and the system the practice has in place for ordering prescriptions. If the patient is unable to attend for monitoring, or order prescriptions in the correct way, then this will be discussed immediately with the specialist service as it is likely shared care will need to be suspended.

3.15. If a Shared Care agreement has to be suspended, a decision on when the GP should suspend prescribing medication must be reached. This may be agreed during a telephone conversation with the specialist service. The decision to suspend should be confirmed by the specialist service, as soon as possible, in writing.

4.0 Levels of Shared Care for ADHD

4.1. When the primary care team receive a request (sections 2 and 3 above) to share the care of a patient with ADHD they are required to consider whether or not they are in agreement to offer shared care. If they are in agreement the decision then required is at which level of care

4.2. The levels of shared care are as follows:

Levels	Current Situation	Level of Shared Care agreed by GP	On-going actions by primary and specialist care
Level 0	The specialist care service has reached a diagnosis of ADHD. Treatment has been initiated and the patient is stable. (see S2.9 above) Invitation for shared care sent to GP	Shared care refused. GP informs specialist service in writing of reasons for refusal	Specialist care services continue treatment, monitoring and review. GP informed of progress
Level 1	ditto	GP agrees to prescribe methylphenidate, atomoxetine or dexamfetamine according to safe prescribing practice. GPs will not prescribe other off label medication. The specialist service will be informed if any cause for concern arises in respect of ADHD treatment or any other condition that may have a bearing on treatment.	Specialist care continues to treat, (including the prescribing of other off label drugs) monitor and review. Date for transfer agreed The specialist service will inform GP if any changes of treatment occur.
Level 2	Ditto	GP agrees to prescribe methylphenidate, atomoxetine or dexamfetamine according to safe prescribing practice and to monitor side effects The GP agrees to inform the specialist service of the results of the safety monitoring. GPs will not prescribe other off label medication. The specialist service will be informed if any cause for concern arises in respect of ADHD treatment or any other condition that may have a bearing on treatment.	Specialist care team continue to undertake clinical monitoring and reviews. Date for transfer agreed The specialist service will inform the GP of outcomes of clinical monitoring and reviews and advise if any changes of treatment occur.
Level 3	ditto	GP agrees to prescribe and undertake clinical and health monitoring and annual reviews of the patient It is expected that this level of care will apply mainly to adults who are stable and in long term treatment. In such situations there is no need for a drug holiday to assess whether drug treatment should continue.	Case closed to specialist care and all treatment undertaken by primary care team. Date for transfer agreed Further contact with specialist services would be by way of referral

4.3 Level 4 services may be developed in the future but at the present time it is anticipated ADHD specialist services will remain within specialist care.

5.0 Monitoring and Review

5.1. Commissioning Managers and providers of the ADHD services will work together during 2010 to agree methods of collecting data, monitoring and reviewing shared care. The monitoring should include:

- Numbers of patients receiving shared care
- Numbers of patients refused shared care and the reasons for the refusal
- Patient/Carer satisfaction audit
- Medication costs

5.2. When agreement has been reached on section 5.1 above the manner of data collection will be recorded and added to this guideline as an appendix.

5.2. The Shared Care Guidelines will be reviewed annually or more frequently if required by commissioning managers...

Part 2

The NICE Guidelines Quick Reference.

Appendix A TEMPLATE to be generated by specialist care

Following your referral for assessment and diagnosis for treatment of ADHD I am writing to let you know that after a period of treatment your patient's condition and drug treatment are stable. I am therefore inviting you to consider sharing the care of the patient.

The patient is currently prescribed ***name drug and dose***. Information regarding monitoring is attached to this letter. The monitoring sheet attached identifies checks required for the prescribed drug together with a centile chart for recording BP, weight and pulse. The responsibility for carrying out the checks will be dependent upon the level of shared care agreed. Levels of shared care are detailed below.

I have discussed the possibility of shared care with the patient/carer and they have agreed that I can approach you. They are aware of the responsibilities and roles of specialist, GP and patient/carer as set out in the attached document.

I would be pleased if you could return the reply letter attached indicating your wishes. If you are in agreement with sharing care could you also please let me know when this could commence?

If you are able to offer shared care local support can be obtained from

Add clinic name, address, telephone number and e-mail address.

Levels of Shared Care

- **Level 1 Prescribe medication only.**

At level1 I will continue to see the patient regularly in order to monitor the safety of the medication and review the patients' clinical condition. I will provide you with the safety monitoring and clinical review information following any appointment.

I am next due to review the patient on ***give date***

- **Level 2 Prescribe medication and undertake safety monitoring**

At level 2 I will continue to see the patient regularly to review their clinical progress and provide you with clinical review information following any appointment

The date for review is as shown in level 1 above

You will write to me to inform me of the drug safety monitoring information each time you see the patient for this purpose.

- **Level 3 Prescribe and take over all other treatment of the patient for ADHD.**

The patient will be discharged from the specialist care services and would need to be re-referred if you required them to be reviewed in secondary care.

You will be responsible for all treatment and management including drug safety monitoring and clinical review.

Yours Sincerely

Attachments.

Responsibilities of patient/carer, specialist service and GP in shared care
Response to invitation slip
Drug specific monitoring sheet
Centile chart for recording BP and pulse. (For children weight checks are also required)

Appendix B GP Response template

To: Secondary Care Consultant name and address

Re: Patient name, address, DoB, and NHS number

An Invitation to Participate in Shared Care for the treatment of ADHD

Thank you for your recent letter.

I am writing to let you know that: (tick box as appropriate)

I am prepared to share the care of the patient who is on **name drug and dose** at the following level:

Level 1 Prescribe medication only.
I will advise you if any health issues occur of which you should be made aware.

All drug safety monitoring and clinical reviews will be carried out in specialist care and the information will be communicated to me so that I know it is safe to continue to prescribe.

Level 2 Prescribe medication and see the patient to conduct drug safety monitoring.

I will carry out drug safety monitoring in line with the information you sent me.

I will advise you of the outcome of the drug safety monitoring and also let you know if any other health issue emerges of which I think you should be aware.

The patient will continue to have full clinical reviews in specialist ADHD services.

Level 3 Prescribe and take over all further treatment of the patient.

I will carry out drug safety monitoring and clinical review.

I understand the patient will be discharged from the specialist ADHD service and will need to be re-referred if they require further specialist care input for their ADHD or its treatment...

Level 0 I am unable to agree to share the care of the patient because **Add reasons ...**

I have read the information regarding the responsibilities of the patient/carer, the GP and the specialist ADHD service. I confirm I have received the drug specific monitoring sheet and the blood pressure, weight and pulse centile chart.

I am able to begin to participate in shared care from **add date**. I will commence shared care when you write to me to confirm that the arrangements and suggested date are acceptable.

Yours Sincerely

Appendix C.

Monitoring requirements for Adults prescribed Atomoxetine

This form must be discussed and signed by specialist ADHD service with patient/carer prior to sending to the GP together with the invitation to share care

I confirm that I have discussed shared care with my patient/carer and he/she is in agreement with me inviting the GP to enter into a shared care agreement.

We have discussed responsibilities shown below.

Signed _____ ADHD Specialist

Signed _____ Patient/carer

Aspect of Drug Safety Monitoring	Taking action where there are concerns about the rate of weight gain or weight loss	Giving advice about how to reduce weight loss or manage decreased weight gain in children and young people	Monitoring pulse and plotting blood pressure on centile chart every 3 months	Acting on sustained resting tachycardia, arrhythmia or systolic blood pressure that shows a significant increase) recorded on two occasions
Level 1 shared care	N/A	N/A	Information received from specialist ADHD services each time measurement is taken. GP may be asked to measure pulse and/or BP if it needs to be measured in a shorter than usual interval	N/A
Level 2 shared care	Inform specialist ADHD services of concerns and ask for the patient to be reviewed	Simple advice as per the NICE guidelines and consider referral to dietitian	Carried out by GP who informs specialist services each time and where there are concerns	Suspend shared care, ask specialist ADHD services to assess to see whether dose reduction is possible, and consider referral to physician
Level 3 shared care	Consider re-referral to specialist ADHD services for consideration of change of drug/dose/drug holiday	Provided by GP, consider referral to dietitian	Carried out by GP	Re-refer to specialist ADHD services to reconsider dose and refer patient to physician if concerns persist

Aspect of Drug Safety Monitoring	Monitor for dysmenorrhoea, erectile dysfunction and ejaculatory dysfunction	Agitation, irritability, suicidal ideation and self-harm	Seizures if exacerbated
Level 1 shared care	Report concerns to specialist ADHD services if patient opportunistically reports symptoms	Report concerns to specialist ADHD services	Discontinue atomoxetine immediately, inform specialist ADHD services, suspend shared care and consider referral to neurologist
Level 2 shared care	Report concerns to specialist ADHD services if patient reports symptoms	Ask about symptoms, and report concerns to specialist ADHD services	Discontinue atomoxetine immediately, inform specialist ADHD services, suspend shared care and consider referral to neurologist
Level 3 shared care	Consider whether to stop medication and refer to specialist ADHD services	Consider stopping medication, refer to specialist ADHD services	Discontinue atomoxetine immediately, refer to specialist ADHD services, and consider referral to neurologist

Level 3 shared care is expected to be appropriate for adults, who are unlikely to “grow out” of their condition, have reached their full height and can be expected to remain on stable doses of medication long term, without the need for regular specialist review.

Appendix D

Monitoring requirements for Children and Young People prescribed Atomoxetine

This form must be discussed and signed by specialist ADHD service with patient/carer prior to sending to the GP together with the invitation to share care

I confirm that I have discussed shared care with my patient/carer and he/she is in agreement with me inviting the GP to enter into a shared care agreement.

We have discussed responsibilities shown below.

Signed _____ ADHD Specialist

Signed _____ Patient/carer

Aspect of Drug Safety Monitoring	Measuring & plotting height on growth chart every 6 months	Taking action where there are concerns about the rate of increase in height	Measuring & plotting weight on growth chart every 6 months	Taking action where there are concerns about the rate of weight gain or weight loss	Giving advice about how to reduce weight loss or manage decreased weight gain in children and young people
Level 1 shared care	Information received from specialist ADHD services each time measurement is taken	N/A	Information received from specialist ADHD services each time measurement is taken	N/A	N/A
Level 2 shared care	Carried out by GP who informs specialist services of results each time	Raise concerns with specialist ADHD services, for them to consider a change in dose and/or drug holiday, consider whether to suspend shared care.	Carried out by GP who informs specialist services each time	Inform specialist ADHD services of concerns and ask for the patient to be reviewed	Simple advice as per the NICE guidelines and consider referral to dietitian
<i>Level 3 shared care</i>	<i>Carried out by GP</i>	<i>Re-refer patient to specialist ADHD services for consideration of dose and/or drug holiday</i>	<i>Carried out by GP</i>	<i>Consider re-referral to specialist ADHD services for consideration of change of drug/dose/drug holiday</i>	<i>Provided by GP, consider referral to dietitian</i>

Level of shared care	Monitoring pulse and plotting blood pressure on centile chart every 3 months	Acting on sustained resting tachycardia, arrhythmia or systolic blood pressure > 91st and 98th centile (or clinically significant increase) recorded on two occasions	Monitor for dysmenorrhoea, erectile dysfunction and ejaculatory dysfunction in young people	Agitation, irritability, suicidal ideation and self-harm	Seizures: if exacerbated in a child with pre-existing epilepsy, or if fits develop de novo in child or Young Person
1	Information received from specialist ADHD services each time measurement is taken. GP may be asked to measure pulse and/or BP if it needs to be measured in a shorter than usual interval	N/A	Report concerns to specialist ADHD services if patient opportunistically reports symptoms	Report concerns to specialist ADHD services	Discontinue atomoxetine immediately, inform specialist ADHD services, suspend shared care and consider referral to paediatrician/neurologist
2	Carried out by GP who informs specialist services each time and where there are concerns	Suspend shared care, ask specialist ADHD services to assess to see whether dose reduction is possible, and consider referral to paediatrician/physician	Report concerns to specialist ADHD services if patient reports symptoms	Ask about symptoms, and report concerns to specialist ADHD services	Discontinue atomoxetine immediately, inform specialist ADHD services, suspend shared care and consider referral to paediatrician/neurologist
3	<i>Carried out by GP</i>	<i>Refer to specialist ADHD services to reconsider dose and refer patient to paediatrician or physician if concerns persist</i>	<i>Consider whether to stop medication and refer to specialist ADHD services</i>	<i>Consider stopping medication, refer to specialist ADHD services</i>	<i>Discontinue atomoxetine immediately, refer to specialist ADHD services, and consider referral to paediatrician/neurologist</i>

Level 3 shared care is expected to be appropriate for adults, who are unlikely to “grow out” of their condition, have reached their full height and can be expected to remain on stable doses of medication long term, without the need for regular specialist review.

Appendix E

Monitoring requirements for Adults prescribed Dexamfetamine

This form must be discussed and signed by specialist ADHD service with patient/carer prior to sending to the GP together with the invitation to share care

I confirm that I have discussed shared care with my patient/carer and he/she is in agreement with me inviting the GP to enter into a shared care agreement.

We have discussed responsibilities shown below.

Signed _____ ADHD Specialist

Signed _____ Patient/carer

Aspect of Drug Safety Monitoring	Taking action where there are concerns about weight loss	Giving advice about how to reduce weight loss	Monitoring pulse and plotting blood pressure on centile chart every 3 months	Acting on sustained resting tachycardia, arrhythmia or systolic blood pressure that shows a clinically significant increase recorded on two occasions
Level 1 shared care	N/A	N/A	Information received from specialist ADHD services each time measurement is taken. GP may be asked to measure pulse and/or BP if it needs to be measured in a shorter than usual interval	N/A
Level 2 shared care	Inform specialist ADHD services of concerns and ask for the patient to be reviewed	Simple advice as per the NICE guidelines and consider referral to dietitian	Carried out by GP who informs specialist services each time	Suspend shared care, ask specialist ADHD services to assess to see whether dose reduction is possible, and consider referral to physician
Level 3 shared care	Consider new referral to specialist ADHD services for consideration of change of drug/dose/drug holiday	Provided by GP, consider referral to dietitian, re-refer to specialist ADHD services for review of medication if weight loss cannot be remedied	Carried out by GP	Re-refer to specialist ADHD services to reconsider dose and refer patient to physician if concerns persist

Aspect of Drug Safety Monitoring	Tics	Psychotic Symptoms (delusions, hallucinations)	Anxiety symptoms, including panic	Drug Misuse & Diversion
Level 1 shared care	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, inform specialist ADHD services, suspend shared care and refer for full psychiatric assessment.	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 2 shared care	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, suspend shared care, inform specialist ADHD services and refer for full psychiatric assessment.	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 3 shared care	Consider whether tics are stimulant related. If they are, re-refer to specialist ADHD services, and consider whether to stop the drug or reduce its dose whilst patient is waiting to be seen	Stop drug treatment, and refer for full psychiatric assessment.	Re-refer to ADHD specialist services, consider dose reduction whilst patient is waiting to be seen	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Refer to specialist ADHD services if any concerns and reconsider whether and how prescriptions should be issued whilst patient is waiting to be seen.

Level 3 shared care is expected to be appropriate for adults, who are unlikely to “grow out” of their condition, have reached their full height and can be expected to remain on stable doses of medication long term, without the need for regular specialist review.

Appendix F

Monitoring requirements for Children and Young People prescribed Dexamfetamine

This form must be discussed and signed by specialist ADHD service with patient/carer prior to sending to the GP together with the invitation to share care

I confirm that I have discussed shared care with my patient/carer and he/she is in agreement with me inviting the GP to enter into a shared care agreement.

We have discussed responsibilities shown below.

Signed _____ ADHD Specialist

Signed _____ Patient/carer

Aspect of Drug Safety Monitoring	Measuring & plotting height on growth chart every 6 months	Taking action where there are concerns about the rate of increase in height	Measuring & plotting weight on growth chart every 6 months	Taking action where there are concerns about the rate of weight gain or weight loss	Giving advice about how to reduce weight loss or manage decreased weight gain in children and young people
Level 1 shared care	Information received from specialist ADHD services each time measurement is taken	N/A	Information received from specialist ADHD services each time measurement is taken	N/A	N/A
Level 2 shared care	Carried out by GP who informs specialist services of results each time	Raise concerns with specialist ADHD services, for them to consider a change in dose and/or drug holiday, consider whether to suspend shared care	Carried out by GP who informs specialist services each time	Inform specialist ADHD services of concerns and ask for the patient to be reviewed	Simple advice as per the NICE guidelines and consider referral to dietitian
Level 3 shared care	<i>Carried out by GP</i>	<i>Refer patient to specialist ADHD services for consideration of dose and/or drug holiday</i>	<i>Carried out by GP</i>	<i>Consider referral to specialist ADHD services for consideration of change of drug/dose/drug holiday</i>	<i>Provided by GP, consider re-referral to dietitian, refer to specialist ADHD services for review of medication if weight loss cannot be remedied</i>

Aspect of Drug Safety Monitoring	Monitoring pulse and plotting blood pressure on centile chart every 3 months	Acting on sustained resting tachycardia, arrhythmia or systolic blood pressure > 91 st and 98 th centile (or clinically significant increase) recorded on two occasions	Tics	Psychotic Symptoms (delusions, hallucinations)
Level 1 shared care	Information received from specialist ADHD services each time measurement is taken. GP may be asked to measure pulse and/or BP if it needs to be measured in a shorter than usual interval	N/A	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, inform specialist ADHD services, suspend shared care and refer for full psychiatric assessment.
Level 2 shared care	Carried out by GP who informs specialist services each time	Suspend shared care, ask specialist ADHD services to assess to see whether dose reduction is possible, and consider referral to paediatrician/physician	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, suspend shared care, inform specialist ADHD services and refer for full psychiatric assessment.
Level 3 shared care		<i>Refer to specialist ADHD services to reconsider dose and refer patient to paediatrician or physician if concerns persist</i>	<i>Consider whether tics are stimulant related. If they are, refer to specialist ADHD services, and consider whether to stop the drug or reduce its dose whilst patient is waiting to be seen</i>	<i>Stop drug treatment, and refer for full psychiatric assessment.</i>

Aspect of Drug Safety Monitoring	Anxiety symptoms, including panic	Drug Misuse & Diversion
Level 1 shared care	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 2 shared care	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 3 shared care	<i>Refer to ADHD specialist services, consider dose reduction whilst patient is waiting to be seen</i>	<i>Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Refer to specialist ADHD services if any concerns and reconsider whether and how prescriptions should be issued whilst patient is waiting to be seen.</i>

Level 3 shared care is expected to be appropriate for adults, who are unlikely to “grow out” of their condition, have reached their full height and can be expected to remain on stable doses of medication long term, without the need for regular specialist review.

Appendix G

Monitoring requirements for Adults prescribed Methylphenidate

This form must be discussed and signed by specialist ADHD service with patient/carer prior to sending to the GP together with the invitation to share care

I confirm that I have discussed shared care with my patient/carer and he/she is in agreement with me inviting the GP to enter into a shared care agreement.

We have discussed responsibilities shown below.

Signed _____ ADHD Specialist

Signed _____ Patient/carer

Aspect of Drug Safety Monitoring	Taking action where there are concerns about the rate of weight gain or weight loss	Giving advice about how to reduce weight loss	Monitoring pulse and plotting blood pressure on centile chart every 3 months	Acting on sustained resting tachycardia, arrhythmia or systolic blood pressure that shows a clinically significant increase) recorded on two occasions
Level 1 shared care	N/A	N/A	Information received from specialist ADHD services each time measurement is taken. GP may be asked to measure pulse and/or BP if it needs to be measured in a shorter than usual interval	N/A
Level 2 shared care	Inform specialist ADHD services of concerns and ask for the patient to be reviewed	Simple advice as per the NICE guidelines and consider referral to dietitian	Carried out by GP who informs specialist services each time	Suspend shared care, ask specialist ADHD services to assess to see whether dose reduction is possible, and consider referral to physician
Level 3 shared care	Consider re-referral to specialist ADHD services for consideration of change of drug/dose/drug holiday	Provided by GP, consider referral to dietitian, refer to specialist ADHD services for review of medication if weight loss cannot be remedied	Carried out by GP	Re-refer to specialist ADHD services to reconsider dose and refer patient to physician if concerns persist

Aspect of Drug Safety Monitoring	Tics	Psychotic Symptoms (delusions, hallucinations)	Development of Seizures	Anxiety symptoms, including panic	Drug Misuse & Diversion
Level 1 shared care	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, inform specialist ADHD services, suspend shared care and refer for full psychiatric assessment.	Discontinue methylphenidate immediately, inform specialist ADHD services, suspend shared care and consider referral to neurologist	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 2 shared care	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, suspend shared care, inform specialist ADHD services and refer for full psychiatric assessment.	Discontinue methylphenidate immediately, inform specialist ADHD services, suspend shared care and consider referral to neurologist	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 3 shared care	Consider whether tics are stimulant related. If they are, refer to specialist ADHD services, and consider whether to stop the drug or reduce its dose whilst patient is waiting to be seen	Stop drug treatment, and refer for full psychiatric assessment.	Discontinue methylphenidate immediately, refer to specialist ADHD services, and consider referral to neurologist	Refer to ADHD specialist services, consider dose reduction whilst patient is waiting to be seen	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Refer to specialist ADHD services if any concerns and reconsider whether and how prescriptions should be issued whilst patient is waiting to be seen.

Level 3 shared care is expected to be appropriate for adults, who are unlikely to “grow out” of their condition, have reached their full height and can be expected to remain on stable doses of medication long term, without the need for regular specialist review.

Appendix H

Monitoring requirements for Children and Young People prescribed Methylphenidate

This form must be discussed and signed by specialist ADHD service with patient/carer prior to sending to the GP together with the invitation to share care

I confirm that I have discussed shared care with my patient/carer and he/she is in agreement with me inviting the GP to enter into a shared care agreement.

We have discussed responsibilities shown below.

Signed _____ ADHD Specialist

Signed _____ Patient/carer

Aspect of Drug Safety Monitoring	Measuring & plotting height on growth chart every 6 months	Taking action where there are concerns about the rate of increase in height	Measuring & plotting weight on growth chart every 6 months	Taking action where there are concerns about the rate of weight gain or weight loss	Giving advice about how to reduce weight loss or manage decreased weight gain in children and young people
Level 1 shared care	Information received from specialist ADHD services each time measurement is taken	N/A	Information received from specialist ADHD services each time measurement is taken	N/A	N/A
Level 2 shared care	Carried out by GP who informs specialist services of results each time	Raise concerns with specialist ADHD services, for them to consider a change in dose and/or drug holiday, consider whether to suspend shared care	Carried out by GP who informs specialist services each time	Inform specialist ADHD services of concerns and ask for the patient to be reviewed	Simple advice as per the NICE guidelines and consider referral to dietitian
Level 3 shared care	<i>Carried out by GP</i>	<i>Refer patient to specialist ADHD services for consideration of dose and/or drug holiday</i>	<i>Carried out by GP</i>	<i>Consider referral to specialist ADHD services for consideration of change of drug/dose/drug holiday</i>	<i>Provided by GP, consider referral to dietitian, refer to specialist ADHD services for review of medication if weight loss cannot be remedied</i>

Aspect of Drug Safety Monitoring	Monitoring pulse and plotting blood pressure on centile chart every 3 months	Acting on sustained resting tachycardia, arrhythmia or systolic blood pressure > 91 st and 98th centile (or clinically significant increase) recorded on two occasions	Tics	Psychotic Symptoms (delusions, hallucinations)
Level 1 shared care	Information received from specialist ADHD services each time measurement is taken. GP may be asked to measure pulse and/or BP if it needs to be measured in a shorter than usual interval	N/A	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, inform specialist ADHD services, suspend shared care and refer for full psychiatric assessment.
Level 2 shared care	Carried out by GP who informs specialist services each time	Suspend shared care, ask specialist ADHD services to assess to see whether dose reduction is possible, and consider referral to paediatrician/physician	Inform specialist ADHD services if patient reports tics, suspend shared care	Stop drug treatment, suspend shared care, inform specialist ADHD services and refer for full psychiatric assessment.
Level 3 shared care		<i>Re-refer to specialist ADHD services to reconsider dose and refer patient to paediatrician or physician if concerns persist</i>	<i>Consider whether tics are stimulant related. If they are, refer to specialist ADHD services, and consider whether to stop the drug or reduce its dose whilst patient is waiting to be seen</i>	<i>Stop drug treatment, and refer for full psychiatric assessment.</i>

Aspect of Drug Safety Monitoring	Seizures: if exacerbated in a child with pre-existing epilepsy, or if fits develop de novo	Anxiety symptoms, including panic	Drug Misuse & Diversion
Level 1 shared care	Discontinue methylphenidate immediately, inform specialist ADHD services, suspend shared care and consider referral to paediatrician/neurologist	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 2 shared care	Discontinue methylphenidate immediately, inform specialist ADHD services, suspend shared care and consider referral to paediatrician/neurologist	Inform specialist and suspend shared care	Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Inform specialist ADHD services if any concerns and suspend shared care
Level 3 shared care	<i>Discontinue methylphenidate immediately, refer to specialist ADHD services, and consider referral to paediatrician/neurologist</i>	<i>Refer to ADHD specialist services, consider dose reduction whilst patient is waiting to be seen</i>	<i>Monitor changes in potential for misuse and diversion for example with change in circumstances and age. Refer to specialist ADHD services if any concerns and reconsider whether and how prescriptions should be issued whilst patient is waiting to be seen.</i>

Level 3 shared care is expected to be appropriate for adults, who are unlikely to “grow out” of their condition, have reached their full height and can be expected to remain on stable doses of medication long term, without the need for regular specialist review.