Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Lisdexamfetamine for Attention Deficit Hyperactivity Disorder (ADHD) in Children and Young People Effective Shared Care Agreement (ESCA)**
Trust Ref No	1989-57903
Main points the document covers	Use of Lisdexamfetamine in children by Paediatric Specialists in conjunction with GP's
Who is the document aimed at?	Paediatric Specialist
Owner	Dr Ganesh
Approval process	
Who has been consulted in the development of this policy ?	Medicines Management, Paediatrics
Approved by (Committee/Director)	Quality and Safety Delivery Group
Approval Date	03/12/2019
Initial Equality Impact Screening	Yes
Lead Director	Director of Nursing and Operations
Category	Guideline
Sub Category	Protocol
Review date	November 2022
Distribution	
Who the policy will be distributed to	Paediatric Specialist
Method	Website, Electronic sharing with GP via Specialists
Keywords	
Document Links	
Required by CQC	Yes
Other	

Amendments History		
No	Date	Amendment
1	November	Newly adopted from MPFT, replacing SSSFT guidance
2		
3		
4		
5		

Shropshire Community Health
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Lisdexamfetamine for Attention Deficit Hyperactivity Disorder (ADHD) in Children and Young People

Effective Shared Care Agreement (ESCA)

Patient details	
	Name: _____
	Address: _____
	Date of birth: _____
	NHS number: _____

Contact details	**Agreement to shared care, to be signed by GP and Specialist before prescribing is transferred to GP**
Specialist: Address: Secure email: Contact number: **Out-of-hours**	Specialist Signature: _____ Date: _____
GP: Address: Secure email: Contact number:	GP Signature: _____ Date: _____
Patient: Contact number:	Patient Signature: _____ Date: _____

General principles
This shared care agreement outlines the suggested ways in which the responsibilities for managing the prescribing of pharmacological treatments to children and young people (CYP 0-25 years of age) with ADHD can be shared between the Specialist and General Practitioner.
If the GP considers him or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that additional information or support can be made available, or alternative arrangements made.
The specialist will advise which medicines to prescribe, what monitoring will need to take place in primary care, how often medicines should be reviewed, and what actions should be taken in the event of difficulties.

Brief overview of the disease
• ADHD is a behavioural syndrome characterised by hyperactivity, impulsivity and inattention, which can lead to psychological, social, educational or occupational impairment. While these symptoms tend to co-exist, some people are predominantly hyperactive and impulsive, while others are principally inattentive

Introduction
• Treatment of Attention Deficit Hyperactivity Disorder (ADHD) should only be initiated following assessment and diagnosis by a specialist with training and expertise in ADHD and used as part of a comprehensive treatment programme. • Lisdexamfetamine is schedule 2 controlled drugs (CD) and are therefore subject to normal CD regulations.

Lisdexamfetamine	
Available as	• 20mg, 30mg, 40mg, 50mg, 60mg and 70mg oral capsules
Dose	• 6-17yrs: 20 - 30mg each morning, increased if necessary by 10 - 20mg at weekly intervals up to a maximum of 70mg daily. • Dose usually taken in a morning. • To aid administration the capsules may be opened and the contents dissolved in a glass of water or orange juice, or mix contents of capsule with soft food like yoghurt.
Duration	• Treatment should be discontinued if no response after 1 month • Treatment should be reviewed annually by a specialist with training and expertise in ADHD to determine if medication should be continued. • Treatment is usually discontinued during or after puberty • Trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate should be considered. If the decision is made to continue medication, the reasons for this should be documented4 • Treatment must only continue if physical health monitoring is conducted by the specialist service and is up-to-date

Adverse effects	Incidents	Management
Decreased appetite, weight decreased, headache, upper abdominal pain (6-12yrs)	>10% (very common)	Monitor and refer back to prescribing professional if clinically appropriate
Insomnia	>10% (very common)	Reduce dose, ensure not given too near bedtime
Dizziness, somnolence, dry mouth, diarrhoea, nausea, vomiting, irritability, fatigue, pyrexia	1-10% (common)	Monitor and refer back to prescribing professional if clinically appropriate
Tachycardia	1-10% (common)	Check pulse after every dose change. Do an ECG if necessary. Monitor and refer back to prescribing professional if clinically appropriate
Tic	1-10% (6-12yrs)	Discontinue if tics develop. Withdraw drug and refer back to prescribing professional
Affect lability, aggression, constipation, rash	1-10% (6-12yrs)	Monitor and refer back to prescribing professional if clinically appropriate
Anxiety, depression, restlessness, tremor, feeling jittery	1-10%	Monitor and refer back to prescribing professional if clinically appropriate
Palpitations	1-10% (13-17 year olds)	Do an ECG if necessary. Monitor and refer back to prescribing professional if clinically appropriate
Dyspnoea, upper abdominal pain	1-10% (13-17 year olds)	Monitor and refer back to prescribing professional if clinically appropriate
Seizures	Frequency unknown	Discontinue and refer back to prescribing professional

Cautions and contra-indications

This information is not inclusive of all cautions and contra-indications. Please refer to full prescribing data on the SPC or the British National Formulary (BNF)

- Hypersensitivity to sympathomimetic amines or to any excipients listed in the SPC
- Glaucoma, hyperthyroidism or thyrotoxicosis
- Pre-existing cardiovascular or cerebrovascular disorders
- Concomitant use of monoamine oxidase inhibitors (MAOI) or within 14 days of discontinuation
- Agitated states
- Symptomatic cardiovascular disease, advanced arteriosclerosis
- Moderate to severe hypertension
- Epilepsy
- Motor tics, or family history of Tourette's syndrome
- Renal Impairment

Clinically important drug interactions and their management

This information is not inclusive of all drug interactions. Please refer to full prescribing data on the SPC or the British National Formulary (BNF

Interaction	Management
Effect of Lisdexamfetamine can be decreased by chlorpromazine, haloperidol and lithium	Avoid. Lisdexamfetamine dose should be re-evaluated to determine if dose adjustment is needed.
Monoamine oxidase inhibitors (MAOIs)	See cautions and contra-indications
May reduce the effectiveness of guanethidine and other anti-hypertensives	Monitor blood pressure

Monitoring requirements and responsibilities

Specialist

1. Confirm diagnosis of ADHD following full assessment

2. Carry out a pre-drug treatment assessment. This must include:
   a) A full mental health history and social assessment
   b) A full history and physical examination, including:
      - o Assessment of history of exercise syncope, undue breathlessness and other cardiovascular symptoms
      - o Pulse (heart rate) and blood pressure (plot on a centile chart)
      - o Height and weight (plot on a growth chart)
      - o Family history of cardiac disease and examination of the cardiovascular system

   c) An electrocardiogram (ECG) if there is past medical or family history of serious cardiac disease, a history of sudden death in young family members or abnormal findings on cardiac examination
   d) Risk assessment for substance misuse or drug diversion

3. Initiate treatment and titrate the dose against symptoms and adverse effects in line with the BNF or BNF for Children until dose optimisation is achieved4

4. After titration and dose stabilisation for a minimum of 3 months write to the patients GP to request agreement to shared care

5. Provide advice and support to parent/carers (including description of common drug side effects) and advice to teachers (where appropriate). Parents, teachers and children/young people should be asked to record symptoms and side-effects particularly at dose changes

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6. Review patient annually or sooner if indicated4 and monitor:
   - Height (plot on growth chart)
   - Weight (plot on growth chart)
   - Pulse (heart rate) and blood pressure and compare with normal range for age

7. Additionally monitor pulse (heart rate) and blood pressure after each dose change

8. Provide GP with reports on heart rate, blood pressure, weight and height after each monitoring test

9. Monitor onset or worsening of psychiatric symptoms and symptoms suggestive of heart disease

10. Consider trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate. If the decision is made to continue medication, the reasons for this should be documented and communicated to the GP

11. Stop treatment at any appropriate time, communicate change or cessation of treatment to the GP

GP:

1.Respond to specialist's request regarding shared care as soon as possible – ensure that treatment has been initiated, titrated and stabilised before agreeing to shared care

2. Issue monthly prescriptions as advised by the specialist (max 30 days). CD requirements for lisdexamfetamine

3. A) Patients >10 years of age: Monitor the patient's overall health and well-being (as well as parents/carers) annually (6 months after annual review with specialist)

Monitor:

- Height
- Weight
- Pulse and blood pressure

B) Patients ≤10 years of age: Monitor the patient's overall health and well-being (as well as parents/carers)
Monitor:

- Height, pulse and blood pressure every 6 months following the annual Review with specialist
- Weight every 3 months following the annual review with the specialist

4. Report adverse drug reactions to the specialist

5. Act upon results communicated by the specialist

6. Refer back to the specialist for early appointment if patient, parent/carer raise concerns

Patient / Parent / Carer:

1.To attend appointments for annual review and physical health checks with specialist

2. To attend appointments with GP for physical health checks

- 3 months after annual review with specialist if your child is 10 years of age or younger
- 6 months after annual review with specialist if your child is 11 years of age or older

3. To have the recommended tests

4. To inform the GP if health problems arise

5. To be aware of drug actions and side-effects and report any relevant symptoms (parents will be provided with written and verbal advice on side-effects)

Contacts for more detailed information:
For any queries relating to this patient's treatment please contact the specialist named on the front page of this document.
References:
Adopted from Midland Partnership Foundation NHS Trust Prescribing documents (PID) and Shared care agreements (ESCA) for Shropshire and Telford and Wrekin [online]. [Accessed 16.10.2019]. [Available at:// https://www.mpft.nhs.uk/application/files/5315/5248/6146/E101_ADHD_in_Children_and_Young_People_ESCA_V1.pdf British National Formulary for Children App. [accessed 16.10.2019)