



## SHARED CARE GUIDELINES

### Lisdexamfetamine for Adult ADHD

It is vital for safe and appropriate patient care that there is a clear understanding of where clinical and prescribing responsibility rests between Consultants and General Practitioners (GPs).

This guideline reinforces the basic premise that:

- When clinical and / or prescribing responsibility for a patient is transferred from hospital to GP, the GP should have full confidence to prescribe the necessary medicines. Therefore, it is essential that a transfer of care involving medicines that a GP would not normally be familiar with, should not take place without the “sharing of information with the individual GP and their mutual agreement to the transfer of care.”

These are not rigid guidelines. In all cases, Consultants and GPs should discuss the appropriate management of individual patients personally. On occasions, Consultants and GPs may agree to work outside of this guidance. As always, the doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

**Licensed indication:** Lisdexamfetamine is licensed for the treatment of attention-deficit hyperactivity disorder (ADHD) in adults as part of a comprehensive treatment programme.

In adults, the presence of symptoms of ADHD that were pre-existing in childhood is required and should be confirmed retrospectively.

Treatment with lisdexamfetamine must be under the supervision of a specialist in adult ADHD.

**Dosage and administration:**

30mg to 70mg is the usual daily dose, in exceptional circumstances the dose may be higher, which will be unlicensed, and it is adjusted according to response.

Once daily dosing lisdexamfetamine covers up to a 14 hour period. It should be taken in the morning. In the event of a missed dose, dosing can resume the next day. Afternoon doses should be avoided due to the risk of insomnia.

Can be dissolved in water or mixed with food.

**Cautions and contraindications:** Lisdexamfetamine is contra-indicated in pregnancy, breast-feeding, patients with marked anxiety, agitation or tension, severe depression or psychosis; hyperthyroidism or thyrotoxicosis, angina, moderate to severe hypertension, cardiac arrhythmias, advanced arteriosclerosis, myocardial infarction and glaucoma. Caution is required in patients with epilepsy, a history of drug or alcohol dependence or family history &/or diagnosis of tics or Tourette’s syndrome. Stimulants have the potential for abuse, misuse, dependence or diversion.

**Monitoring requirements:** Cardiovascular status should be continually monitored by the specialist. Blood pressure and heart rate should be checked 3-6 monthly and at every dose change. Routine blood tests and ECG are not needed unless there is a clinical indication such as a prolonged or severe infection in order to exclude a blood dyscrasia. This monitoring should occur as part of the specialist clinic. Height should be monitored in young adults up to the age of 20 years old. Monitor psychiatric status as treatment may exacerbate symptoms of behaviour disturbance and thought disorder particularly in co-morbid bipolar disorder.

**Action to be taken if abnormal results/adverse effects:** In the event of any adverse effects the specialist clinic should write a management plan to be shared with primary care. If adverse events are detected in a primary care setting then the specialist should be informed as soon as possible.

**Report suspected adverse drug reactions via the Yellow Card Scheme, either online at <https://yellowcard.mhra.gov.uk/> or by using the yellow forms at the back of a current BNF**

**Drug interactions:** Lisdexamfetamine is contraindicated in patients being treated with MAOIs and for 14 days after ceasing to take an MAOI. It may interact with extended release guanfacine, extended release venlafaxine, ascorbic acid, thiazide diuretics, sodium bicarbonate, antihypertensives, narcotic analgesics, chlorpromazine, haloperidol, lithium carbonate. Patients receiving lisdexamfetamine should abstain from alcohol due to increased effects.

**Specialist responsibilities:**

1. Confirm the diagnosis of ADHD following full assessment, drawing upon information from all sources including screening tools, diagnostic criteria and observations of the patient.
2. Drug treatment will form part of a comprehensive treatment plan including psychological, behavioural and educational advice and interventions.
3. Arrange shared care with the GP.
4. Ensure baseline monitoring of blood pressure, heart rate and weight has been performed and assessed plus any additional relevant investigations such as a full mental health and social assessment and a risk assessment for drug



- misuse or diversion.
5. Decisions to initiate treatment should only be made by consultants, associate specialists or ADHD specialist nurse prescribers under the shared care agreement.
  6. Counsel the patient on lisdexamfetamine including a caution to be careful if driving. Driving should be avoided if affected by dizziness, drowsiness or visual disturbances.
  7. Supervise prescribing of lisdexamfetamine, by regular review, on a monthly basis initially until the patient is suitable to be transferred to primary care.
  8. The primary purpose of review is to monitor efficacy of the treatment and consider whether continuation of treatment is appropriate.
  9. Review patient at regular intervals, initially 4 weeks after starting medication. Patients maintained on effective medication will be seen at least every 6 months and more frequently if needed.
  10. Undertake any necessary monitoring at review appointments and communicate the results to the GP.
  11. Contact the GP with clear instructions regarding ongoing support and whether to maintain patient on medication for those who have failed to attend follow-up appointments with the Adult ADHD Service.
  12. Adjust treatment as appropriate such as varying dosage or timing. This may include periodic suspension of treatment to assess the patient's condition.
  13. Stop treatment if appropriate.
  14. Maintain regular communications with the patient's GP on each attendance and communicate any changes in condition or treatment.
  15. Monitor and liaise with the GP regarding adverse effects and report **all** adverse effects to the MHRA
  16. Secondary care review: Patients will be reviewed at regular intervals, initially 4 weeks after starting medication. Patients maintained on effective medication will be seen at least every 6 months and more frequently if needed, or if requested to review by the GP

- GP's responsibilities:**
1. Initial referral to the adult ADHD service raising the possibility of ADHD. (It is recognised that some referrals will come from other sources, such as transfers from CAMHS and Community paediatrics and also referrals from within psychiatric services).
  2. Provide the patient with monthly repeat prescriptions of medication on specialist advice. Lisdexamfetamine is a schedule 2 controlled drug and therefore the legal requirements for controlled drug prescribing is required.
  3. Inform specialist of any changes to the ADHD medication
  4. Report any adverse effects of medication to consultant and to the MHRA.
  5. Contact the specialist if they do not agree with the treatment recommendation, or if there is a perceived problem with compliance or concordance, or if they have any questions about the management plan.
  6. Carry out any necessary monitoring including the patient's wellbeing and risk of diversion. Report any concerns or changes in circumstances to the consultant.
  7. The continued need for treatment with lisdexamfetamine should be reviewed at least annually by the GP
  8. Maintain in contact with the ADHD service and refer the patient back if necessary.
  9. Be aware of drug interactions when initiating any new drugs.

- Patient's responsibilities:**
1. Take medication as prescribed
  2. Attend review appointments. The GP/specialist will review failed appointments on an individual basis.
  3. Be alert for potential side effects and advise consultant/GP accordingly

**Availability:**  
Lisdexamfetamine dimesylate (Elvanse Adult) is available as 30, 50 and 70mg capsules

Back up advice and support:	Specialist	Telephone/Fax	Email address:
Dr Peter Mason	Adult Psychiatry	0151 488 8202	peter.mason@cwpc.nhs.uk

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**Approved by: Cheshire and Wirral Partnership Medicines Management Group**  
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**Shared care guideline review: Two Years**