Atomoxetine 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: Atomoxetine is licensed for the treatment of attention-deficit hyperactivity disorder (ADHD) for children over 6 years as part of a comprehensive treatment programme.

Dosage and administration:

- For adults weighing over 70kg initiate on 10mg daily, increasing to 25mg and then 40mg according to response, up to a maximum of 120mg.
- For adults weighing less than 70kg the initial daily dose should be 0.5mg/kg and increased after 7 days to approximately 1.2mg/kg/day.
- Total daily dose may be given either as a single dose in the morning or in 2 divided doses with last dose no later than early evening.

Cautions and Contraindications

- Cardiovascular disease including hypertension and tachycardia; QT-interval prolongation (avoid concomitant administration of drugs that prolong QT-interval, and use with caution if there is a family history of QT prolongation).
- History of seizures.
- Hepatic disorders: following rare reports of hepatic disorders, the CSM has advised that patients and carers should be advised of the risk and be told how to recognise symptoms; prompt medical attention should be sought in case of abdominal pain, unexplained nausea, malaise, darkening of the urine or jaundice.
- Suicidal ideation: following reports of suicidal thoughts and behaviour, the CSM has advised that patients and their carers should be informed about the risk and told to report clinical worsening, suicidal thoughts or behaviour, irritability, agitation, or depression.

Atomoxetine should not be used during pregnancy unless the potential benefit justifies the potential risk to the foetus and it should be avoided during breast feeding.

Monitoring requirements:

- Blood pressure and heart rate should be checked 3-6 monthly and at every dose change. Weight should be monitored 6 monthly. 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 but may also be undertaken by the GP.

Adverse effects

- Decreased appetite, nausea, vomiting, headache, increased heart rate and blood pressure, irritability and mood swings, waking early, dizziness, somnolence, constipation, dyspepsia, palpitations, mydriasis, dermatitis, pruritus, rash.

Action to be taken if abnormal results/adverse effects: In the event of any adverse effects the specialist clinic should write a management plan and this will 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: There are many possible drug interactions. Caution should be exercised with concomitant use of methadone, tramadol, amidodarone, disopyramide, procainamide, parenteral erythromycin, moxifloxacin, fluoxetine, paroxetine, MAOIs, tricyclic antidepressants, melflouine, lithium, cisapride, antipsychotics, beta-blockers, diuretics, mefloquine, bupropion and parenteral salbutamol.
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 atomoxetine.
7. Supervise prescribing of atomoxetine, by regular review, on a two 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 8 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 CSM.

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 CAHMS and Community paediatrics and also referrals from within psychiatric services).
2. Report any adverse effects of medication to consultant and to the CSM.
3. Provide the patient with monthly repeat prescriptions of medication on specialist advice
4. Inform specialist of any changes to the ADHD medication
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 report any concerns or changes in circumstances to the consultant.
7. The continued need for treatment should be reviewed at least annually by the GP.
8. Before patient is referred back to the Adult ADHD Service, contact the specialist to discuss appropriateness of referral.
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 accordingly

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.

Availability:
Strattera 7 day initiation packs (10,18,25 & 40mg) cost £15.02
Strattera 28 day maintenance packs (10,18,25,40 & 60mg) cost £60.06

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Date: 25 February 2014
Shared care guideline review: Three Years