Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Shared care guidelines

Drug	**DEXAMFETAMINE** [5 mg,10 mg & 20 mg tablets (Amfexa®▼) and 5 mg/5 ml oral solution)
Specialty	CHILDREN & YOUNG PEOPLE'S SERVICES and ADULT MENTAL HEALTH SERVICES
Indication	ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)
Overview	Dexamfetamine is a sympathomimetic amine with a central stimulant and anorectic activity. It is licensed for the treatment of ADHD which is refractory to methylphenidate in children aged 6-17 years; use in adults for this indication is unlicensed. It should be initiated by a specialist with expertise in ADHD as part of a comprehensive treatment plan but prescribing & monitoring responsibility can transfer to GPs under these shared care guidelines. Drug treatment of ADHD under the care of TEWV is guided by prescribing algorithms for Children & Adolescents and Adults.
Specialist responsibilities	**Pre-treatment:** *(see SPC for full details of contra-indications and cautions)* Assess suitability for treatment with dexamfetamine by reviewing the patient's medical history and completing a physical examination, including: • Evaluation of cardiovascular status including BP, heart rate and ECG (if family history of early cardiac disease or treatment may affect QT interval) – record BP & heart rate on relevant centile charts • Family history of serious cardiac disease • History of psychiatric disorders • Height & weight – record on centile charts *[not applicable in patients >18 years]* • History of exercise syncope or undue breathlessness • Current and previous medication • Potential for abuse, misuse or diversion **Initial prescription - dosage and administration:** *(see BNF/BNFc and SPC for full details)* Careful dose titration is necessary at the start of treatment with dexamfetamine, dose titration should be started at the lowest possible dose: *Child 6 - 17 years*: 2.5 mg 2-3 times per day *Adults (>18 years):* 5 mg once or twice daily (e.g. breakfast and lunch) increased by weekly increments of 5 mg in the daily dose according to response and tolerability. The maximum daily dose in children & adolescents is usually 20 mg; 40 mg may be necessary in rare cases. The maximum daily dose in adults is 60 mg. In the treatment of hyperkinetic disorders / ADHD, the times at which the doses of dexamfetamine are administered should be selected to provide the best effect when it is most needed to combat school and social behavioural difficulties. Normally the first increasing dose is given in the morning. Dexamfetamine should not be taken too late after lunch time to avoid disturbances of sleep. The regimen that achieves satisfactory symptom control with the lowest total daily dose should be employed. Tablets should be used preferentially, swallowed whole with the aid of liquids preferably with or immediately after meals. Tablets can be halved to assist swallowing, or the oral solution can be used. **Monitoring**: For effectiveness – review regularly in early phase and discontinue if no response after an adequate therapeutic trial; review at least annually thereafter. Consider trial periods off medication to assess functioning without treatment, preferably during school holidays. If still on treatment at school-leaving age, determine if treatment needs to be continued and, if it does, arrange for transition to adult services by 18 years of age. For safety / adverse effects: • Appetite – at each face-to-face review if >6 months since last check by team or GP • Height (children & adolescents 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 • BP and heart rate – 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

Specialist responsibilities *(continued)*

- Assess for new or worsening of pre-existing psychiatric disorders, tics, or seizures, after each dose increase, then at each face-0to-face review if >6 months since last assessment by team or GP.

Transfer of prescribing / communication

Prescribing and monitoring responsibility may transfer to the patient's GP after 3 months or once the treatment has been stabilised, whichever is the longer. The request must be made using the attached form with a covering clinic letter and a copy of this guideline (with contact details added) – the following details should be clearly communicated:

- Diagnosis
- Dose, formulation and method of administration
- Date and duration of last prescription provided
- Completed and required monitoring.
- Discontinued medication for same diagnosis
- Date of next specialist review

The request should be sent one month in advance of the patient needing their next prescription from the GP. Acceptance should not be assumed until the GP responds positively using the attached form. The above details should also be communicated in writing after each specialist review

GP responsibilities

Maintenance (repeat) prescription:

Prescribe dexamfetamine in accordance with specialist advice received on transfer and following reviews. Maximum dose in children 6 – 17 years: 20 mg daily (40 mg may be necessary in rare cases); maximum dose in adults >18 years: 60 mg

Limit repeat prescriptions to 28 days' supply as per good practice re. controlled drugs.

Monitoring:

For safety / adverse effects:

- Appetite – every 6 months unless notified that done at review by specialist team
- Height (children & adolescents only) - every 6 months unless notified that done at review by specialist team – record on growth chart
- 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;
- BP & heart rate – every 6 months unless notified that done at review by specialist team – record on centile charts for children & young people to detect clinically important changes
- Asses for new or worsening of pre-existing psychiatric disorders, tics, or seizures, every 6 months unless notified that done at review by specialist team.

Transfer of prescribing / communication:

Notify specialist immediately (within 2 weeks) if transfer of prescribing and monitoring responsibility is not accepted so that alternative arrangements can be put in place.

Contact specialist if communication of prescribing & monitoring requirements is not clear.

Notify the specialist of any adverse effects, or any family/social circumstances which may preclude treatment with dexamfetamine (including current/past use of illicit drugs)

Seek advice from the specialist should any of the following occur - failure to thrive/retardation of growth, persistent sleep disturbance, persistent problems with poor attention, pronounced change in mental state.

Check annual review by specialist has taken place within last 12 months

Care should be transferred back to the specialist if the patient has started misusing substances such as cocaine, heroin or amphetamines.

Adverse events

▼Amfexa is subject to intensive surveillance. Report any suspected adverse events to MHRA via the Yellow Card scheme to www.mhra.gov.uk/yellowcard

See *BNF/BNFc* and *SPC* for full details of known adverse effects - action in response to known / expected adverse events as follows:

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
Tics		Reduce dose, or switch to alternative drug

Specialist contact details *(to be added by specialist prescriber when transferring prescribing)*

Name:
Base:
Telephone no:
E-mail address:

AMBER	TRANSFERRING PRESCRIBING OF ADHD TREATMENTS

GP details:

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

Diagnosis:

Medication details:

The patient is stabilised on: (list dose, frequency and brand if appropriate. Specify clinical indications if first line option not prescribed or non-standard formulation prescribed):

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

Prescription issued (details of date and length of supply):

Monitoring results:

Secondary care review frequency:

Actions requested of GP:

Please continue to issue monthly prescriptions until advised

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, if the patient fails to regularly collect prescriptions, if non-compliance with treatment is suspected or you require advice.

Secondary care contacts:	Contact details (address/telephone no):
Care coordinator (name):	
Consultant (name):	
Prescriber (name):	
Signature & date:	

Acceptance of prescribing responsibility by GP

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

Please scan/e-mail back to:
E-mail address:
or return as soon as possible to: