Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Shared care guidelines

Drug	**GUANFACINE** prolonged-release tablets (Intuniv®) ▼
Specialty	CHILDREN & YOUNG PEOPLE'S SERVICES *N.B. also applies to patients who transition to AMH services, but not to new initiation in adults (RED status)*
Indication	ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)
Overview	Guanfacine is a selective alpha$_2$-adrenergic receptor agonist indicated for the treatment of ADHD in children and adolescents aged 6-17 years old in whom stimulants are not suitable, not tolerated or have been shown to be ineffective. Guanfacine is a non-stimulant. The mode of action in ADHD is not fully established. 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 in patients under the care of TEWV is guided by separate prescribing algorithms for children & adolescents *(InTouch; Trust website)* and adults *(InTouch; Trust website)*
Specialist responsibilities	**Pre-treatment:** *(see SPC for full details of contra-indications, cautions & drug interactions)* Prior to prescribing, it is necessary to conduct a baseline evaluation to identify patients at increased risk of somnolence and sedation, hypotension and bradycardia, QT-prolongation arrhythmia and weight increase/obesity. Assess suitability for treatment with guanfacine by reviewing the patient's medical history and completing a physical examination, including: • Evaluation of cardiovascular status, including ECG if clinically indicated, recording BP & heart rate on relevant centile charts • Family history of sudden cardiac/unexplained death • History of past and present co-morbid medical and psychiatric disorders or symptoms • Pre-treatment height & weight (BMI) – record on centile charts • Comprehensive history of concomitant medications and potential for drug interactions Guanfacine should not be used during pregnancy and in females of child bearing potential who are not using effective contraception. **Initial prescription - dosage and administration:** *(see BNF and SPC for full details)* The recommended starting dose is 1 mg once daily. The dose may be adjusted in increments of not more than 1 mg per week. Depending on the patient's response and tolerability, the recommended maintenance dose range is 0.05-0.12 mg/kg/day. Dose adjustments (increase or decrease) to a maximum tolerated dose within the recommended optimal weight-adjusted dose range, based upon clinical judgement of response and tolerability, may occur at any weekly interval after the initial dose. Guanfacine is taken once daily either in the morning or evening. It should not be crushed, chewed or broken before swallowing because this increases the rate of guanfacine release, therefore, this treatment is recommended only for children and adolescents who are able to swallow the tablet whole without problems. Guanfacine can be administered with or without food but should not be administered with high fat meals, due to increased exposure, or with grapefruit juice. **Monitoring**: For effectiveness – review regularly, at least every 3 months 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 For safety / adverse effects: • Monitor for signs and symptoms of somnolence and sedation weekly during dose titration, at 3 months (prior to transfer), then at each face-to-face review if >3 months (during first year) or >6 months thereafter since done by team or GP (more frequently after dose changes • BP and heart rate (risk of hypotension, bradycardia and syncope) – weekly during dose titration, at 3 months (prior to transfer), then at each face-to-face review if >3 months (during first year) or >6 months thereafter since done by team or GP (more frequently after dose changes) – record on centile charts • Height and weight (BMI) – at 3 months (prior to transfer), then at each face-to-face review if >3 months (during first year) or >6 months thereafter since done by team or GP (more frequently after dose changes) - record on centile charts • Assess for development of suicidal thinking and seizures at each face-to-face review.

Specialist responsibilities *(continued)*

Advise the patient and carers of the importance of not stopping treatment abruptly, or missing doses, and to seek advice if two or more doses are missed.

Transfer of prescribing / communication

Prescribing & monitoring responsibility may be transferred 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 & a copy of this guideline (with contact details added) – the following details should be clearly communicated with the transfer request, and after each specialist review:

- Diagnosis
- Current dose of guanfacine 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 (scanned & e-mailed to the specialist team)

The GP should be made aware of the risks of two or doses being missed, and invited to seek specialist advice on re-titration should this occur.

GP responsibilities

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 guanfacine (including current/past use of illicit drugs)

Maintenance (repeat) prescription:

Prescribe guanfacine in accordance with specialist advice received on initial transfer and following reviews, within the recommended maintenance dose range of 0.05-0.12 mg/kg/day. The maximum recommended doses *after* appropriate dose titration are:

6-12 years old weighing 25 kg and above:-		**4 mg**
13-17 years old weighing:	34 – 41.4 kg:-	**4 mg**
	41.5 - 49.4 kg:-	**5 mg**
	49.5 - 58.4 kg:-	**6 mg**
	58.5 kg and above:-	**7 mg**

Re-titration of dose may be required if two or more consecutive doses are missed – seek specialist advice if this occurs. Patients/carers should be advised not to stop treatment abruptly. To discontinue guanfacine, the dose must be tapered with dose reductions of no more than 1 mg every 3 to 7 days – seek specialist advice. Blood pressure & heart rate should be monitored in order to minimise potential withdrawal effects, in particular increases in blood pressure & heart rate.

Guanfacine should not be used during pregnancy or in females of child bearing potential who are not using effective contraception

Avoid co-prescription of interacting drugs: CYP3A4/5 inhibitors, e.g. clarithromycin, may increase guanfacine levels, whilst CYP3A4 inducers, e.g. carbamazepine, may reduce guanfacine levels, requiring dose adjustment within the recommended dose range (see SPC for further details)

Monitoring – once stable and transferred:

For safety / adverse effects:

- Monitor for signs and symptoms of somnolence and sedation, every 3 months during first year, then every 6 months unless notified that done at review by specialist team
- BP and heart rate (risk of hypotension, bradycardia and syncope) – every 3 months during first year, then every 6 months unless notified that done at review by specialist team - record on centile charts
- Height and weight (BMI) – every 3 months during first year, then every 6 months unless notified that done at review by specialist team - record on centile charts
- Assess for development of suicidal thinking and seizures.

- 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.
- Care should be transferred back to the specialist if the patient has started misusing substances such as cocaine, heroin or amphetamines
- At each prescription issue, check annual review by specialist has taken place within the last 12 months (contact specialist to arrange review if necessary)

Adverse events

▼This medicinal product 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 and SPC for full details of known adverse effects.

Guanfacine may cause somnolence and sedation, predominantly at the start of treatment, which could typically last for 2-3 weeks and longer in some cases. The additive effects of any potentially sedative concomitant medication, including alcohol, should be considered. Patients should be advised against operating heavy equipment, driving or cycling until they know how they respond to treatment with guanfacine.

Action in response to known / expected adverse events as follows:

Adverse event	Action (GP)	Action (specialist)
Persistently low BP or pulse	Notify and seek advice from specialist	Reduce dose & assess risk: benefit; 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 & assess risk: benefit; seek advice from paediatrician or cardiologist

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 of guanfacine prolonged release 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:	

Scan & e-mail back 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:
or return as soon as possible to: