

**NORTH DERBYSHIRE PRIORITIES AND CLINICAL EFFECTIVENESS (PACE)
FORUM**

SHARED CARE AGREEMENT

**Methylphenidate (Equasym, Ritalin and now Concerta XL) for ADHD
(NICE Guidance No. 13)**

1. REFERRAL CRITERIA

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is reasonably predictable and the treatment regime has been specified.
- Patients will only be referred to the GP once the GP has agreed in each individual case.
- The patient will be given a supply of methylphenidate sufficient for 4 weeks maintenance therapy.

2. AREAS OF RESPONSIBILITY

GP responsibilities	Consultants responsibilities
<ul style="list-style-type: none">• initial referral to specialist raising possibility of ADHD• provide repeat prescriptions after stabilisation – maximum of 30 days recommended (NB. CD requirements)• monitoring the patient's overall health and well-being• report adverse drug reactions to specialist• act upon results communicated by specialist	<ul style="list-style-type: none">• confirm diagnosis of ADHD following full assessment• ensure baseline monitoring of height, weight, and BP are performed plus any additional relevant investigations• prescribe methylphenidate until GP formally agrees to shared care• advice and support to parents and teachers• review patient every 6 months or sooner if indicated• ensure monitoring of height, weight, BP every 6 months and FBC periodically, if clinically indicated, and communicate these results to GP• stop treatment at any appropriate time

Patient/Parent responsibilities: to attend appointments; to have the recommended tests; to inform the GP if health problems arise; to be aware of side effects and report any relevant symptoms.

3. COMMUNICATION AND SUPPORT

- i) if necessary contact the consultant who is supervising care – refer to assessment letter for details
- ii) information leaflets for parents on ADHD are available
- iii) the local Parent Support Group Contact is:
Sonia Atkinson
107 Bacons Lane
Birdholme
Chesterfield
Derbyshire
Telephone 01246-232724

4. CLINICAL INFORMATION

i. Prescribed indications	Methylphenidate is indicated as part of a comprehensive treatment programme for ADHD where remedial measures alone prove insufficient, in children aged 6 and over
ii. Therapeutic summary	There is evidence that methylphenidate is effective at reducing hyperactivity, inattention and impulsiveness in the short term while children continue to take medication. Evidence suggests that addition of medication to behavioural treatment is beneficial
iii. Dose & Route of administration	Oral: Initially 5mg od or bd. Max. 60mg daily in divided doses. Equasym (30 days) 5mg tds - £8.34; 10mg tds - £14.97; 20mg tds - £29.64 Ritalin (30 days) 10mg tds - £16.71 Concerta XL (30 days) 18mg (£27), 36mg (£36.75), or 54 mg (£63.75) once daily
iv. Duration of treatment	As per specialist advice
v. Adverse effects	Nervousness, insomnia, decreased appetite are common at beginning of treatment CNS – headache, drowsiness, dizziness, dyskinesia GI – abdominal pain, nausea/vomiting, dry mouth CVS – tachycardia, palpitations, arrhythmias, changes in BP and heart rate Skin – rash, pruritus, urticaria, fever, arthralgia, hair loss Blood – very rarely leucopenia, thrombocytopenia, anaemia Other – moderately reduced weight gain and slight growth retardation
vi. Monitoring Requirements	Height, weight, BP, minimum of every 6 months; complete and differential blood counts and platelet count periodically if clinically indicated
vii. Clinically relevant drug interactions	May inhibit metabolism of coumarin anticoagulants, some anticonvulsants and some antidepressants and dosage of these drugs may need reducing. Use cautiously in patient's treatment with pressor agents and MAOIs
viii. Contra-indications/Special Precautions	<ul style="list-style-type: none"> • children with marked anxiety, agitation or tension, or hyperarousal • symptoms or family history of tics or Tourette's syndrome • hyperthyroidism, thyrotoxicosis, severe angina or cardiac arrhythmia, glaucoma Caution in epilepsy, psychotic disorders, history of drug/alcohol dependence
ix. Supply and reconstitution instructions	Below 30°C
x. Prepared by Dr S Blomfield, Consultant; Mr P Burrill, Senior Pharmaceutical Adviser; Dr B Lower, GP; Dr R Madina, Consultant; Dr P Preece, Consultant	

This does not replace the SPC, which should be read in conjunction with it.

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