Health and Social Care Board

Interface Pharmacist Network Specialist Medicines

Dexamfetamine - ADHD Shared Care Guideline

Specialist Details	Patient Identifier
Name: _____	
Location: _____	
Tel: _____	**Date:** _____

Introduction

Dexamfetamine is a CNS stimulant medicine used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). It should only be initiated following assessment and diagnosis by a specialist with expertise in ADHD, as part of a comprehensive treatment plan.

Amber indications: Treatment of ADHD in adults and children of 6 years and older.

Dosage and administration

Children aged 6 years and over: 5 – 10mg a day given in 2 - 3 divided doses, increased if necessary by 5mg a day at weekly intervals. Usual maximum 1 mg/kg daily, up to 20mg a day though some older children may need up to 40mg daily for optimal response.

Adults aged 18 years and over: initially 5 mg twice daily, increased at weekly intervals according to response; max. 60 mg daily. Maintenance dose given in 2—4 divided doses.

Available as: Dexamfetamine 5mg, 10mg & 20mg tablets, which can be halved to assist swallowing. A 5mg/5ml oral solution is also available if needed.

Unlicensed Use: Not licensed for ADHD in adults.

Dexamfetamine is a schedule 2 controlled drug and is therefore subject to normal controlled drug regulations.

Hospital specialist responsibilities

- Diagnose the condition and assess if the patient is suitable for treatment with dexamfetamine (as per the pre-drug assessment in NICE guidance including an assessment of cardiovascular status)
- Baseline height (not applicable to adults), weight, BP and heart rate
- Provide patient/carer with relevant information on use, side effects and need for monitoring of medication
- For patients 6 years and over, arrange shared care with the patient's GP
- Provide the GP with relevant information for each patient, including:
  - Treatment to be undertaken by GP (dose, any dosage titrations etc.)
  - Results of baseline investigations and physical monitoring undertaken
  - System of monitoring and recording of progress and side effects
- Monitoring side effects
  - Height (not required in adults)and appetite: Measure and record every six months
  - Weight: measure and record as follows
    - In children 10 years and under; every 3 months
    - In children over 10 years and young people; at 3 and 6 months after starting treatment and every 6 months thereafter or more often if concerns arise
    - In adults; every 6 months
  - Heart Rate and Blood pressure: Measure and record every six months and after each dose change
  - Assess for development of de novo or worsening of pre-existing psychiatric disorders (including depression and aggressive behaviour, tics, psychotic symptoms, anxiety), seizures, or cardiac symptoms at least every 6 months and at every visit
  - Changes in sleep pattern
- Monitor response to treatment and need to continue therapy. Advise discontinuation of dexamfetamine if no improvement in symptoms is seen after 6 weeks at the maximum tolerated dose
- Specialist will continue to review the patient at regular intervals (at least annually) sending a written summary to the GP whenever the patient is reviewed
- Provide any other advice or information for the GP if required including if patient fails to attend review
- Supervise any discontinuation of treatment or onward referral to adult service if appropriate.

GP responsibilities

- Prescribe dexamfetamine (continued prescribing is appropriate for patients attending specialist review)
- Report concerns with adherence, potential misuse/diversion, signs of alcohol/drug dependence or misuse to the specialist
- Report any adverse events to the specialist, and the usual bodies (e.g. MHRA / CHM).

Adverse effects, precautions and contraindications

Contraindications:

- Known intolerance to sympathomimetic amines
- Severe depression, anorexia nervosa/anorexic disorders, suicidal ideation, hyperexcitability, psychotic symptoms, severe and episodic bipolar disorder (that is not well controlled) schizophrenia, psychopathic/borderline personality disorder
- Current or recent (within 14 days) treatment with MAOI's
- Glaucoma, hyperthyroidism or thyrotoxicosis, porphyria
- Cerebrovascular disorders
- History of drug or alcohol abuse
- Tourette's syndrome or similar dystonias
- Phaeochromocytoma
- Symptomatic cardiovascular disease, structural cardiac abnormalities and/or moderate or severe hypertension, heart failure, arterial occlusive disease, advanced arteriosclerosis, angina, haemodynamically significant congenital heart disease, cardiomyopathies, myocardial infarction, potentially life-threatening arrhythmias and channelopathies. May be used with caution in patients with certain cardiovascular conditions following individual assessment by a cardiologist.

Precautions

- Mild hypertension, renal impairment, presence of motor tics, or family history of Tourette's syndrome, epilepsy (if seizure frequency increases, the specialist should discontinue dexamfetamine).

Pregnancy: Use during pregnancy is not recommended.
Breastfeeding: dexamfetamine is excreted into the breast milk - avoid.

Adverse Effects

- Dizziness, nervousness, drowsiness and headaches are commonly experienced upon initiation of therapy. May affect performance of skilled tasks (e.g. driving). The DVANI must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving. Loss of appetite (some weight loss may occur) and insomnia may also occur. These effects are often mild and transient and may be controlled by a reduction in dose
- Development of de novo or worsening of pre-existing psychiatric disorders, including depression, emotional lability and aggressive behaviour can occur
- Other common adverse effects include: abdominal pain, nausea and vomiting (can be alleviated with concomitant food intake), anorexia, abnormal behaviour, anxiety, irritability, hyperactivity, dry mouth, temporary growth retardation, changes in blood pressure and heart rate, tachycardia, palpitations, arrhythmia, vertigo, dyskinesia
- Careful supervision is required during withdrawal as this may unmask depression as well as chronic over-activity. Some patients may require long-term follow up.

Common drug interactions

Dexamfetamine is contraindicated in combination with:

- current / recent (within 14 days) treatment with non-selective, irreversible MAO-inhibitors

D**examfetamine is not recommended in combination with:**

- Beta-blockers as concurrent use may result in severe hypertension or hypertonia
- Halogenated narcotics**;** there is a risk of sudden blood pressure increase during surgery. If surgery is planned, dexamfetamine treatment should not be used on the day of surgery.
- Alcohol as it can exacerbate CNS adverse effects (abstention advised)

Use dexamfetamine with caution in association with:

- tricyclic antidepressants as there may be an increased risk of cardiovascular side effects
- vasopressors as it may lead to an increase in blood pressure
- warfarin and anticoagulant effect may be enhanced
- some anticonvulsants (e.g. phenobarbital, phenytoin, and primidone) and some antidepressants (tricyclics and selective serotonin reuptake inhibitors).
- adrenergic blockers (eg. propranolol),lithium and phenothiazines. The effect of dexamfetamine may be decreased.
- Haloperidol, acute dystonia has been reported
- Antihypertensives as their effectiveness may be reduced.
- Gastrointestinal and urinary acidifying agents – may lower blood levels of dexamfetamine
- Gastrointestinal and urinary alkalinising agents – may increase blood levels of dexamfetamine

Communication

For any queries relating to this patient's treatment with dexamfetamine, please contact the specialist named at the top of this document.

This information is not inclusive of all prescribing information and potential adverse effects.
Please refer to full prescribing data in the SPC at www.medicines.org.uk or the BNF