Health and Social Care Board

Interface Pharmacist Network Specialist Medicines

Lisdexamfetamine - ADHD Shared Care Guideline

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

Introduction

Lisdexamfetamine 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

Initially 20 - 30mg once daily in the morning, increased if necessary by 10 - 20mg at weekly intervals, maximum 70mg daily.

Available as: Lisdexamfetamine (Elvanse®) 20mg, 30mg, 40mg, 50mg, 60mg and 70mg capsules and Elvanse Adult® 30mg, 50mg and 70mg capsules.

If necessary to aid administration the capsules may be opened and the contents dissolved in a glass of water.

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

Unlicensed use: not licensed in adults if symptoms of ADHD were not present in childhood.

Hospital specialist responsibilities

- Diagnose the condition and assess if the patient is suitable for treatment with lisdexamfetamine (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 lisdexamfetamine 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 lisdexamfetamine (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 of sympathomimetic amines
- Glaucoma
- Current or recent (within 14 days) treatment with MAOIs
- Agitated states
- Hyperthyroidism
- Symptomatic cardiovascular disease – including moderate to severe hypertension and structural cardiac abnormalities. May be used with caution in patients with certain cardiovascular conditions following individual assessment by a cardiologist.

Use with caution in patients with:

- Mild hypertension
- Prolongation of QTc interval or with relevant pre-existing cardiac disease or electrolyte disturbances
- Motor tics, or family history of Tourette's syndrome
- Epilepsy. If seizure frequency increases, the specialist should discontinue lisdexamfetamine
- Bipolar disease or psychosis
- History of substance abuse
- Renal impairment.

Pregnancy: avoid unless potential benefit outweighs risk.

Breastfeeding: excreted in breast milk - avoid.

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

Other common adverse effects include: abdominal pain, nausea and vomiting (can be alleviated with concomitant food intake), constipation, diarrhoea, dry mouth, emotional lability, anxiety, abnormal behaviour, altered mood, bruxism, movement disorder, sexual dysfunction, temporary growth retardation, changes in blood pressure and heart rate, tachycardia, palpitations, dyspnoea, hyperhidrosis, pyrexia, skin rash or itching.

Common drug interactions

Lisdexamfetamine is contraindicated in combination with:

- current / recent (within 14 days) treatment with MAOIs

Use lisdexamfetamine with caution in association with:

- Guanethidine and other anti-hypertensives as may reduce their effectiveness
- Chlorpromazine, haloperidol and lithium. The effect of lisdexamfetamine can be decreased
- Medicines known to cause serotonin syndrome as there may be an increased additive risk of serotonin syndrome
- Medicines known to prolong the QTc interval

Communication

For any queries relating to this patient's treatment with lisdexamfetamine, 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