Berkshire Healthcare
NHS Foundation Trust

Adult ADHD Shared Care Clinic

Frequently Asked Questions (FAQs)

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For use with ADHD shared care protocols agreed for Bracknell Forest, Royal Borough and Slough places patients served by BHFT	
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This does not constitute clinical advice. It does not replace clinical judgement, national guidelines (NICE, RMOC, BNF, SmPCs for medication), or formal referral for advice. It does not cover all situations and circumstances.

It is aimed to be helpful general information only; prescribers should always exercise their own professional judgment as appropriate.

ADHD Prescribing in Primary Care

How can I get advice on ADHD medication?

Patients under shared care with BHFT ADHD Shared Care Clinic, can be discussed by emailing the following address: Neuropsychology@berkshire.nhs.uk for a non-urgent response. Where shared care is with another provider, that provider should be contacted.

New referrals can be made via Gateway/CPE as usual.

ICB/CCG pharmacists can be contacted for medicines advice. In addition, the advised source of medicines information for general practice is the Specialist Pharmacy Service website (www.sps.nhs.uk/home/about-sps/get-in-touch/medicines-information-services-contact-details/).

A patient moves to new GP and is already on ADHD medication, can I continue it?

ADHD medication should not be stopped for non-clinical reasons on moving GP practices. Patients should provide evidence of their prescription, and diagnosis. If there are no concerns regarding side effects, substance misuse, or contraindications (see below), and if blood pressure, heart rate and weight/BMI is acceptable, medication can be continued. The patient should be referred to ADHD clinic.

Monitoring of blood pressure, heart rate and weight/BMI should occur every 6-months, unless there are clinical reasons to do this more frequently.

How do I restart ADHD medication after a short treatment gap?

If a patient under shared care has been stable on a well-tolerated ADHD medication, and takes a period off it, it is normally possible to re-titrate the medication to the previous dose relatively quickly. Check their blood pressure, heart rate and weight/BMI, and, if acceptable, restart the dose at lowest BNF with a plan to increase the dose as per BNF, (faster is sometimes possible if clinically appropriate base on risks, side effects, and length of period missed) until the previous dose is reached. This can be slowed or stopped if side effects emerge.

The usual advice is for blood pressure and heart rate to be checked before each increase. At the end of titration blood pressure, heart rate and weight/BMI should be re-checked, and side effects/benefit reviewed. For patients with known cautions around ADHD medication, or with gaps longer than a few months, consultation with ADHD clinic is advised.

For Guanfacine/Intuniv please seek advice and be aware of risks of sudden cessation. Also see separate FAQ on missed doses of Intuniv/Guanfacine under Important Medicines Safety Issues.

Can I reduce or withdraw ADHD medication in primary care?

Yes, this is normally possible but see Guanfacine FAQ*.

In a medical emergency ADHD medication can be stopped (but again see Guanfacine FAQ*). Significant withdrawals from ADHD medication taken as prescribed are unusual. Many patients take stimulants only a few days per week. A cautious weaning off over about 4 weeks may sometimes be appropriate with atomoxetine. Graded reduction with stimulants may also sometimes be sensible.

Patients should be warned that ADHD symptoms may re-emerge. Dose reductions, followed by review, are a reasonable approach if the evidence of ongoing benefit is limited. If you reduce or withdraw medication, please review the patient afterwards to check their ADHD remains manageable. Please inform the ADHD clinic of any dose changes or of treatment cessation.

Can I increase doses of medication in primary care?

If you have appropriate experience in prescribing ADHD medications, and there is clear evidence that ADHD medication is well tolerated with acceptable blood pressure, heart rate and weight/ BMI, then an increase in accordance with the SmPC for the medication (www.medicines.org.uk). If an increase is made, please inform the ADHD clinic, and review the patient for side effects, benefits, blood pressure, heart rate and weight/BMI after the increase has been enacted.

Can I switch ADHD medications in primary care?

In general, if this was required, then a review in the ADHD clinic would be more appropriate. The exception may be a change in brand of methylphenidate in the event of a medication supply shortage. However, please be aware of MHRA advice on switching methylphenidate brands, as only some of them are bioequivalent. It is advised that you discuss with ICB/CCG pharmacists, to check for an appropriate alternative.

Formulary Issues

Which medications are used locally for ADHD?

Methylphenidate (various formulations), lisdexamfetamine and atomoxetine are the most commonly prescribed medications. Dexamfetamine is rarely used. We do not initiate guanfacine/Intuniv in adults, this requires a referral to a tertiary centre (e.g. The Maudsley), please refer directly. We do support the continuation of intuniv when already started. No other medications are used for ADHD in adults by BHFT. We do not recommend changing the formulation/brand of methylphenidate without advice.

How do I manage patients arriving on other medications that are not on formulary locally for use in ADHD?

These are often medications used for different purposes in the UK. The ADHD clinic is not able to advise on bupropion, clonidine, modafinil and antipsychotics, as these are not recommended treatments for adult ADHD and we cannot share care in relation to their prescribing. Sometimes these are used in other countries or the private sector for ADHD, and sometimes they are used for more than one purpose, for example bupropion may be used for depression.

Where the medication is also present for another condition seek advice from relevant service. This may for example be neurology for medication for tics, or mental health (CPE/Gateway) for medication used for emotional instability. If only being used for ADHD seek advice from ICB/CCG pharmacists.

How do I manage patients arriving on medications that are not available in the UK?

Medications such as Adderall XR are not available in the UK. Contact local ICB/CCG pharmacists to discuss alternative medications for patients on medications that cannot be prescribed in the UK. If ever a medication for ADHD is changed, blood pressure, heart rate, and Weight/BMI should be monitored after each change and then 6-monthly.

What do GPs do about adults of working age with ADHD requesting Melatonin?

Chronic sleep problems are very common in ADHD, and sometimes improve with ADHD treatment. Sleep hygiene and exercise is also helpful. Melatonin is not licenced in adults under 55 years old, other than for Jet Lag. However, in patients with neurodevelopmental conditions there is a reasonable body of practice behind their use.

Where there is benefit, melatonin initiated for CAYP may be continued into adulthood. There is insufficient data to assess the long-term impact of melatonin use, but it is generally well tolerated in the short term.

The ADHD clinic cannot manage sleep disorders or provide monitoring and shared care for melatonin or other sleep treatments.

Private and Any Qualified Providers

How do I manage a patient who is going to an AQP provider instead of BHFT?

We would expect the AQP provider to initiate and stabilise the patient on medication if they are suitable for such treatment. The AQP provider should use medications available in our formulary and following standard (BNF) doses. They can request and enter a shared care process, following national guidelines, with primary care, and remain responsible for prescribing until that is completed and agreed.

What is the process when a patient obtains a private diagnosis?

Patients obtaining a private diagnosis can continue in private care, and shared care can be agreed between the private provider and primary care if the patient agrees to continue to fund an annual review from the private provider. Patients referred to the BHFT Adult ADHD Shared Care Clinic would not be prioritised based on half-titrated treatment.

Patients referred with an existing diagnosis can avoid the wait for diagnostic assessment if they provide a diagnostic report that properly evidences the diagnosis. There would still be a wait for a medical appointment. However, please note, our service is following NICE guidelines and offering psychological/ behavioural support alone, when clients present with mild impacts of ADHD only.

*Important Medicines Safety Issues

What are the important contraindications to ADHD medication?

We do not advise treatment in the presence of the following conditions: untreated hypertension; cardiomyopathy or structural cardiac condition; ischaemic heart disease; arrythmias/predisposition to concerning arrhythmia; significant cardiac symptoms; vasculitis; aneurysm; stroke; sub-arachnoid haemorrhage; peripheral vascular disease/severe Raynaud's; hyperthyroidism; unstable epilepsy; substance misuse disorder; glaucoma; phaeochromocytoma; mania/hypomania; current psychosis; active anorexia nervosa; or pathologically underweight.

*What are the risks of stopping guanfacine (Intuniv) suddenly?

SmPC: www.medicines.org.uk/emc/product/5099/smpc

Blood pressure and pulse may increase following discontinuation of guanfacine. In post-marketing experience, hypertensive encephalopathy has been very rarely reported upon abrupt discontinuation of treatment…To minimise the risk of an increase in blood pressure upon discontinuation, the total daily dose should be tapered in decrements of no more than 1 mg every 3 to 7 days…Blood pressure and pulse should be monitored when reducing the dose or discontinuing treatment.

A patient has missed some doses of Intuniv/Guanfacine, what should I advise?

The SmPC states: *If a dose is missed, the prescribed dose can resume the next day. If two or more consecutive doses are missed, re-titration is recommended based on the patient's tolerability to guanfacine.*

But please monitor blood pressure very carefully and consider risks of rebound hypertension and rare hypertensive encephalopathy on stopping/reducing suddenly (see FAQ on stopping Intuniv). Risks must be balanced.

What major interactions should I be aware of?

ADHD medications have a number of important interactions, which cannot be covered in sufficient detail here. General areas of concern include additive effects on blood pressure, QTc, lowering of seizure threshold and serotonergic effects.

In addition, atomoxetine, amphetamines and guanfacine are vulnerable to significant pharmacokinetic interactions as they are metabolised by CYP enzymes.

Some specific interactions include:

- ADHD medication should not be used with monoamine oxidase inhibitors
- Atomoxetine, lisdexamfetamine and guanfacine are all thought able to prolong QTc interval
- Methylphenidate may increase exposure to SSRI and tricyclic antidepressants (poorly understood mechanism)
- Lisdexamfetamine and methylphenidate can increase the risk of serotonin syndrome in combination with other serotonergic agents. These include some physical health medications e.g. tramadol, some other opioids, linezolid, fenfluramine, triptans
- Atomoxetine – levels can be increased by 2D6 inhibitors such as fluoxetine, paroxetine, terbinafine, cinacalcet
- Amphetamines (lisdexamfetamine) are also metabolised to some extent by CYP2D6 and so will also be subject to the above interactions
- Guanfacine – levels will be increased by CYP3A4/5 inhibitors such as clarithromycin, ketoconazole, erythromycin, clarithromycin, diltiazem. Levels will be decreased by CYP3A4 inducers such as carbamazepine, phenytoin

Interaction checking is recommended with all ADHD medications.

I need to start an antidepressant, are there any special considerations?

Please see interactions above. Please explain risks of serotonin syndrome, and the symptoms to watch out for, particularly with lisdexamfetamine. In general, the practice in the BHFT ADHD clinic, is to start with low dose (25mg) sertraline, and to titrate slowly.

Consider taking pharmacy advice.

Consider QTc monitoring if using antidepressants that may increase QTc at higher doses, e.g. citalopram, escitalopram.

Methylphenidate may increase the circulating levels of SSRIs and tricyclics.

Particular caution when using tricyclics with ADHD medication is advised and the combination is usually best avoided.

QTc prolonging medications should be avoided with Atomoxetine, where possible, and be mindful that Lisdexamfetamine is now thought to have a potential effect on QTc.

Never use monoamine oxidase inhibitors with ADHD medication.

Consider pharmacy advice.

Pregnancy and Breastfeeding

What are the guidelines about pregnancy?

We recommend all women on ADHD medication use contraception and discuss pregnancy with their doctor in advance. The evidence-base for safety in pregnancy is very limited and most women choose to stop ADHD medication which is the action we generally support (but see Guanfacine*). It is possible that some women may need an ADHD treatment during pregnancy, but our experience locally has been of patients stopping medication. Risks of ADHD medications in pregnancy include a doubling of the risk of miscarriage, prematurity, lower weight for gestational age, and neonatal withdrawals. Evidence for atomoxetine is particularly limited. Evidence changes and pharmacy medication searches are recommended when advising. Advice from ADHD clinic should be sought for any woman considering continuing ADHD treatment during pregnancy. Do please inform/consult ADHD clinic. Also see useful links at end.

What about breastfeeding?

Whilst most women seem to manage their ADHD without treatment in pregnancy, the post-partum period can be very difficult for some women with ADHD. It is suggested that the ADHD clinic should be contacted well in advance of due date to help to make a plan for post-partum ADHD treatment, if appropriate, in patients under shared care with us. For patients not under shared care with us, their shared care provider should be contacted, if they have one, otherwise they can be formally referred to the BHFT service. There are risks relating to breastfeeding, and the evidence changes, and is complex. Please be aware we will always have a waiting time to review patients, but we will prioritise. Also see useful links at end.

Potential Side Effects

How to manage abnormal liver function in patients on ADHD Medication?

ADHD medications can be associated with raised liver enzymes. Very rarely atomoxetine can be associated with liver injury manifested by elevated hepatic enzymes and bilirubin with jaundice. Atomoxetine should be stopped if there is evidence of liver injury. Significant derangement of liver enzymes, or jaundice/elevated bilirubin, in any patient on any ADHD medication should lead to medication being stopped (but see Guanfacine FAQ*).

With any ADHD medication advice should be sought with mild liver enzyme derangement in absence of raised bilirubin, jaundice or other signs of liver injury, and dose reduction or cessation should be considered. Advice may be from ADHD clinic, Hepatology or often both. Do not assume liver problems have been caused by ADHD medication, investigate as normal.

What to do if a patient develops glaucoma?

Methylphenidate, lisdexamfetamine, dexamfetamine and atomoxetine are all contraindicated in glaucoma. Where raised intraocular pressures are found, the patient should be informed of the concern and the risk and benefits of continuing discussed, and ophthalmology advice should be sought.

In glaucoma, these medications should be stopped pending ophthalmology advice (but see Guanfacine FAQ*). Please inform ADHD clinic.

Could suicidal thoughts be caused by ADHD medication?

Yes, suicidal ideation and behaviours are reported side effects of ADHD medication. ADHD itself increases the risk of suicidal thoughts and behaviours. Careful consideration and review of chronology may help to establish causality, as may the effect of missed doses (of stimulants). A drop in mood is often seen when stimulants are wearing off, though this is mostly a mild and transient effect.

Patients experiencing suicidal ideation should be referred to Gateway/CPE and given signposting advice. Consideration should be made of reducing or stopping ADHD medication if is clinically felt to be a possible contributor (but see Guanfacine FAQ*). However, for some patients ADHD medication can be positive and helpful for their mood. Careful discussion with patients is recommended. The ADHD clinic should be informed if medication is stopped.

What do I do if a patient becomes psychotic or manic whilst on ADHD medication?

ADHD medication should be stopped in psychosis, mania or hypomania (but see Guanfacine FAQ*). ADHD is often best distinguished from mania/hypomania by the chronology of symptoms – chronic from childhood in ADHD, rather than (normally) later onset and cyclical in bipolar disorder. We may start patients with established psychotic or bipolar disorders on ADHD medication, but only after they are stable and well treated.

Relapses of psychotic or bipolar disorders should result in the stopping of ADHD medication (but see Guanfacine FAQ*).

Patients with psychosis or mania/hypomania should be referred to CPE/Gateway as normal. ADHD clinic should be informed, but we are not a mental health service.

What do I do about ADHD medication if a patient develops new seizures, or their epilepsy worsens, when on ADHD medication?

Stop stimulants, discuss ADHD medication with ADHD clinic.

For atomoxetine, may need to be stopped. Discuss with ADHD clinic.

For Intuniv/Guanfacine consider dose reduction and discuss with ADHD clinic as a priority. Balance risks of rapid withdrawal (see FAQ on stopping Intuniv/Guanfacine) versus risks of seizures.

Additionally for all medications investigate and manage seizures in normal way.

What do I advise patients who are complaining of poor sleep?

Try to distinguish chronic sleep problems, commonly associated with ADHD, from a medication side effect. Ensure medication being taken at an appropriate time. Give advice on sleep hygiene. If on stimulants, missed days may help clarify impact of the medication. Both ADHD and ADHD medication tend to be most associated with initial insomnia/delayed sleep. If problems likely associated with ADHD medication contact ADHD clinic for advice.

A patient on ADHD medication is losing appetite and weight

Take medication after breakfast/food. Medikinet XL should always be taken with or after food. Additional snacks/smoothies can be taken at times when stimulant medications are not active. BMI should be monitored.

Dietician referral may be appropriate. Consider depression or eating disorder.

Consult clinic if ongoing unintended weight loss.

Patient has developed tachycardia whilst on ADHD medication. What actions are suggested?

NICE recommends that if a person taking ADHD medication has sustained resting tachycardia (more than 120 beats per minute), reduce their dose, either to previous dose (if increase has triggered this effect) or by half, and seek specialist or cardiology advice. We additionally suggest consider investigating any persistent tachycardia >100bpm.

Patient has developed an arrhythmia whilst on ADHD medication. What actions are suggested?

This should be investigated. Seek cardiology advice. If sinus arrythmia and no concerning features, it may be reasonable to continue ADHD medication, otherwise consider reducing or stopping (but see Guanfacine FAQ*) until advice received. Notify ADHD clinic.

Patient has developed potentially significant cardiac or respiratory symptoms whilst on ADHD medication. What actions are suggested?

If a patient develops chest pains, new or worsening palpitations, syncope/pre-syncope, or shortness of breath on exertion, whilst taking ADHD medication, consider stopping (but see Guanfacine FAQ*). Refer to appropriate medical specialty. Notify ADHD clinic.

A patient on ADHD medication is complaining of headaches, what should I do?

Headaches can occur with ADHD medication, and is quite common on dose increases, thereafter often resolving. However, other causes should be considered as normal. Headaches can occur when the medication is active, or when a stimulant is wearing off. Consuming sufficient non-caffeinated fluids can help. Consult ADHD clinic if persistent problems.

I suspect patient on ADHD medication has developed serotonin syndrome. What should I do?

Document symptoms: agitation, hallucinations, reduced conscious level, tachycardia, labile blood pressure, hyperthermia, hyperreflexia, incoordination, rigidity, nausea, vomiting, diarrhoea. Stop lisdexamfetamine or methylphenidate. Stop other contributing agents.

Consider medical advice from general physician or refer to acute hospital in moderate-severe serotonin syndrome. Consult ADHD clinic before restarting ADHD treatment. If on other psychotropics make referral to Gateway/Common Point of Entry for additional advice.

A patient has developed Hypertension or had a clinically significant increase in blood pressure on ADHD medication

Check blood pressure as per normal hypertension assessment, but also consider in patients on stimulants getting some readings when medication is active, rather than just start and end of the day. 24h monitoring can be helpful.

Consider dose reduction if blood pressure change/hypertension confirmed.

Consider if days off stimulant medication (not non-stimulants) might help determine if there is a causal or contributory effect of stimulants. Investigate other causes of hypertension.

Consider risks and benefits of ADHD treatment.

Consider adding antihypertensive treatment if risk:benefit analysis favours that rather than stopping ADHD treatment.

Inform or consult ADHD clinic.

My patient has developed sexual side effects or difficulties passing urine, whilst taking ADHD Medication. What should I do?

Atomoxetine: Contact ADHD clinic. Stop Atomoxetine if significant urinary retention symptoms. With mild urinary flow symptoms consider dose reduction and referral for urology advice. Inform ADHD clinic in either case. Sexual side effects may improve with time, but if they don't consider dose reduction. Discuss with ADHD clinic if persistent. Patients with priapism should seek urgent medical care from A+E and stop atomoxetine.

Stimulants: can also cause sexual side effects. If persists, seek advice from ADHD clinic. Methylphenidate has been associated with priapism, urgent management as usual.

Compliance and Proper Use

A patient has reduced their ADHD medication themselves or stopped it

This happens quite often. ADHD treatment is optional and should be taken at the lowest effective and tolerated dose. Some patients may regret reducing or stopping and see other FAQs about re-titrating or increasing doses.

It is not necessary to inform the ADHD clinic of dose reductions in patients under shared care. Please also inform us if we should remove a patient from our shared care list.

The ADHD Shared Care Clinic cannot offer appointments to try to persuade patients to take medication at the request of others.

How regularly do patients need to take ADHD medication?

It is normal for patients on stimulants to take days off from them, and this is a good thing as it may help reduce the risk of tolerance and allows the patient to spend time without a treatment effect, allowing them to experience some of the positives of having ADHD as well and improving their understanding of the effectiveness of treatment. We do not, however, recommend sporadic or ad hoc use. We recommend stimulants at least 4 days per week, and this is particularly important at higher doses.

Be aware of the risks relating to over-prescribing if patients are using less than daily. Atomoxetine and guanfacine/Intuniv should be taken every day.

A patient is misusing or diverting their medication, what should I do?

With frank misuse of ADHD medication, e.g. snorting it, or diversion/sale medication, the treatment should be stopped (but see Guanfacine FAQ*).

The ADHD Shared Care Clinic should be notified of the cessation of treatment so the patient can be removed from the shared care list.

If there is clear evidence over time that objective ADHD symptoms are again causing significant problems, and there is no ongoing evidence of drug seeking, substance misuse or drug dealing, then the patient can be referred back to the ADHD clinic in the future for re-assessment of suitability. Any referral should include evidence that risk of misuse/diversion has reduced.

A patient has increased their dose of medication, what should I do?

If a patient has increased their dose of medication to improve symptom control, with no evidence of substance misuse features or diversion, it may be possible to cautiously continue prescribing, but a BNF-compliant dose must be agreed, and supply must be strictly limited and monitored. This is your choice. If you agree to continue the increased dose it should only be based on ADHD symptoms and side effects.

As with any dose increase blood pressure, heart rate and weight need to be checked. The ADHD shared care clinic should be informed.

If you are not comfortable with the increase, but are happy to continue prescribing the previous dose, advice can be sought from the ADHD clinic if the patient feels they are undertreated.

Do not prescribe above BNF limits unless explicitly recommended by ADHD clinic (extremely unlikely).

A patient has increased number of doses of stimulant medication they take per day, what should I do?

We do not usually support more frequent dosing with stimulants than stated in the BNF. We normally aim for stimulants to last ≤12 hours/day. If misuse or diversion is suspected see FAQ on that. Otherwise, give clear expectation to take only as prescribed and limit and monitor supply to ensure that happens.

If the clinical view is that the medication is no longer properly working with the prescribed regimen, refer back to the ADHD Shared Care Clinic for review.

A patient has taken an overdose of ADHD medication, what should I do?

Emergency Care in A+E as usual. Immediately limit supply to no more than weekly. Review patient and consider ongoing risks. If the patient can manage safely without ADHD mediation, consider stopping, but be aware of risk of increased impulsivity.

Refer patient to Common Point of entry, or if already under mental health services contact for advice.

If continuing ADHD medication discuss with patient safe management, e.g. family member keeping medication in a safe. ADHD clinic cannot provide urgent reviews but contact for advice after making any urgent referrals.

The National Poisons Information Service can be contacted by healthcare professionals 24/7 for advice on individual cases on:

0344 892 0111

Useful Links

For SmPCs of the medication: www.medicines.org.uk

Choice and Medication Handy Fact Sheets:

- A guide to help you choose between the medicines to help the symptoms of ADHD in pregnancy and breastfeeding
  www.choiceandmedication.org/berkshirehealthcare/generate/handyfactsheetperinatalhcadhduk.pdf
- Avoiding problems with the many UK methylphenidate products
  www.choiceandmedication.org/berkshirehealthcare/generate/handyfactsheetmethylphenidateswitchinguk.pdf
- A comparison of stimulants to help treat the symptoms of ADHD
  www.choiceandmedication.org/berkshirehealthcare/generate/handyfactsheetadhdformsuk.pdf

NICE Guidelines:

- Attention deficit hyperactivity disorder: diagnosis and management – Recommendations
  www.nice.org.uk/guidance/ng87/chapter/recommendations

RMOC:

- RMOC Recommendations and Resources (Specialist Pharmacy Service)
  www.sps.nhs.uk/home/publications/rmoc-recommendations-and-resources/

Bumps (best use of medicine in pregnancy):

- Methylphenidate
  www.medicinesinpregnancy.org/Medicine--pregnancy/Methylphenidate/

Requesting Private Assessments

- Frimley Guidance
  https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/prescribing-policies/230-prescribing-requests-for-adhd-patients-seen-by-private-consultants/file