

## Effective Shared Care Agreement for the treatment of Attention Deficit Hyperactivity disorder (ADHD) in adults with METHYLPHENIDATE (off-label)

### RESPONSIBILITIES and ROLES

Specialist responsibilities	
1	Discuss the benefits and side effects of treatment with the patient.
2	Check for possible drug interactions with methylphenidate and patients regular medication. Avoid prescribing interacting drugs.
3	Assess likelihood of compliance.
4	Ensure patient is given sufficient information about their treatment.
5	Perform all baseline tests including mental health and social assessment physical examination, including: assessment of history of exercise syncope, undue breathlessness and other cardiovascular symptoms heart rate and blood pressure weight; family history of cardiac disease and examination of the cardiovascular system; an ECG if there is past medical or family history of serious cardiac disease,
6	Initiate and stabilise treatment with methylphenidate. Stabilisation will usually take 6 to 8 weeks.
7	Supply medication until care is transferred to GP.
8	Ask the GP whether he or she is willing to participate in shared care and explain the intention to share care with patient/carer and obtain consent.
9	Review patient annually
10	Inform GP of the dose to be prescribed, any changes in dose, when to stop treatment and when to refer the patient back to specialist.
11	Ensure GP has access to blood results for information.
12	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
13	Inform GP if patient does not attend specialist appointments and action to be taken.
14	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
15	Ensure that clear backup arrangements exist for GPs to obtain advice and support.
General Practitioner responsibilities	
1	Reply to the request for shared care as soon as possible.
2	Prescribe methylphenidate at the dose recommended once patient is established on treatment.
3	Comply with GP responsibility of the monitoring requirements. Weight every 6 months and blood pressure and pulse every 3 months. Many of these patients will require more frequent monitoring as in accordance with other Primary Care Protocols for Single Health Management.
4	Ensure compatibility with other concomitant medication.
5	Adjust the dose as advised by the specialist.
6	Contact the specialist if you suspect the patient is not complying with their medication.
7	Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
8	Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises.
9	Refer the patient to the specialist if his/her condition deteriorates.
10	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.
Patient's / Carer's role	
1	Take methylphenidate as recommended by specialist.
2	Report to the specialist or GP if he / she does not have a clear understanding of the treatment.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist, GP and for monitoring.
5	Share any concerns in relation to treatment with GP or specialist.
6	Inform specialist or GP of any other medication being taken, including over-the-counter products
7	Inform specialist or GP if you feel you are having problems taking your medication or have stopped taking it.
8	Report any adverse effects to the specialist or GP.

**SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT**

Information on therapeutic indication, dosage, method of administration, side effects and management considerations in special populations can be found in the Summary of Product Characteristics for methylphenidate available from [www.medicines.org.uk](http://www.medicines.org.uk)

**Monitoring requirements (add in additional requirements if appropriate)**

Monitoring Interval	Tests	GP or Consultant
Baseline	Heart rate and blood pressure, weight; Family history of cardiac disease and examination of the cardiovascular system; an ECG if there is past medical or family history of serious cardiac disease,	Consultant
Every 3 months	Heart rate and blood pressure, If sustained resting tachycardia, arrhythmia or systolic blood pressure greater than the 95th centile or 140/95 or clinically significant increase measured on two occasions, reduce dose, refer to cardiologist and inform psychiatrist Dundee Scale may be useful for patient upto age 24 years available via <a href="http://www.healthcareimprovementscotland.org/our_work/mental_health/adhd_services_over_scotland/stage_3_adhd_final_report.aspx">http://www.healthcareimprovementscotland.org/our_work/mental_health/adhd_services_over_scotland/stage_3_adhd_final_report.aspx</a>	GP
Every 6 months	Weight If weight loss is associated with methylphenidate, monitor body max index. If weight loss persists refer back to psychiatrist	GP

**Primary Care Costs Drug Tariff September 2014**

Product	Pack size	Cost per OP
Methylphenidate 10mg tablets	30	£5.49
Methylphenidate 18mg modified-release tablets (Concerta XL)	30	£31.19
Methylphenidate 30mg modified-release tablets (Equasym XL)	30	£35.00

**BACK-UP ADVICE AND SUPPORT**

Contact details	Telephone No.	Bleep:	Fax:	Email address:
Specialist:				
GP:				
Harplands Pharmacy	01782 441604			<a href="mailto:louise.jackson@northstaffs.nhs.uk">louise.jackson@northstaffs.nhs.uk</a>
<b>Other:</b> Information for patients and carers is available on the Trusts Choice and Medication website via <a href="http://www.choiceandmedication.org/combined">www.choiceandmedication.org/combined</a>				