Shared Care Guidelines for Effective Management of ADHD

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Abstract

It is important to produce local protocols for a Shared Care arrangement between specialists and primary care providers for effective management of ADHD in children and young people. This article outlines the roles and responsibilities of the specialist and the GP, emphasising the need for clear communication between them.

Introduction

In the current climate, there is an increasing awareness about ADHD, its impact on the child's home and school life and methods of treatment including medication, not only amongst health professionals but also education staff and the general public. The National Institute for Health and Clinical Excellence (NICE) has issued guidance on ADHD diagnosis and management in children, young people and adults (1), recommending that drug treatment for children and young people with ADHD should always form part of a comprehensive treatment plan that includes psychological, behavioural and educational advice and interventions.

NICE Guidance

According to the NICE guidance, it is important for health professionals to ensure drug treatment is offered as first-line treatment for children and young people with a severe form of ADHD and also for those with moderate ADHD, who do not respond to behavioural treatments alone. There is also a clear expectation that both the diagnosis of ADHD and initiation of drug treatment should be carried out by a specialist psychiatrist, paediatrician or other health professional with training and expertise in the management of ADHD (1). In addition, NICE guidelines recommend that a multidisciplinary ADHD team and/or clinic should produce local protocols for Shared Care arrangements with primary care providers, and ensure that clear lines of communication between primary and secondary care are maintained (1).

What is Shared Care?

For some conditions, including ADHD, GPs have been asked to continue to prescribe medication that they would not normally initiate and which, in some cases, they might feel uncomfortable about prescribing. An arrangement for "Shared Care" implies that, although the GP takes over the prescription of the medication when this has been stabilised, the hospital/community specialist who initiated the medication continues to provide ongoing monitoring and review of the patient for a period of time.

Who can develop these guidelines?

The guidelines can be drawn up by a panel consisting of the local specialist/lead for ADHD service (Paediatrician/Child and Adolescent Psychiatrist), pharmacist and a GP with a special interest in ADHD and subsequently ratified by the local area prescribing committee. However, the membership of the panel can vary depending on the needs of the local area.

Responsibilities of the specialist (Paediatrician/ Child and Adolescent Psychiatrist) may include the following.

• To discuss the benefits and adverse effects of drugs and monitoring programme with the child/ young person and their parent/carer, providing them with relevant written information.

• To advise the parent/carer that the drug treatment will not be prescribed if they do not keep the appointments.

• To inform the GP when the diagnosis of ADHD has first been made and will explain what regime of methylphenidate, dexamfetamine or atomoxetine has been prescribed.

• To inform the child's school about the ADHD diagnosis and treatment including medication, after permission from the family has been obtained.

• To monitor the patient's ADHD and drug therapy regularly, retaining responsibility for making dose alterations when needed and informing the GP in writing.

• To liaise with the GP to agree to share care once the child/young person is stable and benefiting from a certain therapeutic dose of the drug (which may take 3 to 6 months).

• To ask the GP to prescribe the appropriate drugs, only in accordance with their product licence.

• To provide the GP with a brief summary sheet with details of the child/young person, the drug, dose and its adverse effects and monitoring requirements (see the Shared Care guidelines for methylphenidate, appendix 1 - a similar Shared Care guidelines Protocol for dexamfetamine and atomoxetine should be developed).

• To ask the GP to monitor the patient's weight, height, pulse rate and blood pressure at periodic intervals (6 monthly).

• To decide when to stop or periodically withdraw drug treatment to assess progress.

• To liaise with the GP regarding transition arrangements and onward referrals to a specialist adult team, if drug treatment is required beyond the age of 18 years. (It should be noted, however, that several areas in the UK do not yet have the necessary agreed transitional arrangements in place.)

Responsibilities of the GP may include the following.

• To prescribe methylphenidate, dexamfetamine or atomoxetine, in line with the respective product licences.

• To check if the child/young person is keeping the review appointments with the specialist prior to issuing repeat prescriptions.

• To monitor the patient's overall health and wellbeing.

• To inform the specialist in writing of measurements of the patient's weight, height, pulse rate and blood pressure.

• To inform the specialist if there are any adverse effects. (For example, for methylphenidate see the ADHD Methylphenidate Monitoring Form, appendix 2).

• To contact the specialist to discuss the patient's progress when necessary, particularly if there are any concerns, for example with regard to adverse effects or medication compliance.

Responsibilities of the parent/carer may include the following:

• To read and understand the product's patient information.

• To store the medication safely and to ensure compliance with the medication, as prescribed.

• To inform the GP/specialist of all the medications the child is taking currently.

• To report any unusual symptoms or adverse effects to the GP/specialist.

• To maintain regular review with the specialist to monitor treatment.

What else the guidelines should cover

- Brief information about how ADHD is diagnosed.
- Indications and adverse effects of drug treatment with methylphenidate, dexamphetamine and atomoxetine.
- Contact details of the specialist and pharmacist.
- An agreement of the Shared Care arrangement between the specialist and the GP.
- References.

Prescription requirements for controlled drugs (CDs)
As methylphenidate and dexamphetamine are controlled drugs, they should be prescribed carefully to ensure compliance with the legal framework. A prescription for Schedule 2 and 3 CDs (with the exception of temazepam and preparations containing it) must contain the following details, written so as to be indelible, (e.g. handwritten in ink, typed or computer-generated) (2).

- The patient's full name, address and, where appropriate, age. An email address or PO Box is not acceptable. 'No fixed abode' is acceptable as an address for homeless people.
- The name and form of the drug, even if only one form exists.
- The strength of the preparation, where appropriate (if more than one strength exists).
- The dose to be taken.
- The total quantity of the preparation, or the number of dose units to be supplied, in both words and figures.
- Signed by the prescriber with their usual signature (this must be handwritten) and dated by them (the date does not have to be handwritten).

Establish good communication and record keeping

Shared Care requires good communication between the specialist, primary care prescriber and the patient. Good record keeping of all the verbal and written communications as well as copies of the prescriptions aids this process.

Conclusion

Agreement of Shared Care guidelines between the specialist and GP facilitates high-quality care for the patient with ADHD by ensuring that roles and responsibilities are clearly defined and good communication is maintained.

GP Comment

What have I learned from this paper?

1. The NICE guideline and other policies indicate that GP's have a vital role in Shared Care arrangements and should take over prescription of standard ADHD medication when this has been stabilised; Shared Care guidelines can help to ensure clarity of roles between the specialist and the GP, so that this process can be managed safely and efficiently.

2. Shared Care guidelines should improve communication between the specialist and the GP, adding to patient safety and facilitating co-ordinated, well-planned management.

3. As also stated in the ADHD pathway paper, in light of the current financial climate, it is essential that the interface between primary and secondary care remains as seamless as possible. These guidelines will help the healthcare professionals achieve that and beyond, ensuring patient-centredness remains the main aim.

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References

1. Attention Deficit Hyperactivity Disorder – diagnosis and management in children, young people and adults, NICE clinical guideline 72, Developed by the National Collaborating Centre for Mental Health, Sep 2008

2. A guide to good practice in the management of controlled drugs in primary care (in England), third edition, 2009, version 3.1 updated Oct 2010.

Appendix 1

Shared Care Guidelines for the use of methylphenidate in the treatment of ADHD in children and young people.

Brief summary

Patient's name	
Date of birth	
NHS number	
Patient's address	
Consultant's name	
Consultant's contact details	
GP's name	
GP's contact details	
Drug dose, formulation and frequency Higher doses than shown in the table may be prescribed according to NICE guidance	☐ Methylphenidate standard release (generic), 5–20 mg tds ☐ Ritalin® (methylphenidate standard release), 5-20 mg tds ☐ Medikinet® (methylphenidate standard release), 5-20 mg tds ☐ Equasym®XL (methylphenidate modified release), 10-60 mg od ☐ Medikinet® XL (methylphenidate modified release), 5-60 mg od ☐ Concerta® XL (methylphenidate modified release), 18–54 mg od
Patient's diagnosis	ADHD
Adverse effects This is not an exhaustive list Please refer to BNF for Children/SPC for further adverse effects	Very common adverse effects include (≥1/10): • Insomnia, nervousness, headache Common adverse effects include (≥1/100 to <1/10): • Decreased appetite, dizziness, somnolence, abdominal pain, nausea, vomiting, dry mouth, tachycardia, palpitations, arrhythmias, changes in blood pressure and heart rate (usually an increase), rash, urticaria, pruritus, fever, alopecia, moderately reduced weight and height gain during prolonged use in children Very rare adverse effects include (<1/10,000): • Anaemia, leucopenia, thrombocytopenia
GP monitoring requirements and frequency	GP to monitor height, weight, BP and pulse rate every 6 months. If the child falls off the centile in his/her growth and any parental concerns arise, the GP should refer the child to the paediatrician
When to refer back to consultant	Report to and seek advice on any aspect of patient care that is of concern to the GP and may affect treatment
How often will the patient be reviewed by the specialist	Children with ADHD will be reviewed every 12 months by the specialist (Paediatrician/Child and Adolescent Psychiatrist)

Appendix 2

ADHD Methylphenidate Monitoring Form

Patient's name			
Patient's date of birth			
Patient's address Contact tel no			
GP's name			
GP's address Contact tel no			
Physical parameters	Measurement	Centiles and trends (stable/falling/rising)	
Height in cm		Centile	Trend
Weight in kg		Centile	Trend
• Give advice if growth is compromised • Consider referral to dietician and alert the specialist			
BP in mm Hg	Systolic Diastolic	Centile	Trend
• Contact ADHD specialist if BP persists above 95th centile			
Pulse rate/min		Normal range	
		5-12 years	80-120/min concern if > 120/min
		>12 years	60-100/min concern if > 100/min
• NICE guidelines on ADHD say 'sustained resting tachycardia, arrhythmia or systolic BP greater than 95th percentile measured on two occasions should prompt dose reduction and referral to a paediatrician			
Any side effects	Yes /no	Comments	
Reduced appetite			
Sleep onset problems			
Headache			
Nausea/vomiting			
Tics			
Drug misuse/diversion			
Others			
Current medication/s and the dosage	Methylphenidate		
	Atomoxetine		
	Dexamfetamine		
Name of the doctor			
Signature		Date	

Table adapted from Hertfordshire Shared care Guidelines