Black Country Partnership NHS Foundation Trust

Sandwell and West Birmingham Clinical Commissioning Group

Wolverhampton Clinical Commissioning Group

Child and Adolescent Mental Health Services (CAMHS)

Effective shared care agreement (ESCA) for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) with ATOMOXETINE

This form must be completed by the hospital specialist/consultant (may include specialist nurse non-medical prescribers) and sent to the GP for approval. It must be signed by the GP and returned to the team before the patient is informed that the GP will prescribe the medication.

SECONDARY CARE SECTION TO BE COMPLETED BY INITIATING CONSULTANT/SPECIALIST

Patient's Name: _____ **NHS Number**: _____

Date of Birth: _____ **ESCA Date**: _____

One copy of information leaflet given to patient

One copy of agreement sent to GP

One copy filed in patients notes

Consultant/Specialist Name (please print):_____

Consultant/Specialist Signature:_____

Support contact number:_____

(if not listed overleaf)

Email address / Fax no:_____

PRIMARY CARE SECTION TO BE COMPLETED BY GENERAL PRACTITIONER

I agree*/don't agree* to enter into a shared care arrangement for the treatment of the above patient with this medicine (*delete as appropriate)

GP Name: _____

Signature: _____ **Date**: _____

Once signed please email or fax back to the team.

CONSENT SECTION TO BE COMPLETED BY PATIENT / REPRESENTATIVE

I agree*/don't agree* to enter into a shared care arrangement for the above treatment (*delete as appropriate)

Patient / Representative Name: _____**Signature**:_____

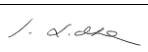
Date:_____

BACK UP ADVICE AND SUPPORT

Contact details	Telephone number
Sandwell Base	**0121 612 6620**

Contact details	Telephone number
Wolverhampton Base	**01902 444 021**

Version Control			
Version	**Date of Approval**	**Author/s**	**Brief Description of Changes**
1.0	2006	Dr Win	New ESCA
2.0	July 2013	Dr Win	Revised front page, new signatories
4.0	Nov 2018	Mr Narinder Sangha	Separated out individual drugs for treatment of ADHD into separate ESCA's. Now includes hospital specialists/ NMP's & parents/carers

This shared care agreement has been approved for use by:		**Signature**	**Date**
BCPFT Medicines MMC Chair	Dr J Lidher		15/10/2018
Wolverhampton City CCG Prescribing Lead	Dr A Stone		18/12/2018
Sandwell & West Birmingham CCG Medicines Quality	Jonathan Boyd		20th Dec 2018

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

The aim of an Effective Shared Care Agreement (ESCA) is to provide information to general practitioners (GPs) and hospital staff about complex or high cost therapies that their patients may receive following specialist referral. An ESCA will be written only when it has been agreed that shared care is an appropriate option, and will include a statement of specialist and GP responsibilities.

ESCA's will ensure that all GPs have sufficient information to enable them to undertake prescribing responsibility for specialist therapies and other therapies that may affect or interact with specialist therapies.

It is not the intention to insist that GPs prescribe this therapy and any doctor who does not wish to undertake the clinical and legal responsibility for this drug is not so obliged.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

RESPONSIBILITIES AND ROLES

Specialist responsibilities
• Arrange comprehensive assessment of the child and be responsible for making the diagnosis and considering alternative diagnoses, co-morbid diagnoses and cautions/ contraindications to treatment. • Initiate treatment with medication. Inform the GP promptly about changes in treatment or dosage, any important adverse events or if other interacting medicines are prescribed/recommended. • Monitor the patient's condition and response to treatment regularly and keep the GP informed. • Provide a comprehensive baseline physical assessment as recommended in the NICE guidelines, and ensure that height, weight, blood pressure, pulse and appetite are monitored at the recommended time intervals. Communicate the results of tests to the GP as soon as possible. • Explain the possible side effects of the drug and interactions to parents • Provide written guidance for parents (at specialist's discretion). • Be available for back-up advice on any of the above during working hours • Report all suspected adverse drug reactions (in children under 18 years of age), to the Medicines and Healthcare Regulatory Agency (MHRA) via **www.mhra.gov.uk/yellowcard** • Send a letter and shared care agreement form to the GP to obtain consent to share prescribing and monitoring responsibilities. • Advise GP's of any dosage adjustments required, when to refer back, and when and how to stop treatment. • Ensure clear arrangements for back up, advice and support.

General Practitioner responsibilities
• Prescribe **Atomoxetine** once notified by the specialist. • Ensure that the treatment is not continued if the patient fails to attend the specialist clinic for over a year. • Check that patient is being monitored as specified in section on specialist responsibility. • Report to and seek advice from the specialist on any aspect of patient care that is of concern to the GP and may affect treatment. • Refer back to the specialist if the patient's condition deteriorates. • Monitor the patient for side effects and report all suspected adverse drug reactions (in children under 18 years of age), to the specialist and to the MHRA via **www.mhra.gov.uk/yellowcard** • Stop the treatment if advised by the specialist.

Parent/carers role
• Ask the specialist or GP anything he or she does not understand about the treatment. • Try to put into practice any behavioural or psychological programmes and report back to the specialist about their effectiveness. • Report any adverse effects to the specialist or GP. • Attend agreed review appointments.

SUPPORTING INFORMATION

Licensed indications

Attention Deficit Hyperactivity Disorder (ADHD) is a heterogeneous behavioural syndrome characterised by the core symptoms of inattention, hyperactivity and impulsivity. ADHD should only be diagnosed by a specialist psychiatrist, paediatrician, or other healthcare professional with training and expertise in the diagnosis of ADHD. Diagnosis of ADHD should be made according to DSM-IV criteria or the guidelines in ICD-10 and should also be based on a complete history and evaluation of the patient, including a full clinical and psychosocial assessment, full developmental and psychiatric history, and assessment of mental state. Diagnosis cannot be made solely on the presence of one or more symptom.

Atomoxetine is licensed for the treatment of ADHD in the UK. It should form part of a comprehensive treatment programme for ADHD that includes psychological, behavioural and educational advice and interventions. The indication for drug treatment is the presence of impairment resulting from ADHD.

Therapeutic Use

The aim of medication as part of a comprehensive treatment programme is to stabilise children with a behavioural syndrome characterised by symptoms which may include chronic history of short attention span, distractibility, emotional lability, impulsivity and moderate to severe hyperactivity.

Dosage and Administration

Atomoxetine (Strattera) is available as capsules to be taken orally. It is normally given as a single dose in the morning. Patients who suffer from side effects may benefit from dividing the dose, which should then be taken in the morning and late afternoon or early evening.

In children and adolescents (6-17 years) under 70 kg body weight, **Atomoxetine** should be initiated at a total daily dose of 0.5 mg/kg, maintained for at least seven days. The dose should then be titrated upwards according to response and tolerability to the recommended maintenance dose of 1.2 mg/kg/day. Higher daily doses may be given under the care of a specialist up to a maximum of 1.8mg/kg per day; maximum 120mg per day.

In children and adolescents (6-17 years) over 70 kg body weight the initiation and recommended maintenance doses are 40 and 80 mg daily, respectively. Higher daily doses may be given under the care of a specialist up to a maximum of 1.8mg/kg per day; maximum 120mg per day.

The total daily dose may be given in 2 divided doses with last dose no later than early evening.

In patients with moderate and severe hepatic insufficiency doses should be reduced to 50% and 25% of the standard dose, respectively. No adjustments are required for those with renal insufficiency.

Contraindications

Atomoxetine should not be used in combination with monoamine oxidase inhibitors (MAOIs), or within two weeks after discontinuing therapy with a MAOI. Treatment with a MAOI should not be initiated within two weeks after discontinuing atomoxetine.

Side Effects

Common or very common: Abdominal pain; anorexia; anxiety; chills; constipation; depression; dermatitis; dizziness; drowsiness; dry mouth; dyspepsia; flatulence; flushing; headache; increased blood pressure; irritability; lethargy; malaise; mydriasis; nausea; palpitation; paraesthesia; prostatitis; rash; sexual dysfunction; sleep disturbances; sweating; tachycardia; taste disturbances; tremor; urinary dysfunction; vomiting.

Cautions

QT-interval prolongation; aggressive behaviour; cardiovascular disease; cerebrovascular disease; emotional lability; history of seizures; hostility; hypertension; mania; psychosis; structural cardiac abnormalities; susceptibility to angle-closure glaucoma; tachycardia.

Drug Interactions

Specific interactions have not been reported. The Summary of Product Characteristics (SPC) recommends that the following drugs be used with caution if co-administered with atomoxetine because of potential/theoretical drug interactions: CYP2D6 inhibitors, salbutamol, pressor agents, and drugs that affect noradrenaline.

Monitoring

Prior to prescribing it is necessary to take an appropriate medical history and conduct a baseline evaluation of a patient's cardiovascular status, including blood pressure and heart rate. Cardiovascular status should be regularly monitored with blood pressure and pulse recorded after each adjustment of dose and then at least every 6 months is recommended.

For full details of the licensed indications, dosage and administration, cautions, contraindications, side effects, drug interactions and monitoring, refer to the current edition of the BNF, BNFc and SPC.

References

- BNF/BNFc. BMJ Group/Royal Pharmaceutical Society of Great Britain. BNF App Accessed August 2017.
- Summary of Product Characteristics (SPC) for Strattera capsules. Updated 8th June 2015
- National Institute for Health and Clinical Excellence. Clinical Guideline 72. *Attention deficit hyperactivity disorder: Diagnosis and management of ADHD.* September 2008. Last updated February 2016.
- Taylor D, Paton C, Kapur S. The Maudsley Prescribing Guidelines in Psychiatry. Twelth Edition. The South London and Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust. 2015.