Health and Social Care Board

Interface Pharmacist Network Specialist Medicines

Guanfacine - ADHD Shared Care Guideline

Specialist Details

Name: _____

Location: _____

Tel: _____

Patient Identifier

Date: _____

Introduction

Guanfacine is a selective alpha$_{2A}$-adrenergic receptor agonist. It should only be initiated following assessment and diagnosis by a specialist with expertise in ADHD, as part of a comprehensive treatment plan.

Licensed indications: Treatment of ADHD in children and adolescents 6-17 years old, for whom stimulants are not suitable, not tolerated or have been shown to be ineffective.

Dosage and Administration

The starting dose is 1mg once a day. This may be increased, depending on the patient's response and tolerability, by increments of 1mg on a weekly basis up to the recommended maintenance dose range of 0.05-0.12 mg/kg/day. Patients/carers should be advised not to stop treatment abruptly. Re-titration of dose may be required if two or more consecutive doses are missed.

Maximum recommended doses *after* appropriate dose titration:

Age:	**6-12 years old**	**13-17 years old**			
Weight:	25kg and above	34 – 41.4kg	41.5 – 49.4kg	49.5 – 58.4kg	58.5kg and above
Maximum Dose:	4mg	4mg	5mg	6mg	7mg

Available as: Guanfacine (Intuniv®) 1mg, 2mg, 3mg, and 4 mg prolonged release tablet. It is not a controlled drug. Tablets should not be crushed, chewed or broken before swallowing.

Hospital Specialist Responsibilities

- Diagnose the condition and assess if the patient is suitable for treatment with guanfacine (as per the pre-drug assessment in NICE guidance including an assessment of cardiovascular status, risk of somnolence and sedation, weight increase /obesity)
- Baseline height, 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
  - During dose titration, monitor weekly for signs and symptoms of somnolence and sedation, hypotension and bradycardia
  - Height, weight, BMI, blood pressure and pulse: Measure and record every three months for the first year, then every six months and after each dose change
  - Check for sedation and somnolence every three months for the first year of treatment
  - Assess for development of suicidal thinking
- Monitor response to treatment and need to continue therapy. Advise discontinuation of guanfacine if no improvement in symptoms is seen after 3 months at the maximum tolerated dose
- Specialist will continue to review the patient at regular intervals sending a written summary to the GP whenever the patient is reviewed
- Provide any other advice or information for the GP if required
- Supervise discontinuation of treatment or onward referral to adult service if appropriate. Blood pressure and pulse should be monitored during and after dose reduction/discontinuation (reduce by no more than 1mg every 3 - 7 days).

GP Responsibilities

- Prescribe guanfacine (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 (eg. MHRA / CHM).

Adverse Effects, Precautions and Contraindications

Pregnancy: Guanfacine is not recommended during pregnancy and in women of childbearing potential not using contraception.

Breastfeeding: excreted in breast milk—avoid.

Hypotension, bradycardia and syncope are known side effects. Caution is advised in patients who have a history of hypotension, heart block, bradycardia, or cardiovascular disease, or who have a history of syncope or a condition that may predispose them to syncope. May be used with caution in patients with certain cardiovascular conditions following individual assessment by a cardiologist.

QTc interval: caution in patients with a known history of QT prolongation or risk factors for torsade de pointes.

Blood pressure and pulse may increase following discontinuation of guanfacine; hypertensive encephalopathy has been very rarely reported upon abrupt discontinuation.

Sedation and somnolence: may cause somnolence and sedation predominantly at the start of treatment and could typically last for 2-3 weeks and longer in some cases. Patients are advised against operating heavy equipment, driving or cycling until they know how they respond to treatment.

Suicidal ideation: Patients with emergent suicidal ideation or behaviour during treatment for ADHD should be evaluated immediately by their physician.

Missed Dose - in the event of a missed dose, dosing 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 – seek specialist advice if required.

Other side-effects include decreased appetite, depression, anxiety, affect lability, insomnia, nightmares, headache, dizziness, lethargy, abdominal pain, vomiting, diarrhoea, nausea, constipation, dry mouth, rash, enuresis, fatigue, irritability, weight gain.

Common Drug Interactions

- **Moderate or strong inhibitors of CYP3A4/5**: a 50% reduction in the dose of guanfacine is recommended although further dose titration may be needed. Some of the more common CYP3A/5 inhibitors are ciprofloxacin, clarithromycin, erythromycin, fluconazole and grapefruit juice
- **Inducers of CYP3A**: consider titrating the dose upwards whilst on concomitant treatment. Some of the more common CYP3A inducers are carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifampicin and St. John's Wort
- Due to potential for additive pharmacological effects, caution is advised in patients on concomitant treatment with:
  - Other **drugs which prolong the QT interval**, concomitant use is generally not recommended
  - **Antihypertensives**: increase risk of hypotension and syncope
  - **Central Nervous System depressants**: potential increase risk of sedation and somnolence with, for example; sedatives, hypnotics, benzodiazepines, barbiturates, and antipsychotics. Patients should not drink alcohol whilst taking Guanfacine
- **Valproic Acid**: co-administration can result in increased concentrations of valproic acid. Monitor for potential additive CNS effects and consider monitoring of serum valproic acid concentrations. Adjustments in the dose of valproic acid and guanfacine may be indicated. Seek specialist advice
- Do not administer at same time of day as **high fat meals** due to increased absorption of guanfacine.

Communication

For any queries relating to this patient's treatment with guanfacine, 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 or the BNF