

Atomoxetine - ADHD Shared Care Guideline

Specialist Details

Name: _____
Location: _____
Tel: _____

Patient Identifier

Date: _____

Introduction

Atomoxetine is a highly selective and potent inhibitor of pre-synaptic noradrenaline. 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 of 6 years and older and in adolescents. It is licensed in adults if symptoms of ADHD were present in childhood.

Dosage and Administration

Can be administered as a single daily dose in the morning, with or without food. If not tolerated or unsatisfactory clinical response, can be given as two divided doses with the second dose no later than late afternoon or early evening.

Unlike other treatments for ADHD, atomoxetine should be taken every day without “drug holidays”.

Body Weight	Recommended initiation dose & dosage titrations	Recommended maintenance dose
< 70kg	Usually 0.5mg/kg/day Titrate upwards if necessary, in 7 day intervals	Usually 1.2 mg/kg/day (max. 1.8mg/kg/day up to 100mg/day)
>70kg	Usually 40mg/day Titrate upwards if necessary, in 7 day intervals	Usually 80 mg/day (max 100mg/day)

Available as: Atomoxetine (Strattera®) is available as 10mg, 18mg, 25mg, 40mg, 60mg, 80mg or 100mg capsules and 20mg/5ml oral solution. It is not a controlled drug.

Hospital Specialist Responsibilities

- Diagnose the condition and assess if the patient is suitable for treatment with atomoxetine (as per the pre-drug assessment in NICE guidance including an assessment of cardiovascular status)
- Baseline height (not applicable to adults), weight, BP and heart rate
- Provide patient/carer with relevant information on use, side effects and need for monitoring of medication. Counsel patients about recognition of symptoms of hepatic damage or suicidal ideation and need to promptly report these
- 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:
 - Height, Weight and appetite: Measure and record every six months
 - Heart Rate and Blood pressure: Measure and record every six months and after each dose change
 - Assess for development of seizures, psychotic symptoms, anxiety, or suicidal thinking and self-harm
- Monitor response to treatment and need to continue therapy. Advise discontinuation of atomoxetine 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 any discontinuation of treatment or onward referral to adult service if appropriate.

GP Responsibilities

- Prescribe atomoxetine (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 (e.g. MHRA / CHM).

Adverse Effects, Precautions and Contraindications

Atomoxetine is contra-indicated in:

- Patients on MAOIs (or within 2 weeks after discontinuing therapy with a MAOI)
- Patients with narrow angle glaucoma
- Phaeochromocytoma or history of phaeochromocytoma
- Severe cardiovascular or cerebrovascular disorders. May be used with caution in patients with certain cardiovascular conditions following individual assessment by a cardiologist.

Pregnancy: avoid unless potential benefits outweigh risk.

Breastfeeding: excreted in breast milk – avoid.

Increase in pulse and BP: Patients may experience a modest increase in pulse (mean <10 bpm) and/or increase in blood pressure (mean <5 mmHg). In most cases these are not clinically important. Due to potential for additive pharmacological effects, caution is advised in patients with hypertension, tachycardia, cardiovascular or cerebrovascular disease. Use with caution in patients with long QT interval or a family history of QT prolongation.

GI Disturbance: Treatment may be associated with transient gastrointestinal side-effects of abdominal pain, vomiting, decreased appetite, constipation, dyspepsia and nausea.

Hepatic: There is a rare risk of hepatic disorder though LFT monitoring is only indicated if suspected liver injury. Dose adjustments may be required if pre-existing hepatic insufficiency (see SPC).

Other side-effects include dry mouth, urinary retention or hesitancy, insomnia, early wakening, somnolence, irritability, seizures, dizziness, fatigue, headache, decreased libido, erectile or ejaculatory disorder, dysmenorrhoea or menstrual irregularities, palpitations, hot flushes and rash. Suicidal ideation is a rare side-effect which has been reported. May affect performance of skilled tasks (e.g. driving).

Common Drug Interactions

- MAOIs should not be used concurrently with atomoxetine
- Due to potential for additive pharmacological effects, caution is advised in patients on concomitant treatment with:
 - High dose nebulised or systemically administered salbutamol (or other beta2 agonists)
 - Pressor agents (eg. the decongestants pseudoephedrine or phenylephrine)
 - Drugs that affect noradrenaline (eg. antidepressants such as imipramine, venlafaxine and mirtazapine)
 - Drugs which inhibit CYP2D6 isoenzyme (eg. fluoxetine, paroxetine) – slower titration may be necessary
 - Other drugs which prolong the QT interval, such as neuroleptics, class IA and III anti-arrhythmic, moxifloxacin, erythromycin, methadone, mefloquine, tricyclic antidepressants, lithium or cisapride
 - Medicines known to lower seizure threshold such as, tricyclic anti-depressants or SSRIs, neuroleptics, phenothiazines, butyrophenone, mefloquine, chloroquine, bupropion and tramadol
- There is no interaction between atomoxetine and alcohol.

Communication

For any queries relating to this patient's treatment with atomoxetine, 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**