

Dexamfetamine - ADHD Shared Care Guideline

Specialist Details

Name: _____
Location: _____
Tel: _____

Patient Identifier

Date: _____

Introduction

Dexamfetamine is a CNS stimulant drug used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). It should only be initiated following assessment and diagnosis by a specialist with expertise in ADHD, as part of a comprehensive treatment plan.

Dosage and Administration

Children aged 6 years and over: 5 – 10mg a day given in 2 - 3 divided doses, increased if necessary by 5mg a day at weekly intervals. Usually the upper limit is about 20mg a day though some older children may need up to 40mg for optimal response.

Adult aged 18 years and over: [unlicensed use], initially 5 mg twice daily, increased at weekly intervals according to response; max. 60 mg daily
Maintenance dose given in 2—4 divided doses.

Available as: Dexamfetamine 5mg, 10mg & 20mg tablets, 5mg/5ml oral solution.

Dexamfetamine is a schedule 2 controlled drug and is therefore subject to normal controlled drug regulations.

Hospital Specialist Responsibilities

- Diagnose the condition and assess if the patient is suitable for treatment with dexamfetamine (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
- 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 tics, psychotic symptoms, anxiety, or seizures
- Monitor response to treatment and need to continue therapy. Advise discontinuation of dexamfetamine if no improvement in symptoms is seen after 1 month 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 dexamfetamine (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

Contraindicated in patients with:

- Known intolerance to sympathomimetic amines
- Severe depression, anorexia nervosa/anorexic disorders, suicidal ideation, hyperexcitability, psychotic symptoms, severe and episodic bipolar disorder (that is not well controlled) schizophrenia, psychopathic/borderline personality disorder
- Current or recent (within 14 days) treatment with MAOI's
- Glaucoma, hyperthyroidism or thyrotoxicosis, porphyria
- Cerebrovascular disorders
- History of drug or alcohol abuse
- Tourette's syndrome or similar dystonias
- Pheochromocytoma
- Pregnancy or Breastfeeding.
- Symptomatic cardiovascular disease, structural cardiac abnormalities and/or moderate or severe hypertension, heart failure, arterial occlusive disease, advanced arteriosclerosis, angina, haemodynamically significant congenital heart disease, cardiomyopathies, myocardial infarction, potentially life-threatening arrhythmias and channelopathies. May be used with caution in patients with certain cardiovascular conditions following individual assessment by a cardiologist.

Precautions

- Mild hypertension, renal impairment, presence of motor tics, or family history of Tourette's syndrome, epilepsy (if seizure frequency increases, the specialist should discontinue dexamfetamine).

Adverse Effects

- Dizziness, nervousness, drowsiness and headaches are commonly experienced upon initiation of therapy. May affect performance of skilled tasks (e.g. driving). Loss of appetite (some weight loss may occur) and insomnia may also occur. These effects are often mild and transient and may be controlled by a reduction in dose
- Development of de novo or worsening of pre-existing psychiatric disorders, including depression, emotional lability and aggressive behaviour can occur
- Other adverse effects include: abdominal pain, nausea and vomiting (can be alleviated with concomitant food intake), dry mouth, temporary growth retardation, changes in blood pressure and heart rate, tachycardia, palpitations, skin rash or itching
- Careful supervision is required during withdrawal as this may unmask depression as well as chronic over-activity. Some patients may require long-term follow up.

Common Drug Interactions

- **Guanethidine**: antagonises hypotensive effect
- **MAOIs** (including moclobemide): risk of hypertensive crisis when given with dexamfetamine; avoid dexamfetamine for at least 2 weeks after stopping MAOIs
- **Beta-blockers**: concurrent use may result in severe hypertension or hypertonia
- **Warfarin**: can enhance anticoagulant effect
- May reduce effect of **anti-hypertensives**
- **Alcohol** can exacerbate CNS adverse effects (abstention advised)
- Effect of dexamfetamine can be decreased by: **adrenergic blockers** (eg. propranolol), **lithium** and **phenothiazines**
- Concurrent use of **clonidine** and dexamfetamine may increase duration of action of dexamfetamine and may inhibit the antihypertensive action of clonidine.
- Concurrent use of **tricyclic antidepressants** may increase risk of cardiovascular side effects
- Acute dystonia has been noted with concurrent administration of **haloperidol**
- Avoid concomitant use with **rasagiline**.

Communication

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