



Adult ADHD Service

Advice for Primary Care Colleagues during the current ADHD medication shortage (October 2023)

You will be aware of the National Patient Safety alert from NHS England regarding the shortage of the following ADHD medications. <u>CAS-ViewAlert (mhra.gov.uk)</u>

Methylphenidate	Lisdexamfetamine	Guanfacine
 Equasym XL® 10mg, 20mg and 30mg capsules Xaggitin XL® 18mg and 36mg prolonged-release tablets 	 Elvanse® 20mg, 30mg, 40mg, 50mg, 60mg and 70mg capsules Elvanse® Adult 30mg, 50mg, and 70mg 	 Intuniv® 1mg, 2mg, 3mg and 4mg prolonged-release tablets
 Concerta XL® 54mg prolonged-release tablets 	capsules	
 Xenidate XL® 27mg prolonged-release tablets 		

There is also an on-going supply issues with Atomoxetine capsules and liquid

Given the shortage, it is likely that a number of patients will not be able to source their current medications for a period of time. There is no straightforward substitution process for ADHD medications as patients respond in individual ways and these medications take time to titrate and optimise.

However, the table below shows preparations approved based on bioequivalence studies comparing products with Concerta XL® tablets. Although these are deemed bio-equivalent with an approximate 22% released 'immediately' and the other 78% 'extended release' components some patients may find the change difficult to tolerate. Liaising with the patient's community pharmacy may be required to understand what product is available

Concerta XL® modified-release tablets	18mg, 27mg, 36mg, 54mg	
Delmosart XL ® modified-release tablets	18mg, 27mg, 36mg, 54mg	
Matoride XL® modified-release tablets	18mg, 36mg, 54mg (27mg strength not available)	
Xaggitin XL® modified-release tablets	18mg, 27mg, 36mg, 54mg	
Xenidate XL® modified-release tablets1	18mg, 27mg, 36mg, 54mg	

If an existing ADHD medication not in the table above becomes unavailable over the coming months, we do not recommend or expect that patients would be changed to alternatives (including immediate release preparations) by our primary care colleagues

Therefore, for this period, if a patient cannot source supplies of their medication, they may end up reducing their doses or stopping for a period of time. If this happens, some could experience an increase in their core ADHD symptoms and the associated functional impairment however, they will not come to any physical harm as result of stopping most medication abruptly. The exception is Guanfacine, please see the specific detail below.

<u>Guanfacine-</u> Abruptly stopping Guanfacine could <u>potentially</u> cause rebound significant rise of blood pressure within days. Patients should be advised, if they still have some supply left, to





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reduce by 1 mg every 3 days before stopping until supply becomes easily available again. If anyone has to stop abruptly because they run out of supply then they should be advised to check their blood pressure daily for 7 days and seek advice from their GP or primary care clinician if it is higher than 140/90 mmHg on two measurements. (The FDA had commissioned an abrupt cessation trial of Guanfacine, and it showed no adverse problem. (https://pubmed.ncbi.nlm.nih.gov/18035196/))

<u>Atomoxetine-</u> Atomoxetine is not associated with withdrawal symptoms if it is stopped suddenly. It can therefore be discontinued temporarily without the need for dose tapering. Once it is possible to restart atomoxetine, depending on the gap in treatment, achieving a therapeutic response again may take several weeks. ➤ Seek advice from secondary care specialist on a case-by-case basis as necessary.

When supplies are available again, patients who have been previously stabilised on a particular dose of an ADHD medication through the GHC Adult ADHD service can be retitrated onto that same medication, increasing to their previously tolerated dose within primary care. (Please see attached guidance on re-titration at Appendix 1)

Please note, if a referral to the specialist Adult ADHD service is felt to be required for retitration, there will unfortunately be a significant waiting time until a person can be seen. In some cases, a full re assessment for ADHD may be required, however this would not be the case for those diagnosed or reviewed through our service previously.

Any patients who experiences an increase in mental health symptoms that are not core features of ADHD can of course be referred to general mental health services for assessment in the usual ways.

If the situation changes or remains problematic by January 2024, a further update will follow.

A patient information leaflet explaining the issue is also available

Sources of support and advice for people living with ADHD are included at appendix 2





Appendix 1

Re-titration guidance following ADHD medication shortage (October 2023)

Re-titration is advised if a week has passed since the last dose and time to prior optimal dose should take no more than a few weeks for most patients. The exceptions are immediate release methylphenidate and atomoxetine when achieving the previous optimal dose may take more time if the previous dose was at the higher end of the dose range as doses can only be increased at weekly intervals as defined in the BNF.

Methylphenidate:

Equasym® XL

Re-titration of **Equasym® XL** should begin at the BNF recommended starting dose of 10mg daily, increasing then by 10mg at weekly intervals to the patient's previously stabilised dose. The maximum BNF dose for an adult is 100 mg in a day.

Concerta® XL, Xaggitin® XL, Xenidate® XL:

These longer acting extended release formulations restart at 18mg daily (in the morning with or after food) and can be increased in 18mg steps weekly up to the patient's target. The maximum is 108mg daily.

Lisdexamfetamine (Elvanse®, Elvanse Adult®):

This can be restarted at the BNF recommended starting dose of 30mg daily and increased 10-20 mg at weekly intervals to the patient's previously stabilised dose. The maximum BNF dose is 70 mg daily. It is a single dose medication taken in the morning.

Atomoxetine:

This comes in 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg capsules. This can be restarted at 25mg or 40mg daily and it should then be increased at weekly intervals to the next available formulation as far as the patient's previously stabilised dose. Maximum BNF dose in an adult is 120mg (doses above 100mg per day are not licensed for adults).

Guanfacine (Intuniv®):

It is recommended to contact the original prescriber to re-titrate patients on Guanfacine; please note this may not be a GHC service

With all re-titrations pulse and BP should be checked prior to initiation and after each dose increase. Readings should be no higher than 140/90 and 120bpm on each review. If readings are in excess of this then please contact the GHC Adult ADHD service for advice.

Were concerns to arise during the re-titration process, please direct the query including name and NHS number, to the ADHD service ADHDreferralinbox@ghc.nhs.uk for further advice and we will respond as soon as we are able.

A small number of patients may also be on immediate release preparations following their discharge from our service. We would advise that queries about these patients are directly discussed with us via the to the ADHD service ADHDreferralinbox@ghc.nhs.uk





Sources of support and advice for people living with ADHD

Websites:

http://aadduk.org/

A more comprehensive website about Attention Deficit Hyperactivity Disorder in adults, with links to self-help resources, support groups and an online discussion forum.

http://www.addiss.co.uk/

A website containing helpful information and resources about coping with ADHD.

• www.adhdhubglos.org

Local ADHD support service in Gloucestershire.

Books

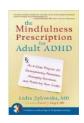
 Your life can be better: Using strategies for adult ADD/ADHD. Douglas Puryear.



Talks in an informative yet informal way about his experiences of living with ADD and provides ideas about what strategies you can use to help.

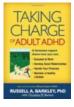
• The mindfulness prescription for adult ADHD. Lidia Zylowska

Mindfulness is a method that you can learn to help get control you're your thoughts and to help you to live in the moment. This book outlines mindfulness skills and how you can apply them to ADHD.



Taking Charge of adult ADHD. Russell Barkley

A book that contains useful strategies for attention, problem solving and planning.







Many people with ADHD find they also feel low and anxious at times. These resources may help:

NHS Services

This is a link to the contact details for local service which uses talking therapy to help people with anxiety and depression. Patients can self refer or be referred by their GP: www.talk2gether.nhs.uk.

In a crisis patient can contact:

Out of hours GP

• GHC Crisis Teams - tel: 0800 169 039

The Samaritans – tel: 116 123 / www.samaritans.org

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Other Sources of Support

www.mind.org.uk

Mind is a national charity that have a lot of information and resources about mental health difficulties. In some areas they run support groups.

www.rethink.org

Rethink is also another charity providing information and resources around mental health and wellbeing. They also run support groups in certain areas.

www.mentalhealthmatters.com

A national organisation that provides information on employment, housing, community support and psychological services.

Drug and Alcohol use

www.talktofrank.com

This is a website providing information about drug use, including types of drugs, their addictiveness and the short and long term impact of their use. You can also contact them through their website or by telephone to discuss any difficulties you or friends/ relatives may be having.

www.rcpsych.ac.uk/expertadvice.aspx

This is a link to numerous leaflets related to mental health and drug/ alcohol use.

Self- help information

www.ntw.nhs.uk/pic/selfhelp

This is an NHS website which has many self-help booklets including: to obsessions and compulsions, sleep, depression and anxiety.

www.cci.health.wa.gov.au/resources/consumers.cfm

This is an Australian website and it also has self-help booklets. It covers difficulties such as putting things off (procrastination), perfectionism and coping with your feelings.