

SHARED CARE AGREEMENT



Name of medicine Guanfacine

Indication Attention deficit hyperactivity disorder (ADHD) in children aged 6 to 17 years and older

Version: **4.0**

Approval date: **December 2024**

Review date: **December 2027**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available [here](#).

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Specialist Clinician

- Co-ordinate the assessment and diagnosis of children with ADHD. This may include:
 - Verification of the diagnosis of patients from overseas; these patients should provide suitable correspondence from the previous medical providers.
 - Review of the appropriate documentation which should also be provided for patients diagnosed privately or in another Health Board.
 - In some cases, it may be necessary for mental health services to repeat assessments.
- Initiation and optimise treatment, including supply and monitoring of guanfacine until patient is stable and for one further month.
- Patient monitoring (see also 'Monitoring' below). Height, weight, pulse, BP are monitored during clinic visits initially 3 monthly, then 6 monthly in the longer term. All monitoring will be undertaken by CAMHS.
- Discontinuation - advising the GP when guanfacine should be discontinued. The specialist clinician will provide the necessary supervision and support during this period. Guanfacine should be reduced slowly in 1mg steps and **should not be stopped suddenly** due to the risk of rebound hypertension.
- If guanfacine is continued beyond 18 years of age the responsible CAMHS consultant will arrange for care to be transferred to Adult Mental Health Services as appropriate.

General Practitioners and primary care non-medical prescribers

- GP to prescribe in accordance with the NHS Lothian Procedures for the Shared Care of Medicines.

Patient, relatives, carers

- As listed in NHS Lothian Procedures for the Shared Care of Medicines.

Support and Advice for the GP and primary care non-medical prescribers

Child and Adolescent Mental Health Services:

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|-------------------------------|---------------|
| CAMHS North Edinburgh | 0131 286 5059 |
| CAMHS South Edinburgh | 0131 536 1110 |
| CAMHS East Lothian | 0131 446 4880 |
| CAMHS Midlothian | 01968 671330 |
| CAMHS West Lothian | 01506 523785 |
| CAMHS Intellectual Disability | 0131 537 9589 |

Clinical Pharmacy Service, Royal Edinburgh Hospital: 0131 537 6842 / 6823 / 6372

Key Information on the Medicine

Refer to current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance. Local formulary guidance may be found on the [East Region Formulary \(ERF\)](#)

Background to disease and use of drug for the given indication

Attention deficit hyperactivity disorder (ADHD) is diagnosed if the three clinical features - inattention, over-activity and impulsiveness which have been present from an early age, persist in more than one situation (e.g., at home and in school) and impair function.

In children, the diagnosis must be made following a comprehensive assessment by an appropriate child and adolescent psychiatrist and/or a specialist clinician with training in this field.

The assessment and management of this condition has been reviewed [NICE Clinical Guideline \(NG 87\), September 2019](#). NICE recognises drug treatment of ADHD as part of a comprehensive treatment programme addressing psychological, behavioural and educational or occupational needs.

Patients are transferred from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services at the age of 18 years if ongoing medication review is required.

Indication

Guanfacine is an alternative non-stimulant treatment option in patients who have failed to respond adequately or not tolerated CNS stimulants.

Guanfacine is licensed for use in children aged 6-17 years - this SCA therefore applies to children aged 6 and over. Guanfacine is not licensed for use in adult patients (aged 18 years and older)

Dosage and administration

Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk and prescribing notes in [ERF](#)

Guanfacine can be administered with or without food but should not be administered with high fat meals, due to increased exposure.

Monitoring

All monitoring will be carried out by the specialist CAMHS teams.

- Monitoring will be carried out at initiation, 3 monthly, then at a minimum of 6 monthly
- Monitoring will include measurement and plotting of height, weight, pulse and blood pressure centiles.
- Any findings that are out with the expected range for age will be investigated further including more frequent monitoring and if necessary, referral to another specialist.

Cautions, contraindications - Refer to current Summary of Product Characteristics: www.medicines.org.uk

Fertility, Pregnancy and Lactation - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

Adverse effects - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

Drug interactions - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For office use only:

Approved by the General Practice Prescribing Committee (GPPC) on 23.06.2025