SHARED CARE AGREEMENT

Name of medicine Atomoxetine

Indication Attention deficit hyperactivity disorder (ADHD) in adults and children 6 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 ADHD in all patients. This may include:
    - Verification of ADHD 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.
- Initiate and optimise treatment, including supply and monitoring of atomoxetine until patient's treatment is stable and for one further month
- Patient monitoring (see also 'Monitoring' below)
    - Children – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term. All monitoring will be undertaken by CAMHS.
    - Adults – height, weight and family history of cardiovascular disease at baseline including referral for ECG if required, monitoring of BP and pulse during dose titration with 6 monthly monitoring shared with GP thereafter.
    - Re-evaluation of efficacy, tolerance, physical observations and ongoing need for atomoxetine treatment at least yearly.
- If atomoxetine is continued beyond 18 years of age, the responsible CAMHS specialist clinician 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
- For adults: Monitoring of weight, pulse, and blood pressure annually, ideally 6 months between secondary care annual reviews.
- Discontinuation: Atomoxetine is not a stimulant and is not addictive. If patients are wishing to discontinue atomoxetine, be aware that atomoxetine may be stopped suddenly. At higher doses it is may be more appropriate to reduce the dose gradually over several weeks. For further information see information for adults or parents/carers.

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:

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

Specialist Adult Mental Health Services:

North East Edinburgh Community Mental Health Team	Inchkeith House	0131 537 4530
South East Edinburgh Community Mental Health Team	Ballenden House	0131 374 2204
South West Edinburgh Community Mental Health Team	Cambridge Street	0131 537 8650
North West Edinburgh Community Mental Health Team	Craigroyston Clinic	0131 315 2026
Midlothian Joint Mental Health Team		0131 285 9600
East Lothian Mental Health Team		01620 642905
West Lothian Outpatients		01506 523770

Clinical Pharmacy Service, Royal Edinburgh Hospital: 0131 537 6842 / 6823 / 6372
Clinical Pharmacy Service West Lothian: 01506 522100

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 and formulation by an appropriate child and adolescent psychiatrist and/or specialist clinician with training in this field. A diagnosis in adults must be made following a comprehensive assessment by a psychiatrist.

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 usually transferred from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services at the age of 18 years.

Indication

Atomoxetine is indicated for the treatment of ADHD in children of 6 years and older, in adolescents and in adults as part of a comprehensive treatment programme where remedial measures alone prove insufficient.

For adults, treatment must be initiated under the supervision of a psychiatrist, and for children, a specialist clinician with training in this field.

Atomoxetine is currently listed in the East Region Formulary (ERF) as a second line treatment for ADHD for all age groups.

Dosage and administration

Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk and prescribing notes in East Region Formulary (ERF)

Monitoring in adults

Weight, pulse and blood pressure should be monitored by the GP every six months (between specialist annual reviews).

If patients are experiencing a significant reduction in appetite and unintended weight loss as a result this should be discussed with the specialist team.

If a patient is found to have raised blood pressure (>140/90mmHg) in clinic, hypertension should be confirmed or excluded using ambulatory blood pressure monitoring or home blood pressure monitoring as per the NHS Lothian Hypertension Guidelines. If a patient has confirmed Stage 1 or Stage 2 hypertension, atomoxetine should be stopped and observations repeated. The results should be discussed with the specialist team as to whether to continue treatment on not, and hypertension treated as per local guidance if appropriate. If a patient is found to have severe hypertension (systolic BP >180 mmHg or diastolic BP >120 mmHg), atomoxetine should be stopped immediately, and the specialist team informed.

Monitoring in children and adolescents (under 18 years)

For children, 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 in the longer term.
- 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