**North of Tyne, Gateshead and North Cumbria Area Prescribing Committee**

# Dexamfetamine
# Shared Care Guidance
**For the Management of Narcolepsy and other CNS hypersomnia's in Children and Adults**

| **Introduction** | |
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| **Indication**<br><br>As licensed treatment for narcolepsy and other hypersomnia's within a specialist sleep clinic.<br><br>**Background**<br><br>Dexamfetamine is used as a second line agent for those that have not responded to modafinil (approximately one third of all patients) or those with troublesome cataplexy as it treats cataplexy as well. Treatment should be initiated, stabilised and then and supervised by a specialist, but may be continued by general practitioners under a shared-care arrangement. The need to continue dexamfetamine therapy should be reviewed every 6-12 months. | |
| **Dose and administration (for full details see SPC and BNF/BNFc)** | |
| **Formulary preparation** | Tablets **- 5mg** (tablets may be halved) |
| **Dosing** | **Adults**: initially 5mg morning and lunchtime.<br><br>In the absence of improvement after 2 weeks the dose can be increased to 10-20mg spaced throughout the day.<br><br>The maximum dose is generally accepted to be 30-40mg but doses up to 60mg can be used. Treatment should be stopped in those that fail to demonstrate a response to the maximum dose.<br><br>**Children:** see SPC |
| **Common adverse effects - See SPC and BNF/BNFC for full details** | |
| Dexamfetamine is typically well tolerated at lower doses with effective and sustained benefit on alertness.<br><br>• Decreased appetite, weight loss, growth retardation, insomnia, mood changes, headache, dizziness, drowsiness, tachycardia, increased blood pressure, cough, gastrointestinal side effects, rashes, delusions, hallucinations, anxiety, panic, stimulant related tics, sexual dysfunction. | |
| **Potentially Serious drug interactions** | |
| • Enhance anticoagulant effect of warfarin<br>• Can increase the plasma levels of some anticonvulsants (phenytoin, primidone, phenobarbitone) and tricyclic antidepressants<br>• Can exacerbate CNS adverse effects of alcohol (abstention advised)<br>• Concurrent use of methylphenidate and atomoxetine does not cause increased side effects of either drug.<br>• Use of Clonidine may result in an increased duration of action of dexamfetamine | |

- Monoamine oxidase inhibitors (MAOIs) – dexamfetamine should not be administered during or within 14 days following the administration of MAOIs as they may precipitate hypertensive crisis
- Antihypertensives - stimulants may reduce effectiveness
- Amfetamines potentiate the analgesic effect of narcotic analgesics.
- Effect of stimulants can be decreased by: beta-blockers (e.g. propranolol), lithium and phenothiazines
- Concurrent use of beta-blockers may result in severe hypertension
- Concurrent use of tricyclic antidepressants may increase risk of cardiovascular side effects

**Contraindications/Cautions**

- Known intolerance of sympathomimetic amines
- Marked anxiety, agitation, tension or psychosis, poorly controlled
- Bipolar Affective Disorder or psychopathic/borderline personality disorder
- Severe depression, anorexia/anorexic disorders,
- Suicidal ideation,
- History of drug or alcohol abuse
- Glaucoma
- Hyperthyroidism or thyrotoxicosis
- Structural cardiac abnormalities
- Current or recent (within 14 days) treatment with MAOI's
- *Some cardiovascular disease - including hypertension
- Motor tics, or family history of Tourette's syndrome
- Phaeocromocytoma
- Use with caution in:
    - Epilepsy, stimulants may lower the seizure threshold in patients with a prior history of seizures. If seizure frequency increases, the specialist should discontinue methylphenidate
    - Or where there is a diagnosis or history of severe and episodic Bipolar (Affective) disorder that is not well controlled
    - Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine

**Specialist responsibilities**

- Assessing suitability of patients for treatment and confirmation of diagnosis of narcolepsy
- Discuss the treatment options with the patient, their parent(s) and carer(s) where relevant, to include explanation of potential side effects and potential for dependency.
- Initiate and supply medication for first 6 weeks as a minimum or until the dose is stabilised
- Supply one month's dexamfetamine after dose has been stabilised to ensure continuity of supply while arranging shared care.
- Arrange shared care with patient's GP
- Assess and monitor patients' response to treatment and the need to continue therapy on a 6-12 monthly basis.
- Monitor physical health – blood pressure, pulse and cardiac function alongside any psychological effects on behaviour.
    - Over the age of 40 – 24 hour blood pressure and ECHO recommended
- Provide the GP with relevant information for each patient including treatment to be undertaken by GP, monitoring to be undertaken by specialist.
- Report any suspected ADRs to CSM via Yellow Card system.

- Discontinuation – advise discontinuation if no improvement in symptoms seen after a reasonable trial of up to three months or if adverse effects or dependency advising GPs when and how a trial withdrawal of dexamfetamine should be undertaken
- Provide GP with any further advice if required

**GP Responsibilities**

- Prescribe dexamfetamine.
- Report any adverse effects to specialist and regulatory bodies i.e. CSM via Yellow Card process.
- Liaison with consultant regarding any complications of treatment.
- Ask the specialist to take back the prescribing should unmanageable problems arise.

**Communication/Contact Details**

**Specialists** Mon – Fri 09:00 – 17:00

- Newcastle regional sleep service via switchboard 0191 233 6111
- Northumbria North Tyneside CAMHS:- 0191 2196725 (Albion Road Clinic)
- NTW Newcastle and Gateshead CYPS:- 0191 246 6913 (Benton House)
- NTW Northumberland CYPS:- 01670 798265 (Villa 9, Northgate)

**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**

**Private and Confidential**

**Dexamfetamine for Narcolepsy in Adults and Children - Shared Care Request/Confirmation**

- Specialist Prescriber to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 days
- A copy of the full shared care guideline can be viewed at www.northoftyneapc.nhs.uk

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|---|---|
| **Specialist Prescriber** | |
| **Department** | |
| **Hospital** | |
| **Telephone** | |
| **Patient details (use hospital label if preferred)** | |
| **Name** | |
| **Address** | |
| **Postcode** | |
| **NHS or Hosp reg no** | **Male / Female** Female **DoB** |

| **Treatment Requested for Prescribing in Accordance with an Approved Shared Care Arrangement** | | | | | |
|---|---|---|---|---|---|
| **Drug Information** | | | | | |
| **Name/Formulation** | | **Dose** | | **Frequency** | |
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| **Indication -Adult ADHD** | | | | | |
| **Other information (if appropriate)** | | | | | |
| **Signed (Specialist Prescriber)** | **Name (Print)** | | **Date** | | |

| **To be completed by GP** | **Please tick one box** |
|---|---|
| **I ACCEPT the proposed shared care arrangement for this patient** | ☐ |
| **I ACCEPT the proposed shared care arrangement with the caveats below** | ☐ |
| **I DO NOT ACCEPT the proposed shared care arrangement for this patient** | ☐ |
| **My caveats/reason(s) for not accepting include:** | |
| | |
| **Signed** **Name (print)** | **Date** |