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

Methylphenidate
Shared Care Guidance

Giggle Incontinence in children and young people aged 8 to 18 years

Introduction

Indication

Giggle Incontinence: Methylphenidate is a CNS stimulant drug licensed for use in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). Methylphenidate has been approved by the APC as a third line, off label, option for giggle incontinence where other treatments (which may include antimuscarinics, and pelvic floor exercises) have been unsuccessful. It should only be initiated following assessment and diagnosis by a specialist as part of a comprehensive treatment plan.

This is an **unlicensed** indication.

Preparations:

Immediate Release	Modified Release
Methylphenidate 5mg,10mg and 20mg scored tablets	Xaggitin XL® and Concerta XL® 18mg, 27mg and 36mg tablets ~ 12 hour effect
	Equasym XL® 10mg, 20mg, 30mg capsules ~ 8 hour effect
	Medikinet XL® 10mg, 20mg, 30mg and 40mg capsules ~ 8 hour effect

Equasym XL® and Medikinet® modified release capsules may be opened to allow contents to be sprinkled on food. Concerta XL® and Xaggitin XL® tablets cannot be halved or opened.

Dosage and administration:

Giggle Incontinence Children 8-16 years
The methylphenidate doses prescribed are 10 – 27mg daily, in divided doses, lower than the usual doses used in ADHD. Its use should be subject to a therapeutic trial to be reviewed after two months and considered for shared care if patients have been shown to respond after the trial period.

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

Specialist Responsibilities

- Diagnose the condition and assess if the patient is suitable for treatment with methylphenidate
- Provide patient/carer with relevant information on use, side effects and need for monitoring of medication
- Arrange shared care with the patient's GP when the patient has received at least 3 months treatment from the specialist team.
- Provide the GP with relevant information for each patient, including:
  - Treatment to be undertaken by GP (dose, any dosage titrations etc.)
  - System of monitoring and recording of progress and side effects

Monitoring condition:

- Assess response to treatment and the need to continue therapy by reviewing the patient at regular intervals during initiation and at least annually thereafter
- Re-evaluate the need for continued therapy beyond 1 year, particularly when the patient has reached a stable and satisfactory response

Monitoring side-effects:

- Height every 6 months
- Appetite & weight: 3 and 6 months after starting treatment then 6 monthly

	• BP & heart rate: Approximately every 3 months as per specialist's review schedule, and with each dose change • Assess for: development of tics, psychotic symptoms, anxiety, or seizures • Advise discontinuation of methylphenidate if no improvement in symptoms is seen after a reasonable trial • Review the treatment regularly, sending a written summary to the GP whenever the patient is reviewed • Provide any other advice or information for the GP if required • Inform GP if failing to attend appointments • Supervise any discontinuation of treatment or onward referral to adult service if appropriate.
GP Responsibilities	• Prescribe methylphenidate - it is strongly recommended that prescriptions are issued for maximum treatment duration of one month, in line with good practice guidance for controlled drug prescribing. • Report significant deviations from the prescribing pattern to the specialist • Monitor and record the therapy in accordance with written directions of specialist • Report any adverse events to the specialist, and the usual bodies (e.g. MHRA). • Contact specialist if concerned about any aspects of the patient's treatment e.g. Failure to collect prescriptions
Adverse Effects, Precautions, Contraindications	**Contraindicated** in patients with: • Known intolerance of sympathomimetic amines • Marked anxiety, agitation, tension or psychosis • Glaucoma • Hyperthyroidism • Current or recent (within 14 days) treatment with MAOI's • *Some cardiovascular disease – including hypertension • Motor tics, or family history of Tourette's syndrome *Although these are listed as contraindications, in some circumstances, methylphenidate can be used with caution and careful monitoring by the specialist. Use with caution in epilepsy. If seizure frequency increases, the specialist should discontinue methylphenidate. Dizziness, nervousness, drowsiness and headaches are commonly experienced upon initiation of therapy. 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. Other adverse effects include: abdominal pain, nausea and vomiting (can be alleviated with concomitant food intake), dry mouth, emotional lability, temporary growth retardation, changes in blood pressure, tachycardia, palpitations, skin rash, itching or bruising Ability to drive safely may be impaired – warn relevant patients
Common Drug Interactions	**Methylphenidate**: • Can enhance anticoagulant effect of warfarin • Can increase the plasma levels of some anticonvulsants (phenytoin, primidone, phenobarbitone) and tricyclic antidepressants • Can exacerbate CNS adverse effects of alcohol (abstention advised) • Should be used cautiously with MAOIs and pressor agents (eg. ephedrine). • Concurrent use of methylphenidate and atomoxetine does not cause increased side effects of either drug.
Communication	Consultant Paediatric Nephrologist with a special interest in giggle incontinence NUTH NHS Trust 0191 2824076

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

Methylphenidate - 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

Specialist Prescriber ……	**Patient details (use hospital label if preferred)**
Department ……	**Name** ……
Hospital ……	**Address** ……
Telephone ……	……
	Postcode ..... **M/F** ……..
	NHS or Hosp. Reg. No. …… **DoB** ……..

Treatment Requested for Prescribing in Accordance with an Approved Shared Care Arrangement

Drug Name **Methylphenidate** **Dose** **Frequency**

Indication

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 ❑

or

I ACCEPT the proposed shared care arrangement with the caveats below ❑

or

I DO NOT ACCEPT the proposed shared care arrangement for this patient ❑

My caveats / reason(s) for not accepting include:

……..

……..

Signed …… **Name (print)** ..... **Date** ……

(Patients GP)

N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP