

Patient Name:

Address:

DOB:

NHS No:

GP:

Methylphenidate as a psychostimulant: SHARED CARE PROTOCOL

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Authorised by: Berkshire West CHQPSG

Date: May 2010

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This shared care protocol is produced to support the combination of the best of both primary and secondary care for the benefit of the patient. It supports, but does not replace, discussion and agreement on an individual patient basis about transfer of care. Agreement by the GP should be confirmed (verbal or written) before transfer of care.

Responsibilities for care and clinical monitoring

Consultant responsibilities

Initiation	<ul style="list-style-type: none">Initial assessment of appropriateness of methylphenidateInformed consent to start methylphenidateBaseline observations and testsInitial dose titration
Prescribing	<ul style="list-style-type: none">Prescription of methylphenidate during initial dose titrationPrescription of further 14 days of methylphenidate once stable dose achieved and shared care agreed
Monitoring	<ul style="list-style-type: none">To arrange a named palliative care team member (physician or nurse specialist) to lead ongoing monitoring of efficacy and tolerabilityTo adjust dose where requiredTo arrange additional timely re-assessment if the GP raises concern
Communication	<ul style="list-style-type: none">To discuss shared care arrangement with GP and send a copy of this document (including completed clinical summary page)To inform GP of outcome of re-assessmentsTo provide 24hr advice (via on-call palliative care consultant)

General Practitioner responsibilities

Initiation	<ul style="list-style-type: none">None
Prescribing	<ul style="list-style-type: none">Prescription of methylphenidate once the patient is established on an effective dose and shared care has been agreed (the back page 'pharmacist information' can be torn off and sent with the FP10)
Monitoring	<ul style="list-style-type: none">For adverse effects e.g.:<ul style="list-style-type: none">anxiety, agitation, sleeplessnesshypo/hypertension, arrhythmias, palpitationsFor drug interactions with methylphenidate particularly:<ul style="list-style-type: none">warfarinphenytoin
Communication	<ul style="list-style-type: none">To inform the specialist of concerns about inadequate effect or adverse effects

Summary of the clinical condition

(The specialist completes the summary section below, including advice for a particular patient that differs to the standard shared care arrangements. Copies of the entire shared care document, including this summary, are kept in the clinical notes, sent to the GP and offered to the patient)

- **Diagnosis**

- Underlying disease:
- Reason for prescription (tick relevant box)
 - € Depression (rapid onset required due to prognosis)
 - € Fatigue
 - € Opioid-related drowsiness
 - € Hypoactive delirium
 - € Other - specify:

- **Current regimen**

- Dose:
- Frequency:
- Route:
- Strength of preparation:
- Date initiated:
- Date current regimen reached:
- **Relevant co-morbidities, abnormal baseline observations or tests, or other factors relevant to the use of methylphenidate:**

When GP could assume responsibility

- The patient has been initiated on the treatment by a consultant in palliative medicine and it is considered clinically appropriate to transfer care.
AND
- shared care has been agreed in accordance with these guidelines between the consultant and the GP

Appendix 1: pharmacology, background information, common problems

Indication

Methylphenidate is effective in treating depression in patients with a short prognosis where a quick response is needed; in managing opioid associated drowsiness to allow the use of higher doses; and as part of the management of fatigue. Its action enhances the release and inhibits the reuptake of dopamine.

It is widely prescribed by Specialist Palliative Care teams in Great Britain - further information may be obtained from:

- The palliative care team
- Palliative Care Formulary 3rd Edition. Twycross *et al* 2007, Radcliffe Medical Press
- www.palliativedrugs.com (registration for access is free for health professionals)

Prescribing and licensing status

Methylphenidate is a Schedule 2 Controlled Drug. **Usual CD prescription writing requirements apply.** The quantity of drug must be stated in words and figures.

Methylphenidate is licensed for use in managing Attention Deficit Hyperactivity Disorder; however all indications in adult palliative care are off-label. All licensed methylphenidate preparations are available to community pharmacies from their normal wholesalers.

Dose and administration

Patients are typically commenced on 2.5-5mg b.d. PO and this dose is titrated as necessary by an increment of 5-10mg per day. The usual maximum dose is 20mg b.d. although occasionally higher doses are used. Doses are usually given in the early morning and at lunchtime to avoid insomnia at night.

Although modified release preparations are available, these are not appropriate for use in this setting.

Cautions

Caution is needed if prescribing Methylphenidate to patients with the following conditions:

Cardiovascular disease (e.g. severe hypertension, arrhythmia, angina), **psychiatric illness** (e.g. anxiety, agitation, psychosis, addiction), **epilepsy** (possible lowering of seizure threshold), **hyperthyroidism, closed-angle glaucoma.**

Adverse effects include:

- **Psychotropic:** Nervousness and insomnia (common at start of treatment but can be controlled by reducing dose)
- **Cardiovascular:** Hypo/hypertension, palpitations, arrhythmias, tachycardia
- **Gastrointestinal:** Abdominal pain, nausea, vomiting (when starting treatment and may be alleviated by concurrent food intake), decreased appetite (transient)
- **Other:** headache, dizziness, dyskinesia, dry mouth, rash, pruritus, urticaria, fever, arthralgia, scalp hair loss.

Modafinil is sometimes used where methylphenidate is poorly tolerated.

Interactions

Methylphenidate may inhibit the metabolism of **warfarin**, **tricyclic antidepressants** and **phenytoin**, although the clinical significance is uncertain: monitor for symptoms of toxicity
Methylphenidate's action is antagonized by **antipsychotics**

See the BNF or the methylphenidate SPC for further information on interactions and adverse effects

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Appendix 2. Pharmacist information

(Please detach this page and ask the patient to take it along with the FP10 to their community pharmacist)

Dear pharmacist,

This patient is receiving methylphenidate. This has been initiated by a specialist in palliative medicine. Please find information below to facilitate its supply.

Indication

Methylphenidate is effective in treating depression in patients with a short prognosis where a quick response is needed; in managing opioid associated drowsiness to allow the use of higher doses; and as part of the management of fatigue. Methylphenidate enhances the release and inhibits the reuptake of dopamine, which has a central role in reward, motivation, attention and arousal. It is widely prescribed by Specialist Palliative Care teams in Great Britain - further information may be obtained from:

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