



PRESCRIBING OF PSYCHOSTIMULANTS (DEXAMPHETAMINE AND METHYLPHENIDATE) IN ADULTS

CRITERIA FOR THE DIAGNOSIS AND MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS

This document draws extensively from the NSW Health Departments documents “Attention Deficit Hyperactivity Disorder in Adults: Criteria for Issue of Authority under The Poisons and Therapeutic Goods Act 1966 to Prescribe Dexamphetamine or Methylphenidate” (TG190/3).

For the purpose of this document adults are considered to be persons who are 18 years or over. Separate criteria have been developed for the diagnosis and management of ADHD in children and adolescents.

Diagnosis of ADHD does not imply that psychostimulant medication must be used. Prior to considering the use of psychostimulants in the management of this condition, consideration should be given to other factors in the patient's environment, which might influence the presentation, by obtaining information from a broad range of health professionals such as community health workers, psychologists and others as necessary. Careful consideration should be given on a *case-by-case* basis to the potential risks and benefits of psychostimulant therapy.

Psychostimulant medication may be an effective part of the management of ADHD in some adults. In Tasmania it is a legal requirement that psychostimulants may be prescribed only with prior authority. The Poisons Regulations (Regulation 19) require that a medical practitioner seek and obtain the authority of the Secretary before issuing a prescription for the Schedule 8 stimulants dexamphetamine and methylphenidate. The prescribing of psychostimulants is restricted to specialists. In some instances GP's can prescribe on behalf of the specialist. The specialist is required to nominate the GP on the application form.

It is important for the prescriber to ensure that potential cases of adult ADHD are selected and assessed appropriately, and that prescribing of psychostimulant drugs is monitored and the therapeutic response adequately assessed on follow up. Individual differences in responses by patients to these medications and consequential dosage requirements need to be recognised. The prescriber should try to achieve comprehensive management of the patient's and the family's difficulties including the **development, documentation and implementation of a treatment management plan.**

Where psychostimulant medication is recommended, the patient's informed consent should be obtained. This includes informing the patient of the nature of the treatment, its likely results and relevant foreseeable side effects of the treatment.

ASSESSMENT

The assessment of ADHD in adults and initial prescribing of psychostimulants is generally limited to **Psychiatrists**. The patient should be reassessed at around 3 months after the commencement of treatment. For this reason initial authorisation to prescribe will be for three months. Ongoing authorisations will be for 12 - 24 months

The following exceptions apply:

- A **Paediatrician** who has diagnosed and treated a patient for ADHD prior to their 18th birthday may, **continue** treatment with psychostimulants until the age of 25 if the patient is still undertaking tertiary studies. Management is to be in accordance with the criteria and conditions outlined in this document. A new application is required when the patient turns 18. Authorisations will be on a 12 monthly basis in line with adult authorisations.

CRITERIA FOR DIAGNOSIS

The following criteria should be used in conjunction with the **DSM-IV** criteria:

1. A childhood history characterised by clear-cut hyperactivity and/or attention problems with at least one of the following symptoms/signs:
 - behaviour and/or attention problems at school;
 - impulsivity;
 - over excitability;
 - temper outbursts.
2. The continuing presence in adulthood of hyperactivity and/or inattentiveness together with at least two of the following six characteristics:
 - affective lability;
 - disorganisation and inability to complete tasks;
 - hot temper;
 - impulsivity;
 - easily distracted;
 - major problems with short-term memory.
3. Evidence that the condition is long standing and clinically severe in terms of dysfunction.
4. Symptoms are continuous - not related to stress or crises.

Note: Whilst co-morbidity (e.g. depression, anxiety/panic, affective disorder) often exists, ADHD should be the most prominent disorder.

MEDICATION

Dosage:

Dosage should be titrated against the patient's need but should generally not exceed 30mg dexamphetamine or 60mg methylphenidate daily in divided doses. Care should be exercised when psychostimulants are used in combination with other psychoactive substances (e.g. antidepressants may potentiate central and cardiovascular effects)

Special Precautions:

Particular caution should be exercised where the following conditions are present:

- Tics, dyskinesia and history of Tourette's syndrome.
- Hypertension and cardiovascular disease.

Contraindications:

- Schizophrenia or other psychoses.

AUTHORISATION FOR PRESCRIBING OF DEXAMPHETAMINE AND METHYLPHENIDATE FOR NARCOLEPSY

- Applications for an authority to prescribe Dexamphetamine or Methylphenidate for narcolepsy are to be made by a psychiatrist, neurologist or sleep physician. The application must be accompanied by a sleep study report indicating the presence of narcolepsy.
- Authority to prescribe will be limited to 12 months for a specific drug and dose.
- Management may be transferred to the patient's GP when the specialist considers this appropriate.
- Authorisation for children under 14 would also require support of a paediatrician and would be treated as an exception permit and referred to the Psychostimulant Committee.
- Authorisation for excessive daytime sleepiness without a positive sleep study will be referred to the Psychostimulant Committee.

AUTHORISATION FOR PRESCRIBING OF DEXAMPHETAMINE AND METHYLPHENIDATE FOR OTHER CONDITIONS. e.g. Depression, Palliative Care

Application for all other conditions will be treated as exceptional permits.

Applications for exceptional permits

- An application for authority to prescribe for a patient is to be made using the form "*Application for authority to prescribe amphetamine or related substances (Dexamphetamine or Methylphenidate) for Adults (over 18 years)*"
- An application for an exceptional permit will require full patient history, concurrent medications (especially in applications for depression) and any second opinions obtained.
- The committee may request information from any relevant clinical trials
- Management of the patient would not normally be able to be transferred to the patient's GP
- Initial authorities would be for a trial period of 3 months
- Further authorities would required a report on the patient's progress

AUTHORISED PRESCRIBERS

Psychiatrists, Specialist Physicians and Neurologists may apply for an authorisation to prescribe dexamphetamine or methylphenidate under the respective criteria.

In cases where the criteria are not met or where any of the following exclusions apply, an application for authority to prescribe will be referred to the Psychostimulant Committee.

Exclusions

- the necessary daily dose is greater than 30mg dexamphetamine or 60mg methylphenidate, or
 - the patient is aged more than 70 years, or
 - the patient has a history of schizophrenia or other psychoses, or
 - the patient suffers diagnosable anxiety, depression or other co-morbid condition requiring treatment in its own right, or
 - the patient has a history of substance abuse or dependency, including past or present treatment for dependency (eg. methadone, buprenorphine, psychostimulants, naltrexone, acamprosate, etc) or intravenous drug use at any time.
- Note:** Past history (but not in the last 3 months) of casual cannabis abuse may be considered not significant

APPLICATIONS

- An application for authority to prescribe for a patient is to be made using the form “*Application for authority to prescribe amphetamine or related substances (Dexamphetamine or Methylphenidate) for Adults (over 18 years)*”

Exceptional applications

- If there is a history of substance abuse **the application is to be accompanied by a second opinion that ideally** should be from a **psychiatrist experienced in drug and alcohol issues**. These applications will be referred to the Psychostimulant Committee.
- The authorisation may be subject to specific supply and/or dosing conditions.
- **Note:** The patient may need to be detoxified prior to commencement with psychostimulants.
- Subsequent applications should be made in the usual manner and a full progress report must be attached if requested.
- Applications for conditions indicated in the exclusions will also be treated as exceptional applications.

REFERRAL TO GENERAL PRACTITIONERS

A specialist may request a patient’s General Practitioner to take over the prescribing after the initial 3 month authorisation. The GP will act under the specialist’s direction and there can be only one prescriber. Applications from General Practitioners to increase the dose or change the drug must be accompanied by a report from the referring specialist supporting the change.

Note: Prescribing for some exceptional applications may need to be undertaken by the specialist only.

NOTES ON PRESCRIPTIONS FOR DEXAMPHETAMINE AND METHYLPHENIDATE

Prescriptions must be written in accordance with the requirements under the Poisons Regulations pertaining to the prescribing of any Schedule 8 medication.

- (1) One copy of the prescription must be completed and signed in the prescribers own handwriting.
- (2) The prescription must show the quantity to be dispensed, must include adequate directions for use.
- (3) If the prescription is to be dispensed more than once, the prescription must show the number of repeats and the minimum interval at which they may be supplied.
- (4) Stimulants (**Schedule 8**) prescriptions are valid for only **six months** from when written. Schedule 8 prescriptions written by prescribers not registered in Tasmania are not valid. (This is also true in other states). It is generally expected that patients will be clinically reviewed prior to renewal of prescriptions.

Note: *Failure to use the appropriate form, to complete it correctly or to include any required clinical report(s) will delay the issue of the authority.*

ADDRESS APPLICATIONS AND FURTHER ENQUIRIES TO:

Confidential

Pharmaceutical Services Branch
Department of Health and Human Services
GPO Box 125
Hobart 7011

Phone 03 6233 3906
Fax 03 6233 3904

RESOURCES

1. The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
Revised Practice Guideline #6: Guidelines for the use of Dexamphetamine and Methylphenidate in adults.
Available on the Internet at www.ranzcp.org/statements/pg/pg6.htm
2. American Psychiatric Association. 4th ed.
Diagnostic and Statistical Manual of Mental Disorders. Washington, DC:
American Psychiatric Association Press 1994. (DSM-IV)