Shared Care Protocol: Guanfacine for patients within adult services

Title:	Shared Care Protocol: Guanfacine for patients within adult services – For use in Berkshire East and Berkshire West only
Status:	Final
Version No:	1.0
Date Approved by BOB APC:	May 2023
Next Review:	May 2026
Authors:	Liz Dobson, Lead Governance and Clinical Economy Pharmacist, BHFT. James Jeffs, Consultant Psychiatrist, BHFT. Adapted from 'Shared Care Prescribing Arrangements for the use of methylphenidate, atomoxetine, lisdexamfetame, amphetamine and guanfacine in adult ADHD (attention deficit hyperactivity disorder) in Berkshire', BHFT, Version 2.4 and NHSE national Atomoxetine shared care protocol, Version 1 July 2022
Change History:	Final 1.0 May 2023

Shared care protocol:

Guanfacine for patients within adult services in Berkshire East and Berkshire West

As well these protocols, please ensure that summaries of product characteristics (SPCs), British national formulary (BNF) or the Medicines and Healthcare products Regulatory Agency (MHRA) or NICE websites are reviewed for up-to-date information on any medicine.

Specialist responsibilities

- Assess the patient and provide diagnosis. Ensure the diagnosis is within scope of this shared care protocol (section 2) and communicated to primary care.
- **Prior to prescribing guanfacine, obtain advice from a tertiary service on the suitability for the patient, unless for:**
    - adolescents transitioning from the children's service, who are stable on guanfacine
    - adults re-engaging with treatment, whose treatment has been recently assessed by a specialist as effective and necessary to continue.
    - adults moving into the area already stabilised on guanfacine, where guanfacine has been assessed by an appropriate specialist as a necessary effective alternative to NICE NG87 (September 2019) recommendations
- Use a shared decision making approach; discuss the benefits and risks of the treatment with the patient and/or their carer and provide the appropriate counselling (see section 11), to enable the patient to reach an informed decision. Obtain and document consent. Provide an appropriate patient information leaflet.
- Ensure the patient and/or their carer understands that treatment may be stopped if they do not attend for monitoring and treatment review
- Assess for contraindications and cautions (see section 4) and interactions (see section 7).
- Conduct required baseline investigations and initial monitoring (see section 8).
- Initiate and optimise treatment as outlined in section 5. Prescribe the maintenance treatment until optimised.
- Once treatment is optimised, complete the shared care documentation and send to patient's GP detailing the diagnosis, current and ongoing dose, any relevant test results, and when the next monitoring is required. Include contact information (section 13).
- Prescribe sufficient medication to enable transfer to primary care.
- Conduct the scheduled reviews and monitoring in section 8 and communicate the results to primary care. This monitoring, and other responsibilities below, may be carried out by a healthcare professional in primary or secondary care with expertise and training in ADHD, depending on local arrangements.
- Determine the duration of treatment and frequency of review.
- Provide specialist advice if the patient becomes or plans to become pregnant and wishes to continue medication. ADHD medication is not recommended to continue unless a clinical decision is made that postponing treatment may pose a greater risk to the pregnancy (See SmPC).
- Provide advice to primary care on the management of adverse effects if required.

Primary care responsibilities

- Respond to the request from the specialist for shared care in writing. It is asked that this be undertaken within 14 days of the request being made, where possible.
- If shared care is accepted, prescribe ongoing treatment as detailed in the specialists request and as per section 5, taking into any account potential drug interactions in section 7.
- Adjust the dose of guanfacine prescribed as advised by the specialist.
- Conduct the required monitoring as outlined in section 9. Communicate any abnormal results to the specialist.
- Assess for possible interactions with guanfacine when starting new medicines (see section 7).
- Manage adverse effects as detailed in section 10 and discuss with specialist team when required.
- Make an urgent referral for appropriate care if suicidal behaviour or ideation, syncope, or other signs or symptoms of cardiovascular adverse effects occur.
- Seek specialist advice if the patient becomes or plans to become pregnant and wishes to continue medication. ADHD medication is not recommended to continue unless a clinical decision is made that postponing treatment may pose a greater risk to the pregnancy (See SmPC).
- **Due to risk of blood pressure increase upon discontinuation (including very rare reports of hypertensive encephalopathy), guanfacine should be gradually tapered at a rate of no more than 1 mg every 3 to 7 days. Blood pressure and pulse should be monitored when discontinuing treatment. Discontinuation should be managed by the specialist team or HCP with expertise in ADHD who conducts the annual review. However, in cases where a patient has been referred to Adult ADHD Service, and their supplies are running out before they can be seen, consider prescribing guanfacine at current dose, or sufficient supplies to be able to taper down safely to stop until their appointment with the Service.**

Patient and/or carer responsibilities

- Take guanfacine as prescribed and avoid abrupt withdrawal unless advised by their prescriber. Stopping guanfacine suddenly increases the risk of withdrawal effects, so it is important to gradually reduce the dose under medical supervision.
- Attend all monitoring and review appointments with primary care and specialist and keep contact details up to date with both prescribers. Be aware that medicines may be stopped if they do not attend.
- Report adverse effects to their primary care prescriber. Seek immediate medical attention if they develop any symptoms as detailed in section 11.
- Report the use of any over the counter (OTC) medications to their prescriber and be aware they should discuss the use of guanfacine with their pharmacist before purchasing any OTC medicines.
- Avoid alcohol and grapefruit juice while taking guanfacine, and drink plenty of other fluids.
- Not to drive, cycle, or operate heavy machinery if guanfacine affects their ability to do so safely, and inform the DVLA if their ability to drive safely is affected (see section 11).
- Patients of childbearing potential should use effective contraception, take a pregnancy test if they think they could be pregnant, and inform the specialist or GP immediately if they become pregnant or wish to become pregnant.

1. Background

Back to top

Guanfacine is a centrally-acting adrenergic medicine indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents. Use in adults is off-label and should only be considered on the advice of a tertiary ADHD service. It may be recommended for people who have not responded to one or more stimulants, and one non-stimulant (see NICE Guidance NG87 Attention deficit hyperactivity disorder: diagnosis and management). NICE recommends that people with ADHD have a comprehensive, holistic shared treatment plan that addresses psychological, behavioural and occupational or educational needs.

Guanfacine should be used as part of a comprehensive treatment programme, typically including psychological, educational and social measures.

Where a person with ADHD is treated by a Child and Adolescent Mental Health Service (CAMHS) but is approaching their 18th birthday, it is expected that CAMHS will refer to the appropriate adult service if need for

ongoing treatment is anticipated. NICE Guidance NG43 Transition from children's to adults' services for young people using health or social care services should be followed.

Long-term usefulness of guanfacine for extended periods (over 12 months) should be periodically re-evaluated for the individual patient. Consider trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate.

2. Indications

Back to top

- Attention-deficit hyperactivity disorder ǂ

ǂ Off-label indications – not licensed in adults. See section 1 for circumstances where NICE recommend use in adults.

3. Locally agreed off-label use

Back to top

Nil.

4. Contraindications and cautions

Back to top

This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see BNF & SPC for comprehensive information.

Contraindications:

- Hypersensitivity to guanfacine or to any of the excipients
- Hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption.

Cautions:

- Risk factors for torsades de pointes: bradycardia, heart block, hypokalaemia, history of QT interval prolongation, concomitant use of other medicines which may prolong the QT interval.
- History of cardiovascular disease, hypotension, orthostatic hypotension, or syncope.
- Family history of cardiac or unexplained death.
- Dehydration (may increase risk of syncope).
- Alcohol consumption (not recommended during treatment).
- Concomitant treatment with centrally acting depressants or antihypertensives (see section 7).
- Suicidal ideation or behaviour.
- Prescribing in the elderly is potentially inappropriate. See BNF information on prescribing in the elderly.

5. Initiation and ongoing dose regimen

Back to top

- Transfer of monitoring and prescribing to primary care is when the patient's dose has been optimised.
- The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.
- All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.

Initial stabilisation:

1 mg once daily, adjusted in increments of not more than 1 mg every week, if necessary and tolerated.

The initial stabilisation period must be prescribed by the initiating specialist.

Maintenance dose (following initial stabilisation):

0.05-0.12 mg/kg/day. Maximum dose 7 mg daily.

The initial maintenance dose must be prescribed by the initiating specialist.

Adults who have shown clear benefit from guanfacine in childhood or adolescence may continue treatment into adulthood at the same daily dose.

Conditions requiring dose adjustment:

Hepatic or renal insufficiency:

Dose reduction may be required in patients with hepatic impairment, severe renal impairment (GFR 29-15 mL/min), end stage renal disease (GFR <15 mL/min) or in patients requiring dialysis.

Patients taking CYP3A inhibitors or inducers:

A 50% reduction in guanfacine dose is recommended, and further dose titration may be required.

6. Pharmaceutical aspects

Back to top

Route of administration:	Oral
Formulation:	Guanfacine hydrochloride (Intuniv®▼) • Prolonged-release tablets: 1 mg, 2 mg, 3 mg, 4 mg
Administration details:	Guanfacine can be taken with or without food but should not be given with high fat meals due to increased exposure. Tablets should be swallowed whole and not split, crushed or chewed. Guanfacine should be taken once daily in the morning or evening. If a dose is missed then the next scheduled dose should be taken as usual; a double dose should not be taken to make up for a missed dose. If two or more consecutive doses are missed, re-titration is recommended, a lower starting dose may be required based on the patient's tolerance to guanfacine. Discuss with the specialist team or HCP with expertise in ADHD who conducts the annual review for advice on re-titrating guanfacine.
Other important information:	Grapefruit juice should be avoided during treatment with guanfacine. **Due to risk of blood pressure increase upon discontinuation (including very rare reports of hypertensive encephalopathy), guanfacine should be gradually tapered at a rate of no more than 1 mg every 3 to 7 days. Blood pressure and pulse should be monitored when discontinuing treatment. Discontinuation should be managed by the specialist team or HCP with expertise in ADHD who conducts the annual review. However, in cases where a patient has been referred to Adult ADHD Service, and their supplies are running out**

	before they can be seen, consider prescribing guanfacine at current dose, or sufficient supplies to be able to taper down safely to stop until their appointment with the Service.

7. Significant medicine interactions

Back to top

The following list is not exhaustive. Please see BNF or SPC for comprehensive information and recommended management.

- Drugs which prolong the QT interval. Concomitant use with guanfacine is not recommended.
- **CYP3A4 and CYP3A5 inhibitors**, e.g. ketoconazole, clarithromycin, erythromycin, ciprofloxacin, diltiazem, fluconazole, verapamil, grapefruit juice, ritonavir: increased exposure to guanfacine. Dose reduction may be required, see section 5.
- **CYP3A4 inducers**, e.g. carbamazepine, modafinil, phenytoin, rifampicin, St John's wort: reduced exposure to guanfacine. Dose increase may be required.
- **Valproic acid**: concomitant use may increase concentrations of valproic acid
- **Antihypertensive medicines**: risk of additive effects, e.g. hypotension, syncope
- **CNS depressants**, e.g. alcohol, sedatives, hypnotics, benzodiazepines, barbiturates, antipsychotics: risk of additive effects, e.g. sedation, somnolence
- **Administration with high fat meals:** increased exposure to guanfacine.

8. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist

Back to top

The GP completes the following referral form **https://www.berkshirehealthcare.nhs.uk/media/109514410/adhd-clinic-shared-care-actions-form.pdf (See Section 17)** which includes providing baseline investigations. Review of monitoring at baseline and during initiation is the responsibility of the specialist; only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to primary care.

Baseline investigations:

- A full assessment, as recommended by NICE guidance for ADHD. This should include a medical history and cardiovascular assessment, taking into account conditions that may be contraindications for guanfacine, and to ensure the patient meets the criteria for ADHD and that pharmacological treatment is required.
- Height, weight, and body mass index (BMI).
- Blood pressure (BP) and heart rate.
- Electrocardiogram (ECG) and cardiology opinion are recommended if the patient has any of the following:
    - history of congenital heart disease or previous cardiac surgery
    - sudden death in a first-degree relative under 40 years suggesting a cardiac disease
    - shortness of breath on exertion compared with peers
    - fainting on exertion or in response to fright or noise, palpitations
    - chest pain suggestive of cardiac origin

- signs of heart failure, heart murmur or hypertension

- ECG is recommended if the patient has a co-existing condition treated with a medicine that may increase cardiac risk.

Initial monitoring:

- Weekly monitoring for signs and symptoms of somnolence, sedation, hypotension and bradycardia during dose titration and stabilisation.

- Assessment of symptom improvement. Discontinue if no improvement is observed after one month.

Ongoing monitoring:

- Before and after every change of dose: assess heart rate and blood pressure.
- Monitoring for signs and symptoms of somnolence, sedation during any dose adjustments or discontinuation.

Ensure the patient receives a review at least annually with a healthcare professional with training and expertise in managing ADHD. This may be in primary or secondary care, depending on local arrangements, and should include a review of ADHD medication, including patient preferences, benefits, adverse effects, and ongoing clinical need. Consider trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate. If continuing medication, document the reasons why.

Review outcomes should be communicated to the primary care prescriber in writing, with any urgent changes also communicated by telephone. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 9 remains appropriate.

9. Ongoing monitoring requirements to be undertaken by primary care

Back to top

See section 10 for further guidance on management of adverse effects/responding to monitoring results.

Monitoring	Frequency
• Blood pressure and heart rate • Somnolence and sedation • Weight and appetite • Signs or symptoms of cardiovascular adverse effects, e.g. syncope, bradycardia • Suicidal ideation or behaviour	Every 3 months for the first year, and every 6 months thereafter. More frequent monitoring is recommended following dose adjustment, which may be done in primary care if directions have been discussed and agreed with the specialist service.
• Assessment of adherence	As required, based on the patient's needs and individual circumstances
• Review to ensure patient has been offered and attended an annual review with a healthcare professional with expertise in ADHD	Annually

(If relevant) If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care.

10. Adverse effects and other management

Back to top

Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme. Visit www.mhra.gov.uk/yellowcard

For information on incidence of ADRs see relevant summaries of product characteristics

Result	Action for primary care
As well as responding to absolute values in laboratory tests, a rapid change or a consistent trend in any value should prompt caution and extra vigilance.	
Cardiovascular Symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea or other signs or symptoms suggestive of cardiac disease	Refer for urgent specialist cardiac evaluation
Marked decrease from baseline in heart rate	Discuss with specialist team; dose reduction or cardiac evaluation may be required
Hypotension or orthostatic hypotension	Give lifestyle advice (e.g. drinking plenty of fluids, getting up slowly from standing or sitting) and repeat monitoring. If blood pressure decreases markedly from baseline, reduce dose by 1mg and discuss with specialist team.
Sedation and somnolence	Sedation and somnolence typically occur during the start of treatment and with dose increases. Review timing of dose; guanfacine may be taken in the morning or evening. Review lifestyle factors and reinforce that alcohol should be avoided. Seek specialist advice if sedation persists. Dose reduction or discontinuation may be indicated.
Weight or BMI outside healthy range	Provide appropriate support on multicomponent interventions to increase physical activity levels, improve eating behaviour and quality of diet. Discuss with specialist if difficulty persists; dose reduction, or treatment break, or change of medicine may be required.
Psychiatric disorders Suicidal ideation or behaviour	Review patient and exclude other causes. Refer urgently for psychiatric assessment and notify the ADHD specialist team. Consider discontinuing guanfacine.

11. Advice to patients and carers

Back to top

The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.

The patient should be advised to report any of the following signs or symptoms to their primary care prescriber without delay:

- New or worsening psychiatric symptoms, such as suicidal ideation or behaviour
- Signs and symptoms of bradycardia or hypotension, e.g. fatigue, dizziness, palpitations, feeling faint or fainting

The patient should be advised:

- To drink plenty of fluids; dehydration can increase the risk of falls or fainting.
- Not to drive, cycle, or operate machines if guanfacine affects their ability to do so safely, e.g. by causing dizziness or drowsiness, and to inform the DVLA if their ability to drive safely is affected. See https://www.gov.uk/adhd-and-driving.
- Avoid alcohol while taking guanfacine, as it may make side effects worse.
- Avoid grapefruit juice while taking guanfacine.
- Not to stop taking guanfacine without talking to their doctor. Due to risk of side effects, it is important to gradually reduce the dose of guanfacine under medical supervision.

Patient information:

- Royal College of Psychiatrists – ADHD in adults. https://www.rcpsych.ac.uk/mental-health/problems-disorders/adhd-in-adults
- NHS – Attention deficit hyperactivity disorder. https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/

Patient information leaflets are also available from https://www.medicines.org.uk/emc/search?q=guanfacine

12. Pregnancy, paternal exposure and breast feeding

Back to top

It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review, but the ongoing responsibility for providing this advice rests with both the primary care prescriber and the specialist.

Pregnancy:

Guanfacine is not recommended for use during pregnancy. There are no or limited data from the use of guanfacine in pregnant women, and animal studies have shown reproductive toxicity.
Specialists will provide specialist advice to primary care if the patient becomes or plans to become pregnant and wishes to continue medication.

Breastfeeding:

There is no published evidence on the safety of guanfacine in breastfeeding. Decisions on whether to use while breastfeeding should be made on a case-by-case basis with specialist input e.g. UKTIS, taking into account the risks to the infant and benefits of therapy. The long half-life increases the risk of accumulation in breastfed infants. It may interfere with lactation, as guanfacine decreases prolactin levels in the mother. Infants should be monitored for decreased appetite/weight gain, sleep disturbances, gastrointestinal symptoms (e.g. pain, vomiting, constipation), although some of these may be difficult to detect.
Information for healthcare professionals: https://www.sps.nhs.uk/medicines/guanfacine/

Paternal exposure:

No evidence regarding adverse outcomes following paternal exposure was identified.

13. Specialist contact information

Back to top

- Erleigh Road Clinic: Neuropsychology@berkshire.nhs.uk / 0118 929 6477/6472, though this is a very small service and cannot guarantee an urgent response.
- Common Point of Entry (CPE): Berkshire Healthcare NHS Foundation Trust 2nd Floor, The Old Forge 45-47 Peach Street Wokingham RG40 1XJ Phone number 0300 365 2000 (Press option 4)
- Medicines Information Service at Prospect Park Hospital via 0118 960 5075 between 9am and 1pm on weekdays or via email: medicines.information@berkshire.nhs.uk

14. Additional information

Back to top

Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed. Ensure that the specialist is informed in writing of any changes to the patient's GP or their contact details.

15. References

Back to top

- eBNF. Guanfacine. Accessed via https://bnf.nice.org.uk/drug/guanfacine.html on 01/09/2021
- Guanfacine hydrochloride 1 mg prolonged-release tablets (Intuniv®). Date of revision of the text 25/06/20. Accessed via https://www.medicines.org.uk/emc/product/5099 on 03/06/2021
- NICE NG87: Attention deficit hyperactivity disorder: diagnosis and management. Last updated September 2019. Accessed via https://www.nice.org.uk/guidance/ng87/ on 04/06/2021
- NICE NG43: Transition from children's to adults' services for young people using health or social care services. Last updated February 2016. Accessed via https://www.nice.org.uk/guidance/ng43/ on 01/09/21
- Guanfacine risk minimisation materials. Updated November 2017. Accessed via https://www.medicines.org.uk/emc/product/5099/rmms on 03/06/21.
- Specialist Pharmacy Service. Safety in Lactation: Drugs for ADHD. Last updated October 2020. Accessed via https://www.sps.nhs.uk/articles/safety-in-lactation-drugs-for-adhd/ on 26/05/2021
- Specialist Pharmacy Service. Guanfacine Lactation Safety Information. Last updated January 2018. Accessed via https://www.sps.nhs.uk/medicines/guanfacine/ on 03/06/2021

16. Other relevant national guidance

Back to top

- Shared Care for Medicines Guidance – A Standard Approach (RMOC). Available from https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/
- NHSE guidance – Responsibility for prescribing between primary & secondary/tertiary care. Available from https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/
- General Medical Council. Good practice in prescribing and managing medicines and devices. Shared care. Available from https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care
- NICE NG197: Shared decision making. Last updated June 2021. https://www.nice.org.uk/guidance/ng197/.

17. Local arrangements for referral

Back to top

Define the referral procedure from hospital to primary care prescriber & route of return should the patient's condition change.

To be agreed and completed locally

The Berkshire Healthcare Adult ADHD Service operates solely for patients of GPs who have agreed Shared Care in advance, which is part of the initial referral process. Patients cannot be accepted for medication where there is not a GP agreeing to ongoing prescribing, since this is outside the remit of the service, and would divert resources from seeing new patients. Patients can be seen for diagnosis only.

The service provides: diagnostic (re)assessment for ADHD, initiation and titration of ADHD medication and yearly* reviews of the efficacy and necessity of ongoing ADHD treatment.

*The Service now offer a mixed model with remote appointments and aim to review patients within 2 years. If the patient requires an earlier review, GPs may contact the Service for advice. In East Berkshire, there is a scheme for GPs to carry out structured annual ADHD reviews. Frimley ICB have provided additional training to support this.

The service does not offer an ongoing prescribing or monitoring function and cannot provide urgent mental health input.

Referral Process

STEP 1: GP to send initial referral request for Diagnostic Assessment to Common Point of Entry (CPE), including patient details and brief summary of concerns.

Once a referral is received, the service will perform an initial screen and add the patients name to the waiting list for an appointment. The patient is then seen for an ADHD assessment (for diagnosis, pending medical assessment).

STEP 2: Secondary Care Medical ADHD Assessment

Assessment includes physical health, mental health, social circumstances (including past and present medical and psychiatric disorders or symptoms), concomitant medicines and history or risk of substance misuse.

STEP 3: A request is sent to the patients General Practitioner to complete Shared Care Actions (SCA) Form, available at:

https://www.berkshirehealthcare.nhs.uk/media/109514410/adhd-clinic-shared-care-actions-form.pdf

Full history and details of any diagnosis or history where caution is needed for potential medication treatment, including

- Assessment of history of exercise syncope, undue breathlessness and other cardiovascular symptoms
- Past and present medical and psychiatric symptoms
- Physical assessment, including cardiovascular system examination, weight, blood pressure and heart rate
- If there is past medical or family history of serious cardiac disease, a history of sudden death in young family members or abnormal findings on previous cardiac examination, then provide ECG details with interpretation (consult a cardiologist for clarification as needed).
- Risk assessment for substance misuse and drug diversion.
- Provide details of current medication.

STEP 4: First Prescribing Appointment with Specialist

1. Review SCA form from GP

2. Review patient in line with Section 8. NB NICE advise; 'that an ECG is not needed before starting stimulants, atomoxetine or guanfacine if cardiovascular history and examination are normal and the person is not on medicine that poses an increased cardiovascular risk.'
3. Provide the initial FP10 prescription for the medication of choice (unless the patient is already receiving prescriptions from GP).

STEP 5: Follow-up with Specialist

4. Within 4 weeks of initial prescription (and usually within first 2 weeks)
    - review efficiency of the prescribed ADHD drug
    - monitor for side effects and document any problems discussed
    - adjust dose if necessary and correspond with GP as necessary for sharing of information
    - take pulse and blood pressure
5. Continue prescribing until patient is stabilised
6. Once the patient is stable, transfer to GP care for continuation of treatment.
7. The patient will be invited back to the specialist for a review (unless this need is being met by a GP choosing to participate in the East Berkshire enhanced Shared Care scheme). The Service now offer a mixed model with remote appointments and aim to review patients within 2 years. If the patient requires an earlier review, GPs may contact the Service for advice. Patients who do not attend their review appointment will have their name removed from the review list and the GP will be informed.

   Note: The patient will only be open to the Specialist Service for the time medicines are being initiated and at the time of the review appointment. It is not possible to keep the patient 'open' on the Adult ADHD Clinic List at other times as referrals to other services would be delayed should they become necessary.
8. Review progress if requested by GP - change in behaviour, treatment resistance, increased sedation, etc. Notify the GP of the results of any patient reviews, including changes in prescribed dose. Ensure the patient has sufficient medication until the GP has received this information, at least 14 days.
9. Receive and respond to feedback from GP as appropriate, e.g. progress/status of the patient and in particular noting any dose changes/alterations/discontinuation etc. of treatment under the agreement.

STEP 6: General Practitioner Responsibilities – Maintenance (See Section 9)