**Guanfacine Shared Care Guideline: Prescribing Agreement for Attention Deficit Hyperactivity Disorder in Children & Young People (6-18 years)**



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| **Section A: To be completed by the hospital specialist initiating the treatment** | | |
| **GP Practice Details:**  ***(IT add full GP address, practice code etc)*** | | **Patient Details: (IT add patient fields)** |
| **Specialist prescriber name:** …………………………...... **Clinic name:**………………………………….  **Contact details**: Address:.........................................................................................................................  Tel no: ……………………………………… E-mail: …………………………… | | |
| **Diagnosis: (IT add latest diagnosis)** | **Medication name, dose and frequency to be prescribed by GP:** ………………………………………………. | |
| **Next hospital appointment:** | | |
| Dear Dr. …………………….,  Your patient was reviewed on *;* they started insert medication name and dose on  for the above diagnosis and in my view, their condition is now stable. I am requesting your agreement to sharing the care of this patient from  in accordance with the attached Shared Care Prescribing Guideline (approval date ). Please take particular note of the responsibilities for the specialist, GP and patient for this shared care arrangement are detailed.  Patient information has been given outlining potential aims and side effects of this treatment.  The patient has given me consent to treatment possibly under a shared care prescribing agreement (with your agreement) and has agreed to comply with instructions and follow up requirements.  Report all adverse effect of atomoxetine to the MHRA via the yellow card system.  .  The most recent investigations have been performed on  and are acceptable for shared care.  Please monitor:  Blood pressure, pulse, and weight every 6 months  For children 10 years and underweight every 3 months.  For children over 10 years weight at 3 and 6 months after starting treatment and every 6 months thereafter.  For signs of liver toxicity with atomoxetine.  Please re-refer the patient or seek specialist advice from the psychiatrist or paediatrician if there is deterioration in ADHD symptomatology, behaviour, evidence of suicidal ideation or adverse effects of medication.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Test** | **Baseline** | **Date** | **Current** | **Date** | | Blood pressure |  |  |  |  | | Pulse |  |  |  |  | | Weight (including centiles) |  |  |  |  | | Height (including centiles) |  |  |  |  |   Other relevant information: ………………………………………………………………………………………..  Specialist Signature: ………………………………………………Date: | | |

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**Guanfacine▼ Shared Care Guideline: Prescribing Agreement for Attention**

**Deficit Hyperactivity Disorder in Children & Young People (6-18 years)**

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| **NOTES to the GP**  The expectation is that these guidelines should provide sufficient information to enable GPs to be confident to take clinical and legal responsibility for prescribing this medicine.    The questions below will help you confirm this: ▪ Is the patient’s condition predictable or stable?   * Do you have the relevant knowledge, skills, and access to equipment to allow you to monitor treatment as indicated in this shared care prescribing guideline? * Have you been provided with relevant clinical details including monitoring data?     If you can answer YES to all these questions (after reading this shared care guideline), then it is appropriate for you to accept prescribing responsibility. Prescribe a maximum of 30 days at a time with a review date of every 6 months. Quantities should be supplied in line with pack size and local waste reduction program.    If the answer is NO to any of these questions, you should not accept prescribing responsibility. You should write to the specialist prescriber within 14 days, outlining your reasons for NOT prescribing. If you do not have the confidence to prescribe, we suggest you discuss this with your local Trust/specialist service, who will be willing to provide training and support. If you still lack the confidence to accept clinical responsibility, you still have the right to decline. Your CCG pharmacist will assist you in making decisions about shared care.    It would not normally be expected that a GP would decline to share prescribing on the basis of cost.  **The patient’s best interests are always paramount** |

Approved by: Integrated medicines committee (IMOC)

Approval date:27th November 2024

Review Date: November 2026

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| **Guanfacine for Attention Deficit Hyperactivity Disorder (ADHD) in Children & Young People**  **(6-18 years)** |
| **Specialist prescriber responsibilities**   * Assess the patient and provide diagnosis; ensure that this diagnosis is within scope of this shared care protocol (section 2) and communicated to primary care. * 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 patient consent. Provide an appropriate patient information leaflet. [https://www.choiceandmedication.org/swlstgtr/printable-leaflets/patient-information-leaflets/62/ALL/](https://www.choiceandmedication.org/swlstg-tr/printable-leaflets/patient-information-leaflets/62/ALL/) * 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 for at least 4 weeks and until optimised. * Once treatment is optimised, complete the shared care documentation and send to patient’s GP practice 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, including where there are unforeseen delays to transfer of care. * Conduct the scheduled reviews and monitoring in section 8 and communicate the results to primary care. After a review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 9 remains appropriate. * Guanfacine is not recommended during pregnancy and in women of childbearing potential not using contraception. Patients who become pregnant while taking guanfacine, or who plan a pregnancy, should be referred to the specialist team for review. * 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 within 14 days. * If accepted, prescribe ongoing treatment as detailed in the specialist’s 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. * 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. * Refer the management back to the specialist if the patient becomes or plans to become pregnant. * Stop treatment as advised by the specialist.     **Patient and/or carer responsibilities**   * Take guanfacine as prescribed and avoid abrupt withdrawal unless advised by the primary care prescriber or specialist. * Attend regularly for 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. |

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| * Report the use of any over the counter medications to their primary care prescriber and be aware they should discuss the use of guanfacine with their pharmacist before purchasing any OTC medicines. * Guanfacine is subject to drug driving laws. Not to drive, cycle or operate machines if guanfacine affects their ability to do so safely, e.g. by causing dizziness and somnolence and to inform the DVLA if their ability to drive safely is affected. See <https://www.gov.uk/adhd-and-driving>and section 11. * Avoid alcohol while taking guanfacine, as it may make some side effects worse. Avoid recreational drugs. * Patients of childbearing potential should 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. 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)](https://www.nice.org.uk/guidance/ng87/chapter/Recommendations). 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. 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.    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 to adults’ services for young people using health or social care services should be followed. |
| **2. Indications** Back to top |
| Guanfacine is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6-17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective.  To be considered if methylphenidate or lisdexamfetamine has not been successful or tolerated.    First line management of ADHD in children aged 6 years and over and in adolescents especially where there are substance misuse issues or anxiety issues. This includes where there is a risk of the diversion of a controlled drug.  Second line management of ADHD in children aged 6 years and over and in adolescents who cannot tolerate methylphenidate or lisdexamfetamine or their symptoms have not responded to separate 6-week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses |
| **3. Locally agreed off-label use** Back to top |
| Not applicable |
| **4. Contraindications and cautions** Back to top |

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| This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see [BNF](https://bnf.nice.org.uk/drug/ciclosporin.html) & [SPC](https://www.medicines.org.uk/emc/search?q=ciclosporin) 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 * Suicidal ideation or aggressive behaviour. * Somnolence and sedation - Patients are advised against operating heavy equipment, driving or cycling until they know how they respond to treatment with guanfacine. |
| **5. Initiation and ongoing dose regime** Back to top   * Transfer of monitoring and prescribing to primary care is after at least **12 weeks**, and when the patient’s dose has been optimised and with satisfactory investigation results for at least 4 weeks * 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. * Termination of treatment will bethe responsibility of the specialist. |
| **Initial stabilisation (must be prescribed by the initiating specialist):**  For all patients, the recommended starting dose is 1 mg of guanfacine, taken orally once a day.  The dose may be adjusted in increments of not more than 1 mg per week. Dose should be individualised according to the patient's response and tolerability.    **Maintenance dose (following initial stabilisation):**  Recommended maintenance dose range is 0.05-0.12 mg/kg/day.  Dose adjustments (increase or decrease) to a maximum tolerated dose within the recommended optimal weightadjusted dose range based upon clinical judgement of response and tolerability may occur at any weekly interval after the initial dose.  **The initial maintenance dose must be prescribed by the initiating specialist.**    **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. |

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| **6. Pharmaceutical aspects** Back to top | |
| Route of administration: | Oral |
| Formulation: | Guanfacine hydrochloride (Intuniv®▼) · Prolonged-release tablets: 1 mg, 2 mg, 3mg, 4 mg |
| Administration details: | Guanfacine is taken once daily either morning or evening. It should not be crushed, chewed, or broken before swallowing because this increases the rate of guanfacine release. Treatment is recommended only for children who can swallow the tablet whole without problems. It can be administered with or without food but should not be administered with high fat meals or with grapefruit juice due to increased exposure.  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: | Due to risk of blood pressure increase upon discontinuation, 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. |
| **7. Significant medicine interactions** Back to top  The following list is not exhaustive. Please see [BNF](https://bnf.nice.org.uk/drug/ciclosporin.html) or [SPC](https://www.medicines.org.uk/emc/search?q=ciclosporin) for comprehensive information and recommended management. | |
| * Medicines 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, a 50% reduction of the guanfacine dose is recommended. Due to variability in interaction effect, further dose titration may be needed * CYP3A4 inducers, e.g., carbamazepine, modafinil, phenytoin, rifampicin, St John’s wort: reduced exposure to guanfacine. Dose increase may be required. A re-titration to increase the dose up to the maximum daily weight-based dose may be considered if needed. If the inducing treatment is ended, re-titration to reduce the guanfacine dose is recommended during the following weeks. * 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 prescriber** | |

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| 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. Back to top |
| **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:   o history of congenital heart disease or previous cardiac surgery o sudden death in a first-degree relative under 40 years suggesting a cardiac disease o shortness of breath on exertion compared with peers o fainting on exertion or in response to fright or noise, palpitations o chest pain suggestive of cardiac origin o signs of heart failure, heart murmur or hypertension o 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:**   * Blood pressure & pulse every 6 months, and bbefore and after every change of dose: assess heart rate and blood pressure. * Weight for children 10 years and underweight every 3 months. For children over 10 years weight at 3 and 6 months after starting treatment and every 6 months thereafter * Height and weight should be plotted on a growth chart which are available through the RCPCH website <https://www.rcpch.ac.uk/resources/growth-charts> * Monitor the patient at least every three months for signs and symptoms of somnolence and sedation, hypotension, bradycardia and weight increase/risk of obesity during the first year of treatment * 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. |

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| • 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.  When a patient is reviewed, 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 (ADHD)**   * Ensure the patient receives a review at least annually with a healthcare professional with training and expertise in managing ADHD. This in southwest London will be carried out by secondary care specialists, 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 changes.   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 |
| **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](http://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 | 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 |

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|  | 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. * Guanfacine is subject to drug driving laws. Not to drive, cycle or operate machines if guanfacine affects their ability to do so safely, e.g. by causing dizziness and somnolence and to inform the DVLA if their ability to drive safely is affected. See <https://www.gov.uk/adhd-and-driving>and section 11. * 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 and carer information:**   * [» Attention Deficit Hyperactivity Disorder (choiceandmedication.org)](https://www.choiceandmedication.org/swlstg-tr/condition/attention-deficit-hyperactivity-disorder/) * [ADHD and Mental Health | Signs and Symptoms of ADHD | YoungMinds](https://www.youngminds.org.uk/young-person/mental-health-conditions/adhd-and-mental-health/) * NHS – attention deficit hyperactivity disorder. [https://www.nhs.uk/conditions/attention-deficithyperactivity-disorder-adhd](https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd) * [Guanfacine for ADHD – Medicines For Children](https://www.medicinesforchildren.org.uk/medicines/guanfacine-for-adhd/) * ADHD support groups [Support Groups | The UK ADHD Partnership](https://www.ukadhd.com/support-groups.htm)• [Patient leaflets | BMJ Best Practice](https://bestpractice.bmj.com/patient-leaflets?) | |

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| [ADHD and hyperkinetic disorder for parents | Royal College of Psychiatrists (rcpsych.ac.uk)P](https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/ADHD-and-hyperkinetic-disorder-information-for-parents)atient information leaflets are also available from <https://www.medicines.org.uk/emc/search?q=guanfacine>  **ADHD resources for children and young people, parents/carers and primary care professionals**  Working with the ADHD Foundation, we have launched new set of booklets for children, teenagers and their parents and carers. There are three separate booklets, each of which has a different focus:   * The children’s booklet is an interactive guide with 20 fun activities for children to help them focus, manage their emotions, and succeed * The teenager’s booklet is a guide and workbook with information and activities to support teenagers living with ADHD * The parents/carers booklet is an information and resource guide for parents and carers of children and young people with ADHD and may also be useful for health professionals including those working in primary care.   All three booklets are available to share and download on the website:  <https://www.transformationpartnersinhealthandcare.nhs.uk/cyp-adhd-resources> |
| **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. Patients who become pregnant while taking guanfacine, or who plan a pregnancy, should be referred to the specialist team for review.  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.    **Breastfeeding:**  It is unknown whether guanfacine and its metabolites are excreted in human milk.  Available pharmacodynamic and toxicological data in animals have shown excretion of guanfacine and its metabolites in milk. Therefore, a risk on the breast-fed infant cannot be excluded.  A decision must be made whether to discontinue breast-feeding or to discontinue and/or abstain from guanfacine therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.  Information for healthcare professionals: [bumps - best use of medicine in pregnancy (medicinesinpregnancy.org)](https://www.medicinesinpregnancy.org/About-Us/)  Information for healthcare professionals: <https://www.sps.nhs.uk/medicines/guanfacine/>    **Paternal exposure**:  There are no or limited amount of data regarding effect on fertility from the use of guanfacine in humans. |

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| Animal studies indicate an effect on male fertility (see section 5.3). Male fertility was affected at 8 mg/kg/day, the lowest dose tested, equivalent of 10.8 times the maximum recommended human dose of 0.12 mg/kg on a mg/m2 basis. Due to lack of proper toxicokinetic data, comparison to human clinical exposure was not possible. |
| **13. Specialist prescriber contact information**  Back to top |
| Name: *[insert name]*  Role and specialty: *[insert role and specialty]*  Daytime telephone number: *[insert daytime telephone number]*  Email address: *[insert email address]*  Alternative contact: *[insert contact information, e.g. for clinic or specialist nurse]*  Out of hours contact details: *[insert contact information, e.g. for duty doctor]* |
| **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 prescriber is informed in writing of any changes to the patient’s GP or their contact details. |
| **15. References** Back to top |
| * eBNFc Guanfacine. Accessed via [Guanfacine | Drugs | BNFC | NICE](https://bnfc.nice.org.uk/drugs/guanfacine/#indications-and-dose) [21/11/2022](https://bnf.nice.org.uk/drug/guanfacine.html%20on%2021/11/2022) * Guanfacine hydrochloride 1 mg prolonged-release tablets (Intuniv®). Date of last update 02/05/22. Accessed via [https://www.medicines.org.uk/emc/product/5099 o](https://www.medicines.org.uk/emc/product/5099)n 21/11/2022. * NICE NG87: Attention deficit hyperactivity disorder: diagnosis and management. Last updated September 2019. Accessed via <https://www.nice.org.uk/guidance/ng87/>on 21/11/2022. * NICE NG43: Transition from children 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 21/11/2022. * Guanfacine risk minimisation materials. Updated June 2022 Accessed via [Intuniv 4 mg prolonged-release tablets - Risk Management Materials - (emc) (medicines.org.uk)](https://www.medicines.org.uk/emc/product/7507/rmms#gref) on 21/11/2022. * 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 21/11/2022. * Shared care protocols guanfacine accessed via [NHS England » Shared Care Protocols](https://www.england.nhs.uk/medicines-2/regional-medicines-optimisation-committees-advice/shared-care-protocols/#list) on 21/11/2022 |
| **16. Other relevant national guidance** |
| * Shared Care for Medicines Guidance – A Standard Approach (RMOC). Available from <https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/> * NHSE policy – Responsibility for prescribing between primary & secondary/tertiary care. Available from [https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondarytertiary-care/](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-inprescribing-and-managing-medicines-and-devices/shared-care](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/.](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. |
| Shared care from hospital to primary care  Primary care to hospital – Urgent referrals mental health crisis line or A&E out of hours. For routine/non-urgent referrals contact local CAMHs team. |
| **18. Communication**  Please note that the clinical letter received from the specialist prescriber/team should have the relevant contact details. If this is not provided you may find the following contact details useful.  **Medicines Information Services**   * South West London and St Georges Mental Health Hospital: Tel. 020 3513 6829 * South London and Maudsley (SLAM): Tel. 020 3228 2317 * Georges Hospital medicines helpline: Tel. 020 872 51033 * Kingston Hospital medicines helpline: Tel. 020 85467711 ext.2092 * Epsom and St Helier Trust medicines helpline: Tel.020 872 51033 |