

Shared care guidelines

Drug	GUANFACINE prolonged-release tablets (Intuniv®) ▼		
Specialty	CHILDREN & YOUNG PEOPLE'S SERVICES <i>N.B. also applies to patients who transition to AMH services, but <u>not</u> to new initiation in adults (RED status)</i>		
Indication	ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)		
Overview	<p>Guanfacine is a selective alpha₂-adrenergic receptor agonist indicated for the treatment of ADHD in children and adolescents aged 6-17 years old in whom stimulants are not suitable, not tolerated or have been shown to be ineffective. Guanfacine is a non-stimulant. The mode of action in ADHD is not fully established. It should be initiated by a specialist with expertise in ADHD as part of a comprehensive treatment plan but prescribing & monitoring responsibility can transfer to GPs under these shared care guidelines. Drug treatment of ADHD in patients under the care of TEWV is guided by separate prescribing algorithms for children & adolescents (Intranet; Trust website) and adults (Intranet; Trust website)</p>		
Specialist responsibilities	<p>Pre-treatment: (see SPC for full details of contra-indications, cautions & drug interactions) Prior to prescribing, it is necessary to conduct a baseline evaluation to identify patients at increased risk of somnolence and sedation, hypotension and bradycardia, QT-prolongation arrhythmia and weight increase/obesity. Assess suitability for treatment with guanfacine by reviewing the patient's medical history and completing a physical examination, including:</p> <ul style="list-style-type: none"> • Evaluation of cardiovascular status, including ECG if clinically indicated, recording BP & heart rate on relevant centile charts • Family history of sudden cardiac/unexplained death • History of past and present co-morbid medical and psychiatric disorders or symptoms • Pre-treatment height & weight (BMI) – record on centile charts • Comprehensive history of concomitant medications and potential for drug interactions <p>Guanfacine should not be initiated during pregnancy or in persons of childbearing potential who are planning pregnancy</p> <p>Initial prescription - dosage and administration: (see BNF and SPC for full details) The recommended starting dose is 1 mg once daily. The dose may be adjusted in increments of not more than 1 mg per week. Depending on the patient's response and tolerability, the 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 weight-adjusted dose range, based upon clinical judgement of response and tolerability, may occur at any weekly interval after the initial dose.</p> <p>Guanfacine is available as a prolonged-release tablet, taken once daily either in the morning or evening. It should not be crushed, chewed or broken before swallowing because this increases the rate of guanfacine release, therefore, this treatment is recommended only for children and adolescents who are able to swallow the tablet whole without problems. Guanfacine can be administered with or without food but should not be administered with high fat meals, due to increased exposure, or with grapefruit juice.</p> <p>Monitoring: For <u>effectiveness</u> – review regularly, at least every 3 months in early phase and discontinue if no response after an adequate therapeutic trial; review at least annually thereafter. Consider trial periods off medication to assess functioning without treatment, preferably during school holidays For <u>safety / adverse effects</u>:</p> <ul style="list-style-type: none"> • Monitor for signs and symptoms of somnolence and sedation weekly during dose titration, at 3 months (prior to transfer), then at each face-to-face review if >3 months (during first year) or >6 months thereafter since done by team or GP (more frequently after dose changes) • BP and heart rate (risk of hypotension, bradycardia and syncope) – weekly during dose titration, at 3 months (prior to transfer), then at each face-to-face review if >3 months (during first year) or >6 months thereafter since done by team or GP (more frequently after dose changes) – record on centile charts • Height and weight (BMI) – at 3 months (prior to transfer), then at each face-to-face review if >3 months (during first year) or >6 months thereafter since done by team or GP (more frequently after dose changes) - record on centile charts • Assess for development of suicidal thinking and seizures at each face-to-face review. 		
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Adverse events

- BP and heart rate (risk of hypotension, bradycardia and syncope) – every 3 months during first year, then every 6 months unless notified that done at review by specialist team - record on centile charts
- Height and weight (BMI) – every 3 months during first year, then every 6 months unless notified that done at review by specialist team - record on centile charts
- Assess for development of suicidal thinking and seizures.
- Seek advice from the specialist should any of the following occur - failure to thrive/retardation of growth, persistent sleep disturbance, persistent problems with poor attention, pronounced change in mental state.
- Care should be transferred back to the specialist if the patient has started misusing substances such as cocaine, heroin or amphetamines
- At each prescription issue, check annual review by specialist has taken place within the last 12 months (contact specialist to arrange review if necessary)

▼ This medicinal product is subject to intensive surveillance. Report any suspected adverse events to MHRA via the Yellow Card scheme to www.mhra.gov.uk/yellowcard
 See [BNF](#) and [SPC](#) for full details of known adverse effects.

Guanfacine may cause somnolence and sedation, predominantly at the start of treatment, which could typically last for 2-3 weeks and longer in some cases. The additive effects of any potentially sedative concomitant medication, including alcohol, should be considered. Patients should be advised against operating heavy equipment or driving until they know how they respond to treatment with guanfacine.

Action in response to known / expected adverse events as follows:

Adverse event	Action (GP)	Action (specialist)
Persistently low BP or pulse	Notify and seek advice from specialist	Reduce dose & assess risk: benefit; seek advice from paediatrician or cardiologist
Reduced rate of growth (height or weight)		Reduce dose, or switch to alternative drug
Signs / symptoms of psychiatric disorder		Stop treatment & perform full psychiatric assessment
Signs / symptoms of heart disease		Reduce dose & assess risk: benefit; seek advice from paediatrician or cardiologist

Specialist contact details

(to be added by specialist prescriber when transferring prescribing)

Name:
 Base:
 Telephone no:
 E-mail address:

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AMBER ▲	TRANSFERRING PRESCRIBING & MONITORING OF ADHD TREATMENTS
GP details:	
Patient details (name/address/DOB/NHS number):	
Diagnosis:	
Medication details: The patient is stabilised on: (list dose, frequency and brand if appropriate. Specify clinical indications if first line option not prescribed or non-standard formulation prescribed):	
Discontinued medication (list details of any drugs discontinued when this AMBER treatment initiated): <i>N.B. if previous treatment not being discontinued, resulting in combination therapy, shared care cannot be requested</i>	
Prescription issued (details of date and length of supply):	
Monitoring results:	
Secondary care review frequency:	
Actions requested of GP: Please continue to issue monthly prescriptions of guanfacine prolonged release until advised The treatment has been explained to the patient and they understand they should contact you for future prescriptions. You will be informed of any changes to treatment, if you are not required to issue prescriptions or if treatment is to be discontinued. Please contact the prescriber on the number below if there is any change in the patient's condition, if the patient fails to regularly collect prescriptions, if non-compliance with treatment is suspected or you require advice.	

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Secondary care contacts:	Contact details (address/telephone no):
Care coordinator (name):	
Consultant (name):	
Prescriber (name):	
Signature & date:	

Scan & e-mail back acceptance of prescribing responsibility by GP

Patient's name:	NHS Number:
Address:	
Medication:	
I confirm receipt of prescribing transfer information for the above patient and accept prescribing responsibility	
GP's name: <i>(Please print name in BLOCK CAPITALS)</i>	
Signature/ Practice Stamp:	
Date:	

Please scan/e-mail back to:
E-mail:
or return as soon as possible to:

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