



OPERATIONAL CIRCULAR

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Subject: Stimulant medications for ADHD in children and adolescents

Dexamphetamine and immediate-release methylphenidate

Immediate-release methylphenidate (eg Attenta[®], Ritalin[®] and other generic formulations) has been listed recently on the PBS on the basis of cost minimisation (i.e. same pricing) compared to dexamphetamine. Accordingly, the Western Australian Therapeutics Advisory Group recommends that both dexamphetamine and immediate-release methylphenidate should be available for children and adolescents attending public hospitals and clinics for the treatment of ADHD.

Dexamphetamine and methylphenidate do not have identical pharmacokinetics, clinical benefits or side-effects, and either may suit an individual better than the other. They should be considered equally effective (but not necessarily dose equivalent) and either may be used as the initial choice. Normally a supervised trial of 1 month with either drug should have been conducted and failed before considering alternative options. One month represents a single prescription and corresponds to the usual repeat attendances at hospital outpatient clinics. The one-month period should be truncated in the event of an adverse drug reaction.

Warning: Sudden death has been reported in association with stimulant medications at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems. Although some serious heart problems alone carry an increased risk of sudden death, stimulant medications generally should not be used in children or adolescents with known serious structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, or other serious cardiac problems that may place them at increased vulnerability to the sympathomimetic effects of a stimulant drug.

Children or adolescents who are being considered for treatment with stimulant medications should have a careful history and physical exam to assess for the presence of cardiac disease, and should receive further cardiac evaluation if findings suggest such disease. Patients who develop symptoms such as exertional chest pain, unexplained syncope, or other symptoms suggestive of cardiac disease during stimulant treatment should undergo a prompt cardiac evaluation.

Long-acting methylphenidate

Long-acting methylphenidate (Ritalin LA[®]) is available at WA public hospitals for **second-line** treatment of ADHD after dexamphetamine or immediate-release methylphenidate preparations have proven to be unsuitable due to intolerance or significant other clinical considerations (eg drug addiction; mid-day dosing difficulties in school children). Ritalin LA[®] is not available for first-line use, and it should not be prescribed if there is an adverse reaction to immediate-release methylphenidate.

The following criteria must be met before long-acting methylphenidate is prescribed:

1. Prescription must be in accordance with the Stimulant Regulatory Guidelines or otherwise authorised in writing by the Chief Executive Officer of Health. The Guidelines are available at <http://www.health.wa.gov.au/stimulants> , and

2. The diagnosis of ADHD has been made using recognised criteria e.g. ICD-10 or DSM-IV, and
3. The patient has tolerated and responded well to a supervised trial of an immediate-release stimulant medication for at least 1 month, as above, or
4. Immediate-release methylphenidate or dexamphetamine cannot be used because of genuine reasons such as non-adherence or misuse.

Note that changing from an immediate-release drug to Ritalin LA[®] may present difficulties in dose titration. Patients already taking Ritalin LA[®] at the date of introduction of this protocol may continue receiving this drug where they are responding effectively and would otherwise qualify under the treatment criteria listed above.

Delayed-release methylphenidate

Delayed-release methylphenidate (Concerta[®]) is not available at WA public hospitals. No “grandfather clause” will apply to Concerta[®]. Any patient who had previously obtained Concerta[®] through a public hospital clinic should receive Ritalin LA[®] as an alternative.

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