2017/2018 ADHD Guidelines: A Summary of Recommendations for Pharmacological Treatment From Selected Guidelines

Supporting patients throughout their lives

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This booklet was developed by Shire using information from selected national guidelines.

This booklet is intended for healthcare professionals outside of the US only.

GUIDELINES INCLUDED IN THIS BOOKLET

UK NICE guideline:

Attention Deficit Hyperactivity Disorder: Diagnosis and Management[1]

Canadian CADDRA guideline:

Canadian ADHD Practice Guidelines, Fourth Edition[2]

German guideline:

Interdisciplinary Evidence- and Consensus-based (S3) Guideline "Attention Deficit/Hyperactivity Disorder (ADHD) in Children, Young People and Adults"[3] [in German]

Spanish guideline:

Clinical Practice Guideline on Therapeutic Interventions in Attention Deficit Hyperactivity Disorder (ADHD)[4] [in Spanish]

The summaries in this booklet focus on recommendations for the pharmacological treatment of ADHD – for both children/adolescents and adults – from selected guidelines updated in 2017/2018

Pharmacological approaches are not indicated for every patient with ADHD. Treatment requires a comprehensive and multimodal approach, including non-pharmacological options, tailored to meet the needs of each individual patient with ADHD.

Please refer to the full guidelines, as this booklet is not intended to and does not contain an exhaustive list of all the treatment recommendations.

Also, please refer to the summaries of product characteristics for approved medications in your country before initiating treatment with these pharmacotherapies.

CADDRA, Canadian ADHD Resource Alliance; NICE, National Institute for Health and Care Excellence

2018 UK NICE GUIDELINE

Attention Deficit Hyperactivity Disorder: Diagnosis and Management[1]

Summary of principles for initiating pharmacotherapy in children (⩾5 years*) and young people with ADHD

Following a full baseline assessment, medication should only be offered for children aged 5 years* and over and young people if their ADHD symptoms are still causing a persistent significant impairment in at least one domain (for example, interpersonal relationships, education and occupational attainment, and risk awareness) after they and their parents have received and discussed ADHD-focused information, group-based support has been offered, and environmental modifications have been implemented and reviewed.

Summary of recommendations for medication choice in children and young people with ADHD

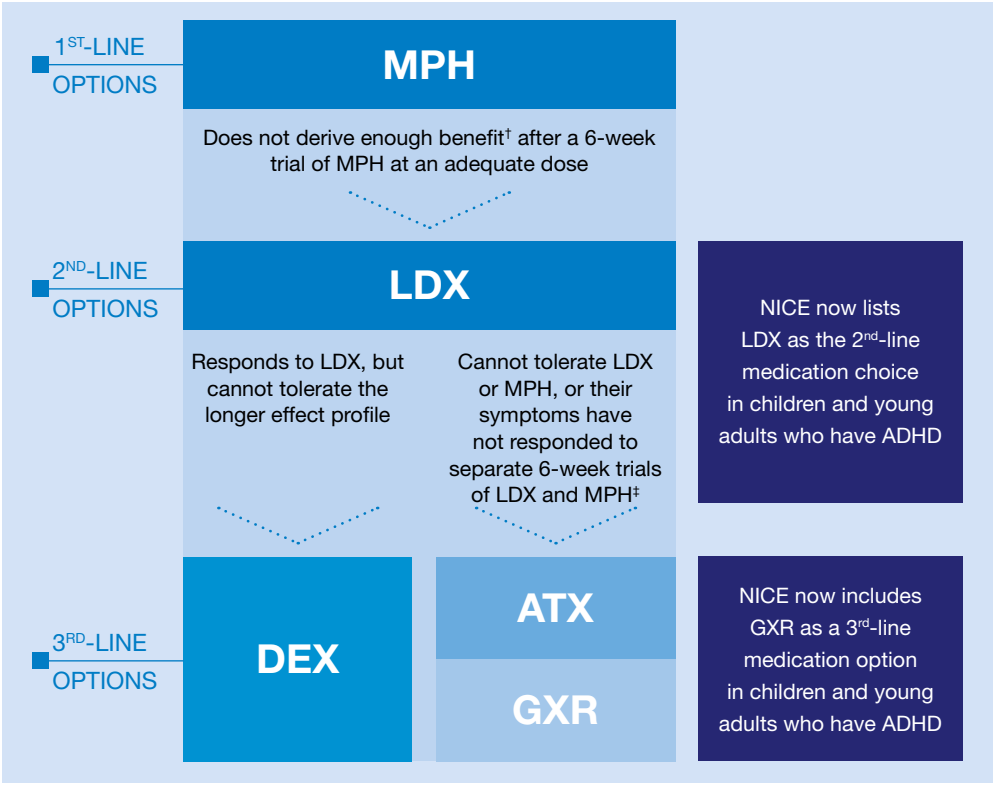


Figure created by Shire

Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*ADHD medicines are not licensed for the treatment of children with ADHD who are aged 5 years and under. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented

†In terms of reduced ADHD symptoms and associated impairment

‡Having considered alternative preparations and adequate doses

ATX, atomoxetine; DEX, dexamfetamine; GXR, guanfacine extended release; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate; NICE, National Institute for Health and Care Excellence

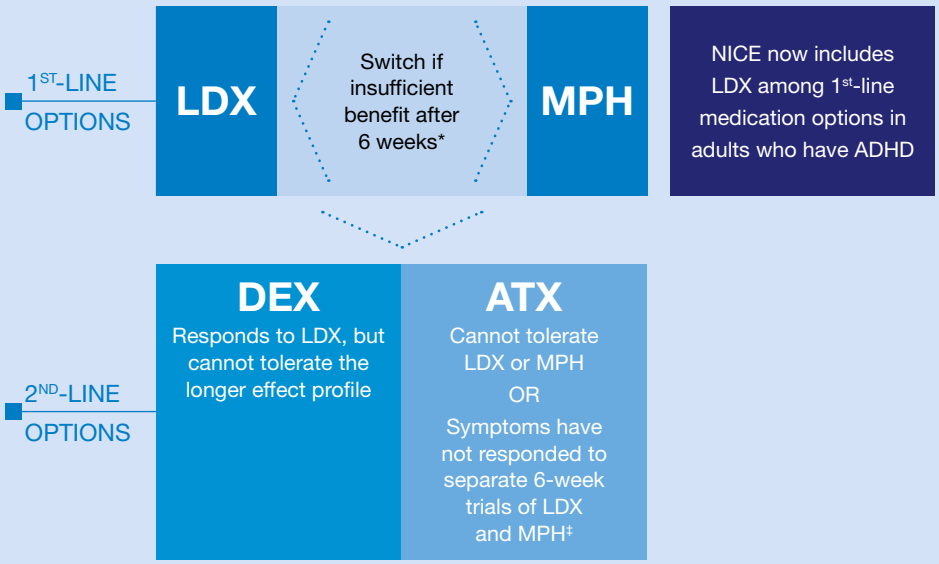
2018 UK NICE GUIDELINE

Attention Deficit Hyperactivity Disorder: Diagnosis and Management[1]

Summary of principles for initiating pharmacotherapy in adults with ADHD

Following a full baseline assessment, medication should only be offered to adult patients with ADHD if their ADHD symptoms are still causing a significant impairment in at least one domain (for example, interpersonal relationships, education and occupational attainment, and risk awareness) after environmental modifications have been implemented and reviewed.

Summary of recommendations for medication choice in adults with ADHD



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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*Consider switching adults who have had a 6-week trial of either LDX or MPH at an adequate dose but have not derived enough benefit in terms of reduced ADHD symptoms and associated impairment

†Having considered alternative preparations and adequate doses

ATX, atomoxetine; DEX, dexamfetamine; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate; NICE, National Institute for Health and Care Excellence

2018 CANADIAN CADDRA GUIDELINE

Canadian ADHD Practice Guidelines, Fourth Edition[2]

Summary of recommendations for medication choice in children and adolescents (6–17 years) with ADHD

Medications are part of an integrated and multimodal treatment plan that may include educational and psychosocial interventions. As with all pharmacological treatments in medicine, risk/benefit ratios need consideration before initiating any medication. Among the factors to be considered, the high morbidity of ADHD makes it important that we also weigh the risk of not treating ADHD.

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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*Only GXR has been approved by Health Canada for the adjunctive treatment of ADHD in combination with psychostimulants

AMF, amfetamine; ATX, atomoxetine; CADDRA, Canadian ADHD Resource Alliance; DEX, dexamfetamine; GXR, guanfacine extended release; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate

2018 CANADIAN CADDRA GUIDELINE

Canadian ADHD Practice Guidelines, Fourth Edition[2]

Summary of recommendations for medication choice in adults with ADHD

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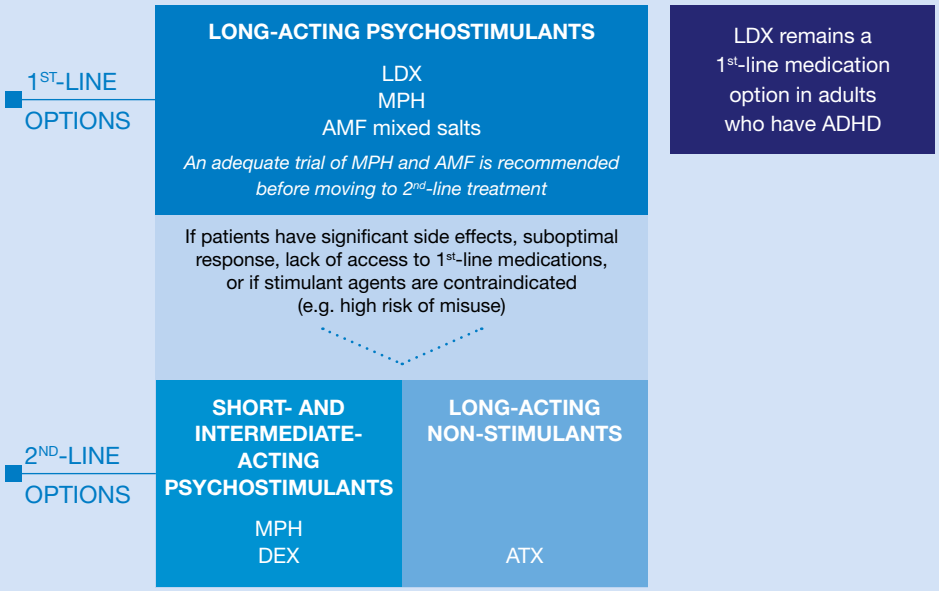

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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

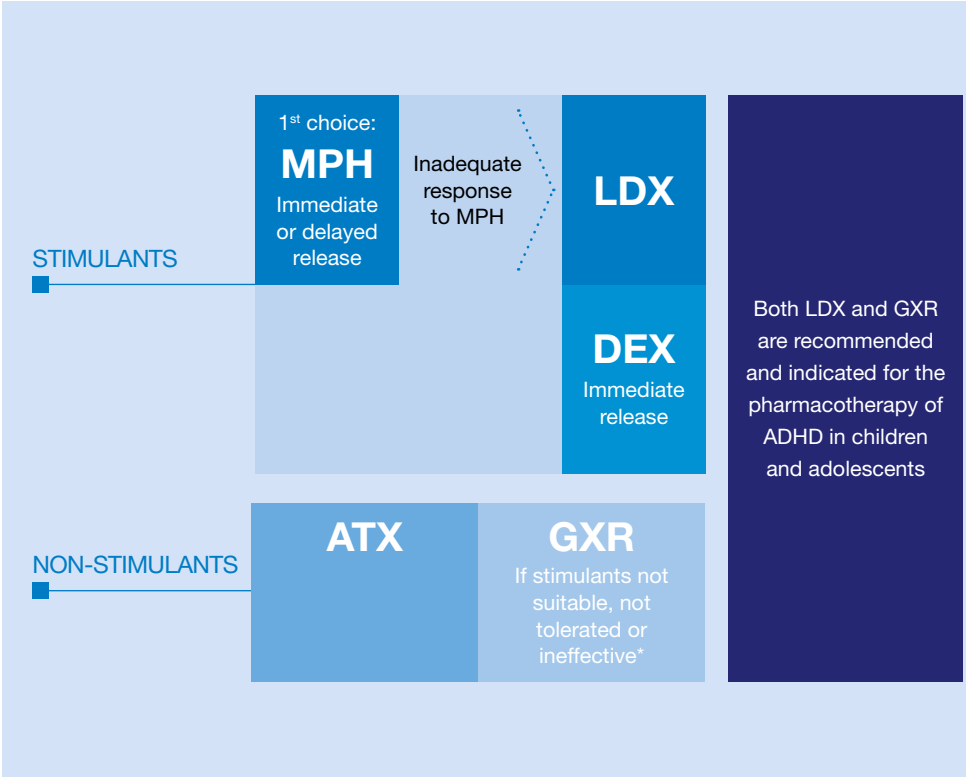
AMF, amfetamine; ATX, atomoxetine; CADDRA, Canadian ADHD Resource Alliance; DEX, dexamfetamine; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate

2018 GERMAN GUIDELINE

Interdisciplinary Evidence- and Consensus-based (S3) Guideline
"Attention Deficit/Hyperactivity Disorder (ADHD) in Children, Young People and Adults"[3]

Summary of recommendations for medication choice in children (⩾6 years) and adolescents with ADHD

The treatment of ADHD shall be delivered in the context of a multimodal treatment plan, which can combine psychosocial (including psychotherapeutic) and pharmacological and supplementary interventions, according to the individual symptoms, the level of functioning, participation and the preferences of the patient and their social network.



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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*GXR can be used without prior prescription of other ADHD medications if there are medical reasons against the use of stimulants or concomitant conditions that support the use of GXR

ATX, atomoxetine; DEX, dexamfetamine; GXR, guanfacine extended release; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate

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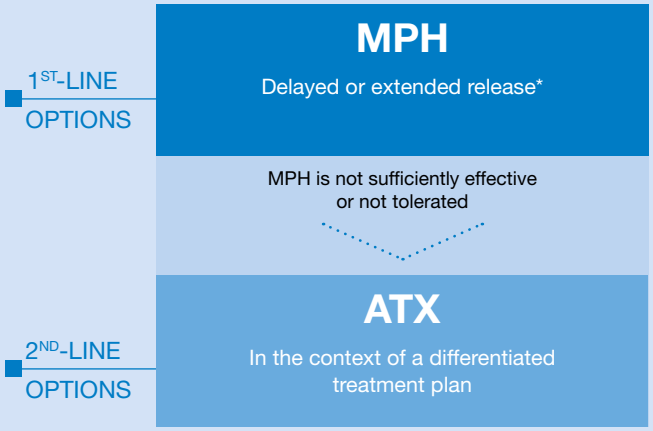

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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*Use of OROS-MPH (extended release) is possible as continuation of a therapy initiated in childhood and adolescence

ATX, atomoxetine; MPH, methylphenidate; OROS-MPH, osmotic release oral system-methylphenidate

2017 SPANISH GUIDELINE

Clinical Practice Guideline on Therapeutic Interventions in Attention Deficit Hyperactivity Disorder (ADHD)[4]

Summary of recommendations for medication choice in children (⩾6 years) and adolescents with ADHD

Pharmacological treatment in school-aged children and adolescents is recommended only when psychotherapy and/or psychosocial therapy has not given any results, or in severely affected individuals. The medications indicated for school-aged children and adolescents with ADHD are LDX, MPH, GXR and ATX.

Summary of evidence for the recommendations

	LDX	MPH	GXR	ATX
EFFICACY	Effective treatment in children that also improves quality of life and functioning	Seems to improve symptoms and general behaviour in children with ADHD* Prolonged-release MPH significantly improves symptoms in children aged 6–8 years with ADHD	Effective in reducing symptoms of ADHD in children† Minor to moderate effect on oppositional behaviour of young people with ADHD	Effective treatment in children and young people Significantly improves quality-of-life domains most affected in children with ADHD
SAFETY	Can produce minor changes to heart rate in children	*The guideline's summary of evidence does not include safety of MPH in children and adolescents*	Favourable risk/benefit profile in children Adverse events are usually self-limited	Relatively well tolerated by children and young people

Both LDX and GXR are recommended and indicated for the pharmacotherapy of ADHD in children and adolescents

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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*The quality of the evidence makes it difficult to estimate the magnitude of the effect

†Throughout the day, regardless of when it is administered

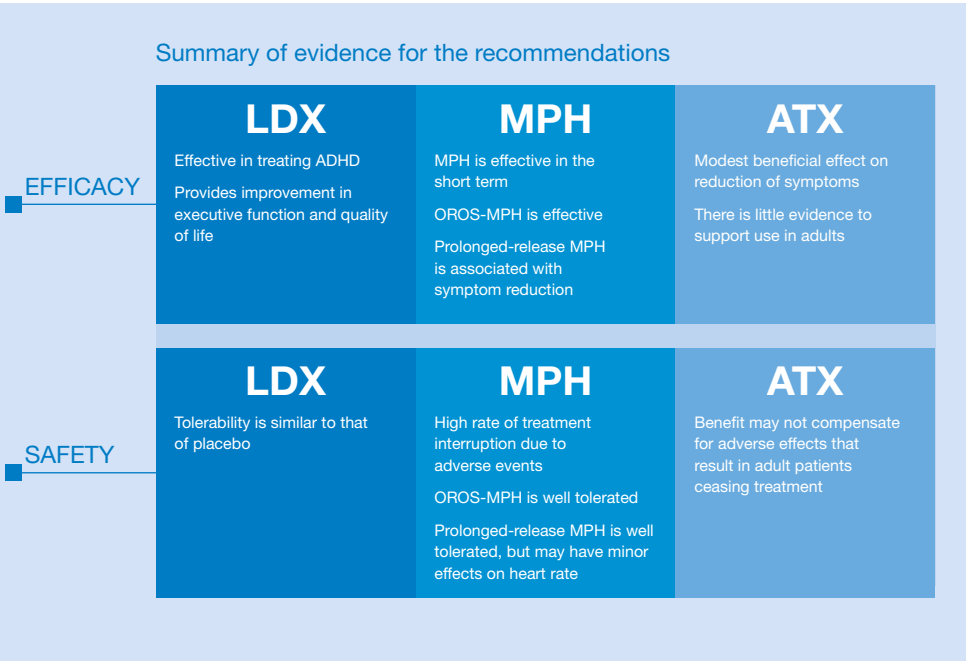
ATX, atomoxetine; GXR, guanfacine extended release; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate

2017 SPANISH GUIDELINE

Clinical Practice Guideline on Therapeutic Interventions in Attention Deficit Hyperactivity Disorder (ADHD)[4]

Summary of recommendations for medication choice in adults with ADHD

Although there is a choice between psychological and pharmacological treatment in adults with minor cases of ADHD, pharmacological treatment is the treatment of first choice for adults with moderate or severe cases. The guideline states that LDX, MPH, ATX and GXR can be used in the treatment of adults with ADHD.*



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Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

*In Spain, only ATX is approved for treatment of ADHD in adults. OROS-MPH and LDX can continue to be used in patients who were prescribed these in childhood and need to continue their use into adulthood. The guideline provides no evidence summary for use of GXR in adults with ADHD

ATX, atomoxetine; GXR, guanfacine extended release; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate; OROS-MPH, osmotic release oral system-methylphenidate

GUIDELINES SUMMARY

Children and adolescents – recommendations for the pharmacological treatment of ADHD

	NICE[1]			CADDRA[2]		German guideline[3]		Spanish guideline[4]
	1st line	2nd line	3rd line	1st line*	2nd line	1st line	2nd line	
LDX		✓		✓			✓†	✓
MPH	✓			Long acting	Short or intermediate acting	Immediate or delayed release		✓
ATX			✓		✓		✓	✓
DEX			✓		✓		✓	
GXR			✓		✓		✓‡	✓
AMF mixed salts				✓				

*Non-stimulants may also be used in combination with 1st-line agents as a potential augmentation for 1st-line treatment suboptimal responders. Only GXR has been approved by Health Canada for the adjunctive treatment of ADHD in combination with psychostimulants

†LDX is recommended if there is a clinically inadequate response to MPH

‡GXR is only recommended if stimulants are not suitable, not tolerated or ineffective

Adults – recommendations for pharmacological treatment of ADHD

	NICE[1]		CADDRA[2]		German guideline[3]		Spanish guideline*[4]
	1st line	2nd line	1st line	2nd line	1st line	2nd line	
LDX	✓		✓				✓†
MPH	✓		Long acting	Short or intermediate acting	Delayed or extended release‡		✓†
ATX		✓		✓		✓§	✓
DEX		✓		✓			
GXR							✓
AMF mixed salts			✓				

*In Spain, only ATX is approved for treatment of ADHD in adults

†Use of OROS-MPH and LDX can only be continued in patients who had ADHD in childhood and need to continue this treatment when they reach adulthood

‡Use of OROS-MPH (extended release) is possible as continuation of a therapy initiated in childhood and adolescence

§Use of ATX is approved in adults in the context of a differentiated treatment plan

Figures created by Shire

Treatment recommendations in guidelines may not necessarily reflect approval statuses in different countries

AMF, amfetamine; ATX, atomoxetine; CADDRA, Canadian ADHD Resource Alliance; DEX, dexamfetamine; GXR, guanfacine extended release; LDX, lisdexamfetamine dimesylate; MPH, methylphenidate; NICE, National Institute for Health and Care Excellence; OROS-MPH, osmotic release oral system-methylphenidate

REFERENCES

1. National Institute for Health and Care Excellence. Attention Deficit Hyperactivity Disorder: Diagnosis and Management. NICE guideline [NG87]. 2018. Available at https://www.nice.org.uk/guidance/ng87. Last accessed December 2018.
2. Canadian ADHD Resource Alliance (CADDRA): Canadian ADHD Practice Guidelines, Fourth Edition. 2018.
3. Association of the Scientific Medical Societies in Germany (AWMF) Online. Interdisciplinary Evidence- and Consensus-based (S3) Guideline “Attention Deficit/Hyperactivity Disorder in Children, Young People and Adults” [in German]. 2018. Available at https://www.awmf.org/uploads/tx_szleitlinien/028-045l_S3_ADHS_2018-06.pdf. Last accessed December 2018.
4. Working group of the Clinical Practice Guideline on Therapeutic Interventions in Attention Deficit Hyperactivity Disorder (ADHD). Clinical Practice Guideline on Therapeutic Interventions in Attention Deficit Hyperactivity Disorder (ADHD). Ministry of Health, Social Services and Equality. Health Sciences Institute in Aragon (IACS) [in Spanish]. 2017. Available at http://www.guiasalud.es/GPC/GPC_574_TDAH_IACS_compl.pdf. Last accessed December 2018.