

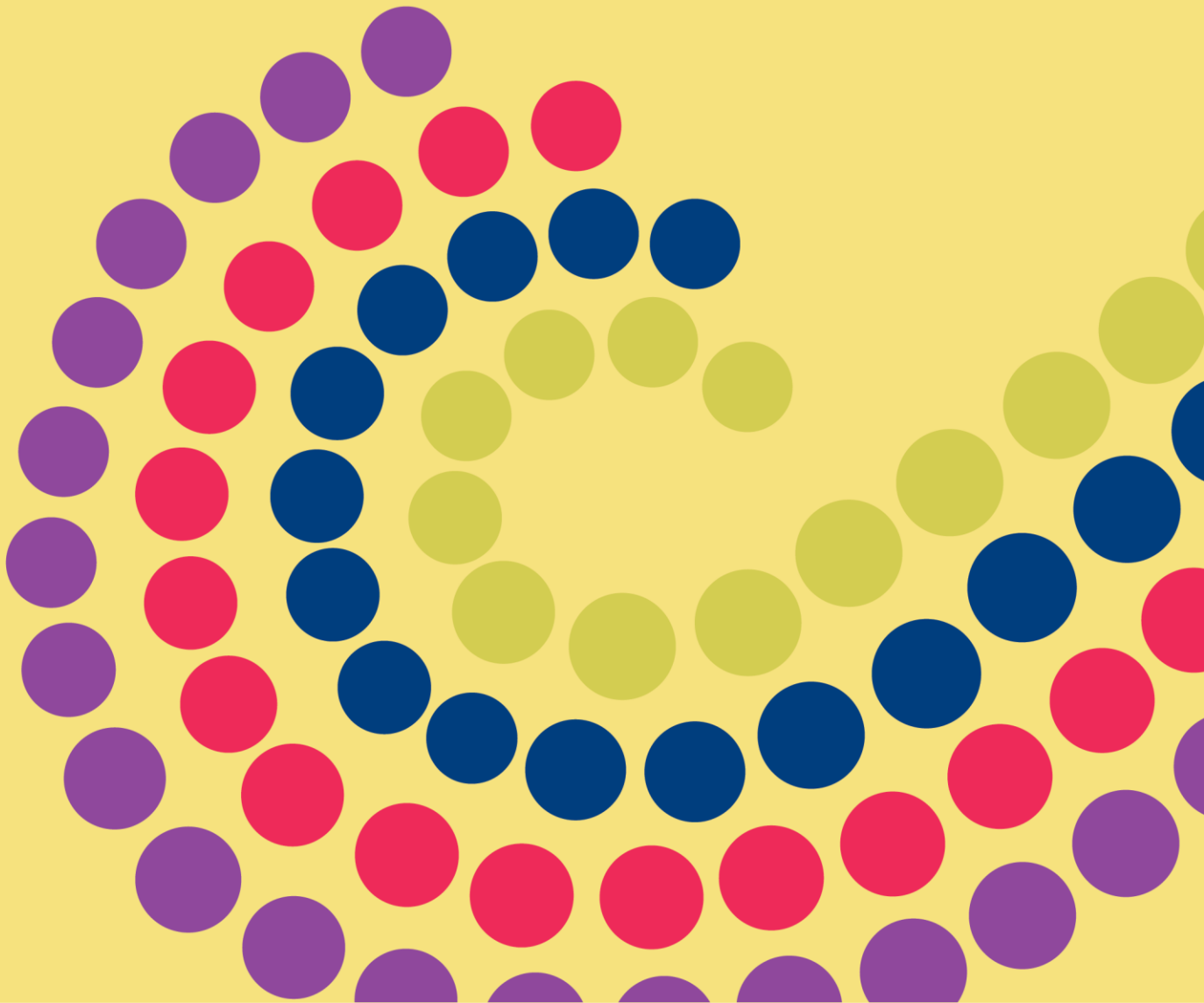
GP Information

GP ADHD Shared Care Program:

A Child & Adolescent Mental Health Services (CAMHS) initiative in partnership with GP Partners Australia (GPPA)

Version 1:

Endorsed Clinical Director CAMHS, Unit Head General Medicine April 2023



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Purpose

Pharmacological management of attention deficit hyperactivity disorder (ADHD) can require the prescription of Schedule 8 stimulant medication such as dexamphetamine, lisdexamfetamine and methylphenidate.

Over the course of treatment, adjustments are made to the dosage until the child or young person is considered stable. Pharmacological treatment of ADHD remains an important part of the young person's treatment, in addition to psychological, behavioural, educational and/or occupational treatment strategies.

As the young person nears the age of 18, arrangements need to be made for a specialist adult psychiatrist to take over prescribing responsibilities.

The aim of the GP ADHD Shared Care Program is to provide GP-led holistic ADHD care for young people, supported by CAMHS Psychiatrists, who will provide a first transition visit to allow time for transfer to an adult service.

Why is this necessary?

Schedule 8 stimulant medication such as dexamphetamine, lisdexamfetamine and methylphenidate have proven benefits (1) but also maintain the potential for addiction or abuse.

South Australian Drugs of dependence legislation therefore requires special authority for ongoing management as follows:

“Diagnosis and initial application for authority to prescribe Schedule 8 stimulants should be made by a relevant AHPRA recognised specialist medical practitioner (eg. paediatrician, psychiatrist, neurologist or respiratory physician).

A general practitioner (GP) will not usually be granted an authority to prescribe schedule 8 stimulants without the explicit written support of a relevant specialist medical practitioner and;

- the diagnosis and treatment have been established, and/or



- for individual patients with special needs (including those living in regional areas) where a specialist retains clinical oversight of the patient's care.

A specialist cannot direct a GP to prescribe a medication – the decision to prescribe a drug remains the clinical and professional responsibility of the individual GP.” [Drugs of dependence | SA Health](#), Accessed 22-11-22

Therefore it is a legal requirement in South Australia that ongoing stimulant treatment for a patient with ADHD requires that the treating specialist is regularly involved in the patient's care, and reviews the patient's medication needs, at appropriate intervals over the course of the treatment.

The treating specialist changes with the patient's age: A Paediatrician or Child Psychiatrist supervises treatment until 18, then an adult Psychiatrist supervises treatment from 18 years of age onwards.

The Shared care program supports the GP to manage the stimulant medication needs of their ADHD patients, with particular focus on supporting the transition from paediatric to adult services. Support from a relevant specialist Psychiatrist is required long term and any authority scripts provided by GP's will need to be done in accordance with this requirement.

Eligibility for GP Shared Care

Clinical and prescribing responsibility should be transferred to the GP ADHD Shared Care Program only when the young person's treatment is stable or predictable. This does not mean that the patient is discharged from specialist care.

The ADHD Shared Care service is only offered to patients the treating Paediatrician has assessed as being stable with optimal medication dosing achieved. No change in medication dosing is reasonably anticipated, unless to decrease the medication in the rare circumstances of other health conditions making this necessary (for example high blood pressure).

The purpose of referring children to the ADHD Shared Care program is to:

1. Facilitate proper continuity of care in the context of whole-family child centred care
2. Reduce the need for un-necessary hospital clinic visits
3. allow regular required health checks with the GP (growth, blood pressure etc)
4. Streamline the provision of scripts for the patient's regular medication



What are the benefits of the program?

For the patient

1. Access to specialised support from their ADHD Shred Care GP closer to home
2. Improved access to both GP and specialist regular medical reviews to ensure management strategies continue to be appropriate and effective
3. Access to GP expertise in the management and referral to non-pharmacological treatments (e.g. physical health and well-being, lifestyle, psychology)
4. Access to specialist expertise in the transition period from paediatric to adult services, to confirm the need for continuation of medication, or testing of short-term discontinuations at times.

For the GP

It is recognised that many GPs are already providing holistic care to their ADHD patients, including as the Drugs of Dependence Authorised prescribers for their patients.

The SA GP ADHD Shared Care Program aims to provide:

1. Formal acknowledgement of the already established expertise of GP's to care for patients with ADHD
2. The additional support of connection with a CAMHS psychiatrist to provide the first transition psychiatry assessment for young people leaving paediatric services.
3. Registration with the SA ADHD Shared Care Program which open to all General Practitioners in South Australia with no membership fee applicable.
 - i. Note: Registration is not mandatory, but at this time is the only pathway to access the CAMHS Psychiatry First Transition Service.
4. GP-led, specialist supported, oversight and co-ordination of non-pharmacological treatments such as:
 - a. Mental Health Shared Care plan referrals for psychological supports
 - b. Multi-disciplinary meetings with clearly identified specialist team in the event school liaison/support is required.
 - c. Annual Chronic Disease Management Plan assessments for physical health and wellbeing
5. Clearly identified, specialist supported care and treatment requirements supporting the access of relevant MBS item numbers in billing for the above.



In future the GP ADHD Shared Care Program aims to provide:

1. Ongoing professional development programs to GP's including formal accreditation (supporting the enhanced role of the GP in ADHD care), CPD recognition, and ongoing CPD requirements for Accredited GP's.
2. Clearly identified directory of Adult Psychiatrists who have capacity to take over the specialist supervision of the patient's treatment.

For the treating specialist(s)

1. The expertise of a clearly identified Shared Care GP, in close collaboration with the regular GP if different) in informing and providing care.
2. Access to the GP's long-term insights regarding the patient's progress and response to treatment.
3. Clear line of referral from paediatric specialist to adult psychiatrist care.
4. Clear expectations by patients (and the treating team) of the role of the adult psychiatrist in the patients care, such that:
 - Holistic care will remain with the GP
 - The paediatric specialist will directly handover care to the adult psychiatrist
 - Patients are enrolled in the program here educated and aware that:
 - o dosage increases are not expected and are only advised in highly limited circumstances.
 - o Psychiatrist review is to assess the appropriateness of ongoing treatment, and that dosages may in fact be reduced or the patient advised to change to an alternative medication if clinically indicated.
 - o Failure of the patient to comply with the Shared Care patient rights and responsibilities will result in the Shared Care program of care being ceased and risk medication no longer being prescribed (see Patient Information & Consent Form)

Roles & Responsibilities

The patient:

These are described in detail in the patient information document that accompanies and is incorporated with, the GP ADHD Shared Care Consent form.

The patient has been advised they must:

1. Attend review appointments with the GP for regular clinical monitoring as outlined in the original transfer of prescribing letter (e.g. BP, pulse height and weight checks). The patient cannot have medication prescribed without regular face-to-face follow-up with the GP.



2. Attend review appointments with the consultant psychiatrist or paediatrician as advised by the treating specialist, as continued prescriptions will not be issued without regular review. Failure to attend review appointments will lead to termination of the shared care agreement with the GP
3. Ask the specialist or GP for information at any time they do not have a clear understanding of the treatment.
4. Tell the specialist or GP of any other medication being taken, including over-the-counter products.
5. Safely store medications.
6. Read the patient information leaflet included with your medication and report any side effects or concerns you have to the consultant / specialist or primary care prescriber
7. Adhere to treatment as advised
8. Report any changes in symptoms and adverse effects promptly to the clinician who is currently prescribing
9. Alert GP and/or specialist of any changes of circumstance which could affect management of the patient's ADHD e.g. Plans for pregnancy; plans to move/change GP practice.
10. Seek medical attention with any GP (or ED if severe) for any acute changes in symptoms or adverse effects e.g. headache, palpitations etc.

The ADHD Shared Care GP:

The GP ADHD Shared Care Program is entirely voluntary. GPs with a specific interest in ADHD care are encouraged to apply to be part of the program. If the patient's regular GP does not wish to be involved, there are a number of ADHD Shared Care Accredited GP's who will be able to provide clinical support. The ADHD Shared Care GP will work in close collaboration with the patient's regular GP.

The ADHD Shared Care GP will:

1. Check that the patient is continuing to attend required specialist Paediatrician or Psychiatrist reviews prior to re-authorisation of repeat prescriptions.
2. Monitor the young person's overall health and well-being.
3. Provide symptomatic treatment of minor adverse events
4. Reduce or cease the treatment if required due to significant adverse effects or risk to the patient of continuing treatment. Specific examples include but are not limited to: hypertension, pregnancy, reducing dose due to reduced requirements
5. Contact the specialist psychiatrist to discuss any significant changes in the patient.
6. Inform the consultant psychiatrist of any emerging side effects.



7. Provide ongoing risk-benefit assessments in the knowledge that stimulant treatment can be associated with misuse or diversion of prescribed stimulants. This includes regular use of Script Check SA which includes alerts if the patient meets certain criteria for high-risk (**red** alert) or medium-risk (**amber** alert) circumstances and this information should be considered when making clinical decisions (ref [Drugs of dependence | SA Health](#)).
8. Plan patient visits and durations of prescriptions to ensure un-interrupted script provision for the patient. For example, if the GP has planned annual leave in 3 months time, a 2 month's script with booked patient review at the 2 month mark for a new script is appropriate.

Special Considerations for the ADHD Shared Care GP Authorised Prescriber of Schedule 8 Medication:

1. Be aware of the limited but legitimate role of 'Locum' prescribing. This is applicable in the unlikely event of the GP authorised prescriber becoming unexpectedly unavailable (e.g. sudden illness or injury). According to the SA Drugs of Dependence Unit:

"A prescriber **working in the same practice** as the authority holder (authorised prescriber) can act as a locum and continue to prescribe treatment in the short-term absence of the authorised prescriber. Prescribing must comply with the conditions of the authority." [Drugs of dependence | SA Health](#)

2. In the event of extended unplanned leave (e.g. sick leave) it is advisable to have a pre-identified colleague who can act as locum for a short term period (maximum 2 months supply), and can have the authority transferred to their name in the event of longer duration of leave e.g. unexpected significant illness. This is in the context that under South Australian Drugs of Dependence legislation, it is:

"an offence to prescribe or supply (including administering from the prescribers' own supply), drugs of dependence for a patient's regular use during a period exceeding **two months** without an authority from the Minister...Treatment provided by other prescribers must be considered when calculating the two-month period." [Prescribing drugs of dependence | SA Health](#)



The Paediatrician:

1. Provide the first transition planning visit
2. Discuss the option of ADHD Shared Care with the patient & provide the patient with the GP ADHD Shared Care Handout (Information & GP Letter) which includes QR code for patient to access detailed information and download the consent form.
3. Write to the GP, providing explicit support for the future option of the patient's regular GP (or nominated ADHD Shared Care GP) to consider a Shared Care arrangement and applying to take over the long-term Schedule 8 medication prescribing for the patient.

Important Note: The patient's GP is required to have written specialist advice, stored in the patient's clinical record, to commence and/or continue to provide Schedule 8 medication prescriptions under DDU legislation - [Prescribing drugs of dependence | SA Health](#). The GP can attach this letter to their application to the Drugs of Dependence Unit for authority to prescribe the patient's ongoing Schedule 8 Medication.

4. Provide a courtesy copy to the CAMHS Transition Psychiatrist of the above letter to the GP.

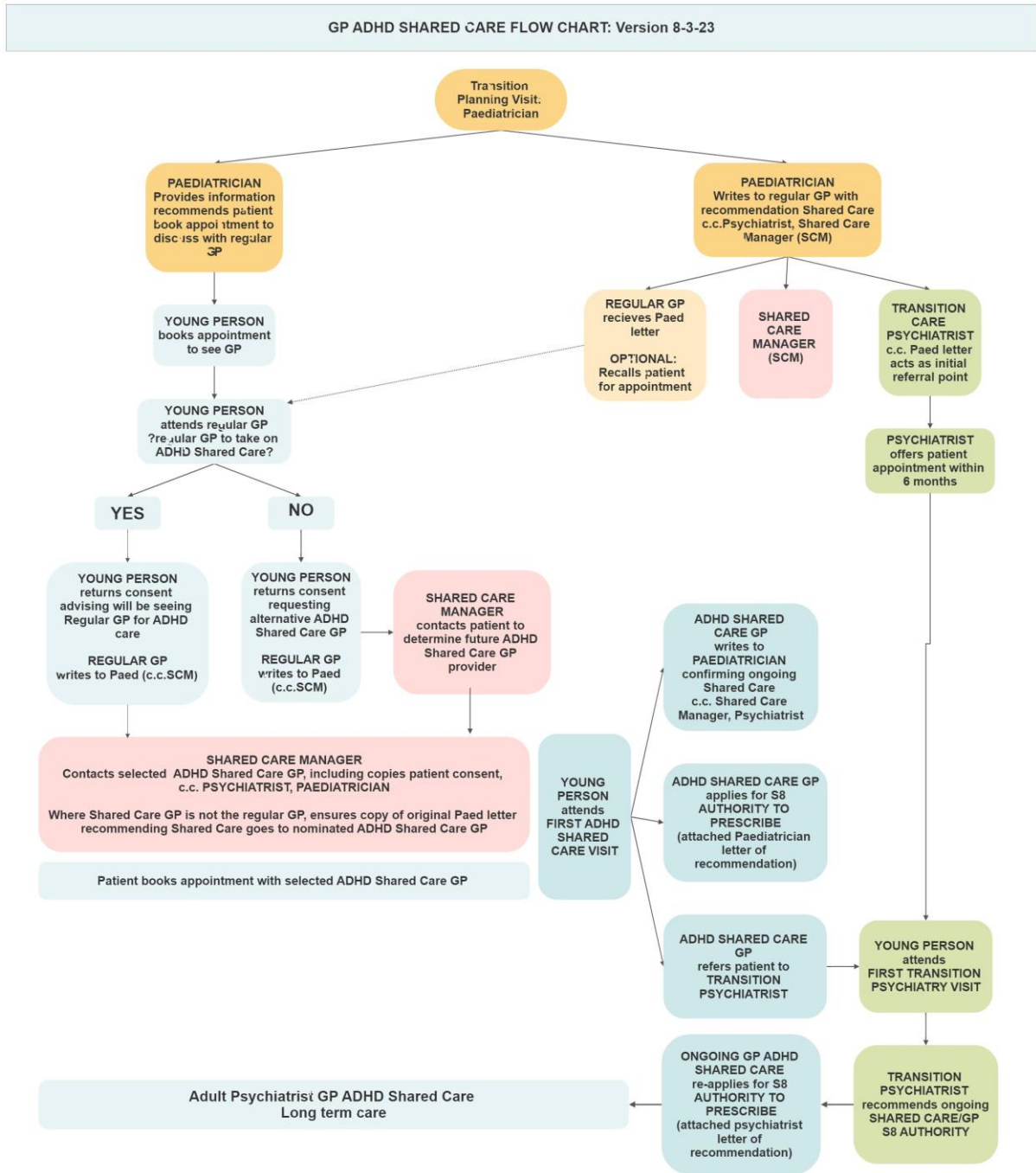
The CAMHS Transition Psychiatrist:

1. Provide the first transition psychiatrist visit.
2. Provides assessment & recommendations for ongoing care
3. Provide recommended specialist reviews included as a condition of the DDU GP Authority
4. Advise of next review interval
5. Provide letter to ADHD Shared Care GP (cc. Paediatrician to formalise handover of care), ensuring the ADHD Shared Care GP has ongoing *written specialist advice*, to continue to provide Schedule 8 medication prescriptions under DDU legislation - [Prescribing drugs of dependence | SA Health](#). The Shared Care GP can attach the above letter to their future application forms - [S18A+non-MATOD+Authority+Application+Form.pdf \(sahealth.sa.gov.au\)](#)



Patient Care Pathway & Documentation

Figure 1.



Helpful Contacts & Resources:

Drug and Alcohol Clinical Advisory Service (DACAS)

DACAS is a 24-hour service for doctors, nurses and other health professionals seeking medical advice in managing people experiencing alcohol or other drug-related problems.

For assistance and support on clinical issues, contact the DACAS on telephone [\(08\) 7087 1742](tel:0870871742).

DRUGS OF DEPENDENCE UNIT

Phone: [1300 652 584](tel:1300652584)

Fax: 1300 658 447

Email: HealthDrugsofDependenceUnit@sa.gov.au

Post: PO Box 6, Rundle Mall, Adelaide South Australia 5000

Online: [Drugs of dependence | SA Health](#)

[Fact+Sheet+Circ+CS+Medical+Practitioners+Obligations+201806.pdf \(sahealth.sa.gov.au\)](#)

SCRIPTCHECKSA

Email: Health.RTPM@sa.gov.au

Website: www.sahealth.sa.gov.au/scriptchecksa

Privileged Circular

The Online Privileged Circular is integrated into ScriptCheckSA. If a person is listed on the Circular, a blue badge can be seen in their ScriptCheckSA profile and a high-risk (**red**) alert will be triggered if monitored drugs are prescribed or dispensed. More information can be found in the Privileged Circular section of their profile. A person is listed in the circular if they have been determined on reasonable grounds as having:

- a. a history of consuming drugs in a quantity or manner that presents a risk to their health, or
- b. obtained or attempted to obtain drugs by false pretences or other unlawful means, or
- c. obtained or attempted to obtain drugs for an unlawful purpose,

Section 58 of the [Controlled Substances Act 1984 \(SA\)](#) allows information to be published to prescribing persons to help limit further supply of potentially harmful drugs to those people.



References:

1. Chang Z, Ghirardi L, Quinn PD, Asherson P, D’Onofrio BM, Larsson H., Risks and benefits of attention-deficit/hyperactivity disorder medication on behavioral and neuropsychiatric outcomes: a qualitative review of Pharmacoepidemiology studies using linked prescription databases. *Biol Psychiatry*. 2019;86:335–43. <https://doi.org/10.1016/j.biopsych.2019.04.009>.

