ADHD Stimulant Monitoring

A primary care reference for shared-care prescribing of lisdexamfetamine and methylphenidate, based on NICE NG87 and the published shared-care protocol.

18,915 (DEC 2025)

REFERRALS

new ADHD referrals reported by NHS England[1]

+17.3% (YEAR-ON-YEAR)

GROWTH

increase on the same month a year earlier[1]

297k (Q2 2025/26)

PRESCRIBING

patients on stimulants per NHS BSA[4]

SIX-MONTHLY SHARED-CARE MONITORING

CARDIOVASCULAR

Blood pressure and pulse every 6 months and after any dose change.[5]

Compare to age-appropriate normal range. Routine ECG is not required.

WEIGHT, HEIGHT & APPETITE

Weight, height and appetite reviewed every 6 months.[5]

Significant or sustained loss prompts specialist escalation; treatment may continue pending review.

MENTAL STATE

Anxiety, irritability, and sleep disturbance can be exacerbated by stimulant treatment.[6]

New or worsening symptoms warrant clinical review.

RED FLAG ESCALATION TRIGGERS

⚠ CARDIAC CONCERNS

Withhold treatment, urgent specialist advice

- **New cardiac symptoms:** chest pain, dyspnoea, syncope, pre-syncope, palpitations
- **Sustained tachycardia** (resting HR >120bpm), arrhythmia, or new-onset hypertension
- Consider cardiology input where significant concerns arise

⚠ PSYCHIATRIC CONCERNS

Urgent specialist escalation

- **Psychotic symptoms** or mania
- **Marked hostility** or significant behavioural change
- **Suicidal ideation**

Polypharmacy & ongoing risk

Both agents are Schedule 2 controlled drugs. Active risk assessment is part of shared-care prescribing.

PSYCHOTROPIC INTERACTIONS MATRIX

CONCOMITANT DRUG CLASS	WITH LISDEXAMFETAMINE[6]	WITH METHYLPHENIDATE[7]
SSRIs	RISK Serotonin syndrome	RISK Serotonin syndrome
SNRIs	RISK Serotonin syndrome	RISK Serotonin syndrome
Citalopram & escitalopram	CONTRA MHRA: contraindicated alongside other QT-prolonging drugs[8]	
Mirtazapine	NOTE SmPC reports QTc prolongation below clinically meaningful threshold at therapeutic dose. Caution where pre-existing QT risk factors are present.	
Tricyclic antidepressants	CAUTION May increase risk of cardiovascular adverse events[5]	CAUTION Pharmacodynamic interaction; monitor
Antipsychotics	CAUTION Stimulant effects may be antagonised	CAUTION Pharmacodynamic interaction (opposing dopamine effects)

MAOIs are contraindicated with both agents.[6,7] Always check the BNF interactions appendix and the relevant SmPC before initiating any psychotropic alongside stimulant treatment.

OTHER CLINICAL CONSIDERATIONS

SEIZURES	Stimulants can lower seizure threshold. New or significantly changed seizures warrant urgent specialist advice; treatment usually paused.[6,7]
GLAUCOMA	**Contraindication** to lisdexamfetamine. Any diagnosis or suspicion should prompt specialist review.[6]
INSOMNIA	Often responds to dose timing or sleep hygiene. Persistent symptoms warrant referral back.[5]
PREGNANCY	Specialist-led decision. Refer promptly if pregnancy occurs.[5]

ONGOING RISK ASSESSMENT

Both agents are **Schedule 2 controlled drugs** with potential for misuse and diversion. Watch for early repeat prescription requests, inconsistent engagement with follow-up, and reports of lost or stolen prescriptions.[5]

Specialist review at least annually is part of shared-care prescribing. Where this has lapsed, prescribing arrangements warrant reconsideration.[5,6]

Refs: 1. NHS England ADHD MI · 2. OpenSAFELY · 3. NICE CKS · 4. NHS BSA · 5. NHS Dorset Lisdex SCP · 6. Elvanse SmPC · 7. Concerta XL SmPC · 8. MHRA DSU · 9. NICE NG87