South Central Priorities Committees
(Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West PCTs)

Policy Statement 14: Methylphenidate and atomoxetine in attention deficit hyperactivity disorder (ADHD) in children and adolescents

Date of Issue: July 2010

The Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West Priorities Committee has considered the guidance published by the National Institute for Health and Clinical Excellence (NICE) on the use of methylphenidate, atomoxetine and dexamfetamine in ADHD in children and adolescents and further evidence published subsequently. This guidance is contained in two NICE publications: NICE Technology Appraisal (TA) 98 and NICE Clinical Guideline (CG) 72.

The committee **RECOMMENDS** that **methylphenidate** should normally be prescribed as the first line drug in school age children and adolescents requiring drug therapy. Funding for **atomoxetine** is **RECOMMENDED** only where the following criteria are met:
i) methylphenidate has been tried and has been ineffective at the maximum tolerated dose; OR
ii) the child or young person is intolerant to low or moderate doses of methylphenidate; OR
iii) methylphenidate has had an adverse effect on frequency or severity of co-morbidities; OR
iv) there is a high risk that stimulant medication could be diverted to illicit use.

This policy is based on NICE TA98 and CG72.
The committees have considered the evidence for methylphenidate and atomoxetine in children with co-morbid tics, Tourette's syndrome, anxiety disorder, seizures and stimulant misuse, drawing on CG72 and further evidence published subsequently. Available evidence indicates that for all children with ADHD, methylphenidate has a greater clinical effect than atomoxetine. There is study evidence to indicate that methylphenidate does not worsen tics, seizures or substance misuse. The side effect profiles of the two drugs are similar but the incidence of side effects appears to be higher with atomoxetine. Atomoxetine is also associated with rare effects including suicidal behaviour and hepatic damage. Given these factors and the lower acquisition costs of methylphenidate, it is considered appropriate to use methylphenidate as the first line drug treatment in children with co-morbidities.

NOTES:
1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*