

Checklist 1: Methylphenidate (MPH) checklist before prescribing

The following is designed to support you in the appropriate prescription of an MPH-containing product in a child aged 6 years and above, an adolescent or an adult, with attention-deficit/hyperactivity disorder (ADHD). Please refer to the full prescribing information of the product you intend to prescribe for the approved indication and age group.

As outlined in the prescribing information in more detail, specific concurrent conditions may exclude the use of MPH or may warrant particular attention, including cardiovascular, cerebrovascular and neuropsychiatric disorders or symptoms. Importantly:

- Blood pressure and pulse should be recorded at each adjustment of dose and then at least every 6 months
- Height, weight and appetite should be recorded in children and adolescents below 18 years of age at least 6 monthly with maintenance of a growth chart
- Weight should be recorded in adults regularly
- Development of de novo or worsening of pre-existing psychiatric disorders should be monitored at every adjustment of dose and then at least every 6 months and at every visit

It is recommended that this checklist be used in conjunction with the full prescribing information for the individual product that is being prescribed. Please visit www.medicines.ie to view the prescribing information.

Please download and print this checklist prior to your consultation. It will not be possible for you to store any patient-specific information on the website. The completed checklist can be documented within the patient records.

As you work through the checklist, it may also be useful for you to discuss the patient information leaflet (PIL) of the individual product that is being prescribed with your patient and/or their care(s)/guardian(s) and for children and adolescents below 18 years of age with their parent(s) or guardian(s).

Before initiating MPH therapy

Patients with any of the following conditions, comorbidities and/or co-medications should not receive MPH-containing products:

Date of assessment:	_____
Reason for assessment:	_____
Patient name:	_____
Date of birth:	_____
Age:	_____
Gender:	_____

Contraindications	
<i>Please note that the following conditions are contraindicated if present:</i>	
	Evaluated
• Known sensitivity to MPH or any of the excipients	<input type="checkbox"/>
• Glaucoma	<input type="checkbox"/>
• Phaeochromocytoma	<input type="checkbox"/>
• During treatment with non-selective, irreversible monoamine oxidase inhibitors, or within a minimum of 14 days of discontinuing those drugs, due to risk of hypertensive crisis	<input type="checkbox"/>
• Hyperthyroidism or thyrotoxicosis	<input type="checkbox"/>
• Psychiatric comorbidities Diagnosis or history of severe depression, anorexia nervosa/anorexic disorders, suicidal tendencies, psychotic symptoms, severe mood disorders, mania, schizophrenia, psychopathic/borderline personality disorder, diagnosis or history of severe and episodic (type I) bipolar (affective) disorder (that is not well controlled)	<input type="checkbox"/>
• Cardiovascular comorbidities Pre-existing cardiovascular disorders including severe hypertension, heart failure, arterial occlusive disease, angina, haemodynamically significant congenital heart disease, cardiomyopathies, myocardial infarction, potentially life-threatening arrhythmias and channelopathies (disorders caused by the dysfunction of ion channels)	<input type="checkbox"/>
• Cerebrovascular comorbidities Pre-existing cerebrovascular disorders, cerebral aneurysm, vascular abnormalities including vasculitis or stroke	<input type="checkbox"/>

Special warnings and precautions for use

Before progressing with MPH treatment, please also consider the following prior to treatment with MPH:

Following the evaluation above, please complete the chart provided to record a baseline measure for ongoing monitoring:

Family history	
	Evaluated
• Family history of sudden cardiac or unexplained death	<input type="checkbox"/>
• Family history of malignant arrhythmia	<input type="checkbox"/>
• Family history of Tourette's syndrome	<input type="checkbox"/>

Patient's history and physical exam	
<i>Caution is required when MPH is prescribed to patients with certain comorbidities or concomitant medications</i>	
	Evaluated
Cardiovascular	
• History of cardiovascular disease	<input type="checkbox"/>
• Known cardiac structural abnormalities, cardiomyopathy, serious heart rhythm abnormalities or increased vulnerability to sympathomimetic effects of stimulant medication	<input type="checkbox"/>
• Cardiovascular disease	<input type="checkbox"/>
• Underlying medical condition which might be compromised by increases in blood pressure or heart rate	<input type="checkbox"/>
Psychiatric/neurological disorders	
• Pre-existing psychiatric disorders	<input type="checkbox"/>
• Pre-existing psychotic or manic symptoms	<input type="checkbox"/>
• Aggressive or hostile behaviour	<input type="checkbox"/>
• Motor or verbal tics or Tourette's syndrome	<input type="checkbox"/>
• Anxiety, agitation or tension	<input type="checkbox"/>
• Depressive symptoms (screen for risk for bipolar disorder by detailed psychiatric history including family history of suicide, bipolar disorder and depression)	<input type="checkbox"/>
• Bipolar disorder	<input type="checkbox"/>
• Presence of epilepsy. Epileptic patients with history of seizures, prior EEG abnormalities in absence of seizures	<input type="checkbox"/>
• History of drug or alcohol dependency or misuse of CNS stimulants	<input type="checkbox"/>
Other medical conditions such as:	
• Known intolerance to excipients	<input type="checkbox"/>
• Known renal or hepatic insufficiency	<input type="checkbox"/>
• Presence of leukopenia, thrombocytopenia, anaemia or other alterations, including those indicative of serious renal or hepatic disorders	<input type="checkbox"/>
Pregnancy Evaluate benefit/risk: Methylphenidate is not recommended for use during pregnancy unless a clinical decision is made that postponing treatment may pose a greater risk to the pregnancy	<input type="checkbox"/>
Breast feeding Evaluate benefit/risk: A decision must be made whether to discontinue breast-feeding or to abstain from methylphenidate therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman	<input type="checkbox"/>
Potential drug–drug interactions	
<i>Pharmacokinetic</i>	
• Coumarin anticoagulants	<input type="checkbox"/>
• Anticonvulsants (eg phenobarbital, phenytoin, primidone)	<input type="checkbox"/>
• Antidepressants (tricyclics and selective serotonin reuptake inhibitors)	<input type="checkbox"/>
<i>Pharmacodynamic</i>	
• Anti-hypertensive drugs	<input type="checkbox"/>
• Drugs that elevate blood pressure	<input type="checkbox"/>
• Alcohol	<input type="checkbox"/>
• Halogenated anaesthetics	<input type="checkbox"/>
• Centrally-acting alpha-2 agonists (eg clonidine)	<input type="checkbox"/>
• Dopamine antagonists, including antipsychotics	<input type="checkbox"/>
• L-dopa or other dopamine agonists	<input type="checkbox"/>
Patient information leaflet	
	Evaluated
• Consider using the PIL as a guide to assist you in explaining the treatment of ADHD with MPH to your patient(s) and/or their guardian(s)	<input type="checkbox"/>

Record any additional information here

Following the evaluation above, please complete the chart provided to record a baseline measure for ongoing monitoring:
[\(View chart\)](#)