4CPS-179

Sistema Socio Sanitario
Regione Lombardia
ASST Fatebenefratelli Sacco

23rd Congress of eahp
HOSPITAL PHARMACISTS SHOW US WHAT YOU CAN DO!
21st - 23rd March 2018
Gothenburg, Sweden

ATTENTION-DEFICIT/HYPERACTIVITY-DISORDER IN ADULTHOOD: CONFLICT BETWEEN CLINICAL NEEDS AND PRESCRIPTION STATUS

L. GAMBITTA[1], E. MAGNI[1], E. GALFRASCOLI[1], G. MIGLIARESE[2], G. CERVERI[2], G. MUSERRA[1].
[1]ASST FATEBENEFRATELLI-SACCO, HOSPITAL PHARMACY UNIT, MILAN, ITALY.
[2]ASST FATEBENEFRATELLI-SACCO, C.P.S. SETTEMBRINI, MILAN, ITALY.

BACKGROUND

ADHD is a clinical condition that can break up in childhood and can persist till adulthood. It has been demonstrated that ADHD in adulthood affects quality of life, in particular social and professional relationships. Although international guidelines indicate methylphenidate as first line treatment for ADHD in adulthood, in Italy it can be prescribed only for adults whose ADHD has been diagnosed before the eighteenth year of age; it is not payed back for ADHD newly diagnosed in adults. As regards atomoxetine, it is authorised and payed back, but is indicated as second line treatment (NICE guidelines). Our Psychiatric department is involved in adulthood ADHD treatment and closely collaborated with Pharmacy Unit to verify the state of art on available treatments, their safety and prescription.

PURPOSE

The aim of this article is to stress the fact that psychiatrists are forced, according to law, to prescribe methylphenidate for adult ADHD out of indication, although it represents the first line treatment (NICE guidelines).

MATERIALS AND METHODS

We studied prescription status of available treatments and compared safety profiles of methylphenidate and atomoxetine, analysing retrospectively (from 2007 to 2016) the adverse events taken from National Pharmacovigilance Network. The adverse events were related to atomoxetine, authorised for ADHD in adult age (on-label regimen) and methylphenidate, not authorised in Italy for this indication. Adverse events were classified by gravity.

RESULTS

Pharmacovigilance national system reported 254 adverse events: 116 for atomoxetine (15 in adult patients), 138 for methylphenidate (10 in adults) (**Chart 1**). The 26% (30/116) of events correlated to atomoxetine were classified as serious, and 5 of these represent cases of attempted suicide. For what regard methylphenidate the 12% (16/138) of adverse events was classified as serious and of these only 1 was dangerous for the patient (syncope) (**Chart 2**).

CONCLUSIONS

Adult patients newly diagnosed of ADHD could not be treated with methylphenidate, although international guidelines indicate it as the best therapeutic choice. Clinicians are obliged to prescribe methylphenidate as an off-label regimen, out of therapeutic indications.
Analyzing Pharmacovigilance reporting it can be assessed that methylphenidate has a better safety profile compared to atomoxetine, in particular for serious adverse events.

Chart 1. Number of ADRsC

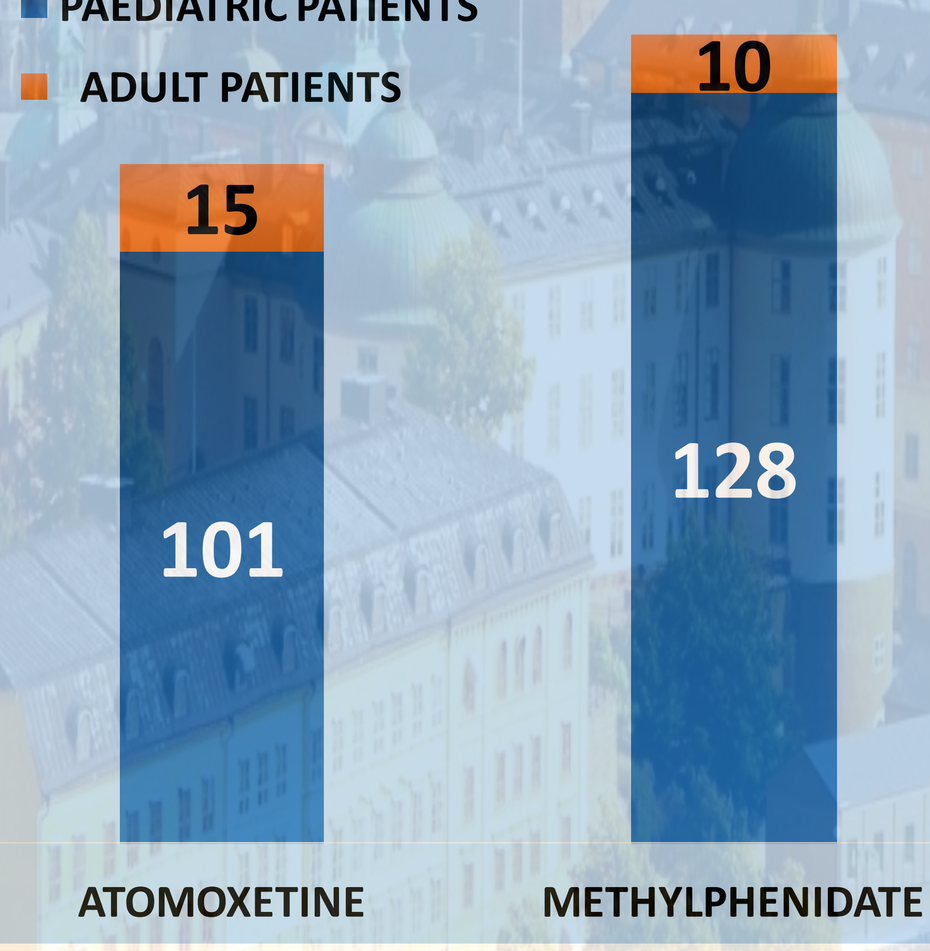

Chart 2. Serious ADRs