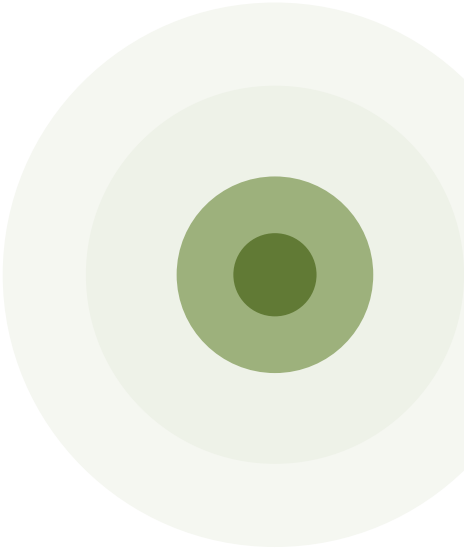
FOR ADULTS TAKING ADHD MEDICATION, AND FOR PARENTS AND CARERS OF CHILDREN AND YOUNG PEOPLE TAKING IT

Taking ADHD Medication Safely

A guide for adults, and for parents and carers of children and young people, taking ADHD medication with UMID



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The latest version is always at umid.co.uk/resources

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BEFORE YOU START

About this guide

This guide is for adults who take medication for attention deficit hyperactivity disorder (ADHD) prescribed through UMID, and for the parents and carers of children and young people who take it. It explains how treatment is started, what you need to provide at each stage, how to request medication, which symptoms need help and how quickly, and how to take ADHD medication safely from day to day, including when you drive or travel.

We send this guide with the first ADHD titration letter. It is the full information behind the shorter summary at the end of each titration and review letter, and it is the record of the information you were given about taking ADHD medication with us. Please keep it and read it with the leaflet supplied with your medicine. Your letters set out the plan agreed for you. Where your letter or your clinician's advice differs from something written here, the advice about you or your child comes first.

Most of the guide applies to everyone. Where advice applies only to some readers, it says so, for example during titration, for adults, for children and young people, for a particular medicine, for people for whom pregnancy is relevant, or for drivers. Where you are a parent or carer, please read "you" as your child wherever the advice is about taking the medicine, and as yourself wherever it is about providing information or contacting us.

You do not need to read every part at once. The essentials are on the next page. Parts 2 and 3 matter most during titration, and Part 4 is worth reading before the first dose and keeping to hand.

> **KEEPING THIS GUIDE UP TO DATE**
> This guide is updated regularly. The most recent version is always available at umid.co.uk/resources. Your letters point to that page rather than to a particular edition, so if you received this guide some time ago, please check there for the current one.

> **IF YOU NEED HELP URGENTLY**
> UMID sees people by planned appointment and is not able to provide crisis or emergency support. Email and prescription request forms are not urgent-care services and may not be read straight away. If you are worried about your own safety or someone else's, please use the services below. They are there for exactly this, and you will not be wasting anyone's time.
>
> - **If a life is at risk**, or you feel you cannot keep yourself or someone else safe, call **999** or go to your nearest **A&E**.
> - **For urgent mental health help** that is not an emergency, call **NHS 111** and choose the mental health option, or use 111.nhs.uk. It is available day and night, for people of all ages and for parents worried about a child.
> - **Samaritans**: call **116 123**, free, at any time of day or night.
> - **Shout**: text **SHOUT** to **85258** for free, confidential support by text, at any time.
> - **If you are under 19**, you can also call **Childline** on **0800 1111**. The number does not appear on the phone bill.

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Part 4 explains which side effects of medication need 999, which need same-day advice from your GP or NHS 111, and which you should tell us about promptly. Part 10 lists further support organisations.

The essentials

THE POINTS THAT MATTER MOST

- **Readings at every titration appointment.** Pulse, blood pressure and weight readings taken within the preceding 72 hours, written down with their dates, your current medicine and dose, and ready before the appointment starts (Part 2).
- **Monthly checks once treatment is settled.** Record pulse, blood pressure and weight at home at least once a month, and attend your reviews (Part 2).
- **Requests by the form, by Tuesday at 5pm.** Use the Repeat Prescription Request Form, give the information it asks for and request in good time (Part 3).
- **Do not change the dose yourself.** A request or an email does not authorise a change, a restart or an extra dose (Parts 3 and 5).
- **Know when to get help.** Chest pain, collapse, a seizure, signs of a stroke, severe allergic swelling or thoughts of suicide you may act on need 999. Other worrying symptoms need same-day advice. Do not wait for an email reply (Part 4).
- **Avoid alcohol and recreational drugs**, avoid energy drinks and excess caffeine, and tell every clinician that you take ADHD medication (Part 5).
- **Drive only when it is safe** to do so, and check the law before you travel abroad with your medicine (Parts 7 and 8).

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PART 1

Starting medication

IN THIS PART

- Medication as one part of treatment
- What we need to know before the first dose
- How the medicines differ in how quickly they work
- What titration involves, and your part in it
- Guanfacine for adults

Medication is one part of treatment

Medication is one part of ADHD treatment. Practical changes at home, in education or at work, and psychological support where it is appropriate, may also help, and many people find that medication makes those changes easier to put in place. Tell us if difficulties remain despite medication, so that we can discuss the wider treatment plan.

ADHD medication needs regular checks of its benefit, its side effects and its effect on your physical and mental health. This is why treatment involves readings, reviews and the information described in this guide, for as long as you take it.

Before the first dose

Before starting medication, we check pulse, blood pressure and weight, and ask about physical and mental health, other medicines and any history that might make a particular medicine unsuitable. It is best to start at a time when life is reasonably settled, so that the effects of the medicine can be judged fairly.

TELL US ABOUT YOUR HEART BEFORE YOU START

Before starting medication, tell us if you, or your child, have heart disease, have had heart surgery, or faint during exercise or after a sudden fright, or if a parent, brother, sister or child died suddenly before the age of 40. Also tell us about chest pain, unusual breathlessness on exercise, or episodes of a fast, regular heartbeat that start and stop suddenly.

A heart tracing (an electrocardiogram, or ECG) or other investigation is not needed routinely for everyone starting ADHD medication. You may need one because of your symptoms, your medical history or another medicine you take, and we will explain why if so.

Please also tell us before starting if you are planning a pregnancy, are pregnant or are breastfeeding (see Part 6), and about every other medicine and supplement you take (see Part 5).

How quickly the medicines work

Stimulant medicines, which are methylphenidate, lisdexamfetamine and dexamfetamine, usually act on the day they are taken, although finding the right dose takes time. **Atomoxetine and guanfacine** take longer to show their full benefit, so we need to judge the response over several weeks rather than after a few doses.

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During titration with a stimulant. If you have noticed no benefit from a stimulant after about a month, tell us, so that we can review the dose, how you take it, and whether to continue or change treatment. Do not keep increasing it or stop it yourself.

What titration involves

There is no standard dose of ADHD medication, and the right dose cannot be predicted in advance. Treatment starts at a low dose, which is increased gradually while the benefit and any side effects are monitored. This process is called titration. Our ADHD Titration Package includes short remote appointments over about three months. Each titration appointment lasts 15 minutes, which is why the readings described in Part 2 must be ready before it starts.

At each appointment we review the benefit, side effects and your readings, and agree any change. Medication agreed at a titration appointment is normally prescribed that week. Clinical treatment decisions are normally made at these appointments. During the ADHD Titration Package, a medication request or a dose change may also be considered between appointments by email, when you provide the information set out in Part 3. An email does not replace an appointment, guarantee a prescription or authorise you to change your dose.

Titration can take longer than three months, for example if a medicine needs to be changed, supply is interrupted or readings are not available when they are needed. Delays may extend titration beyond the three months included in your package and lead to additional appointment or prescribing charges. Current charges are published at umid.co.uk/our-fees.

Tell us if the medicine is not helping enough, is difficult to take or causes effects you find unacceptable, so that we can discuss a change together. Children and young people should be included in these discussions in a way they can understand.

> **FOR CHILDREN AND YOUNG PEOPLE**
> Please tell us how treatment affects your child at home and in education, including both the benefits and any unwanted effects. With the appropriate agreement, information from school or college can help us judge whether the dose is suitable throughout the day, and not only at home.

Guanfacine for adults

For adults prescribed guanfacine. Guanfacine is not licensed in the UK for the treatment of ADHD in adults. If it is recommended for you as an adult, we will explain the reasons, the uncertainties and the specialist monitoring plan, including whether your GP can take over prescribing. Using a medicine outside its licence is sometimes called off-label prescribing. It is common and legitimate in ADHD care when the evidence and national guidance support it, and we will always tell you when it applies.

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PART 2

Readings and monitoring

IN THIS PART

- The readings needed at every titration appointment
- Why they are a requirement, and what happens if they are missing
- How to take readings reliably
- Readings before an ADHD medication review
- Monitoring once treatment is established
- Monitoring if you are under 18: pulse and blood pressure for age, growth and appetite
- Guanfacine monitoring, and appetite, weight and sleep

Readings at every titration appointment

During titration. At every titration appointment, you must provide pulse, blood pressure and weight readings taken within the preceding 72 hours. This applies to your first, interim and final titration appointments. Have the written readings, their dates and your current medicine and dose ready before the appointment starts. The 15-minute appointment cannot be used to look for the readings or to take them. Readings can be taken at home with suitable equipment or by a healthcare professional, but they must be available to us during the appointment. For a child or young person, height and weight are also recorded on a growth chart.

The 72-hour rule is a requirement of this service rather than a national rule. It exists so that each decision about starting medication or changing the dose rests on readings that reflect how you are now.

Why the readings are a requirement

Providing these readings is a requirement of your titration agreement. Without them, we cannot complete the safety assessment needed to start medication, change the dose or agree routine further prescribing. A promise to send them afterwards does not meet this requirement. Continuing the previous dose is not automatically safe simply because you have taken it before, and you should not assume that a further prescription will be issued without the required assessment.

If we do not have enough information to prescribe safely, we will not issue a prescription on the basis of an incomplete assessment. We may need to pause or stop prescribing if safe monitoring cannot be maintained. When that happens, we consider the risks of interrupting treatment and explain the appropriate next step, including any urgent assessment or alternative care that is needed.

WRITTEN NOTICE OF THE SAFETY RISK

Continuing ADHD medication without the required readings carries a significant safety risk, because changes in blood pressure, pulse or weight may go undetected. Serious heart or circulation complications can, in rare cases, be fatal. Normal readings do not rule out every serious adverse effect, so you must also report symptoms.

This guide, like your titration letters, is written notice of that risk and of your obligation to provide the required readings under your titration agreement. Continuing treatment without providing them does not meet that obligation and does not authorise further prescribing without a safe assessment. You are asked to confirm that you understand this warning and the monitoring

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requirements as part of your titration agreement, and to ask for clarification if anything is unclear. Your UMID prescriber remains responsible for deciding whether it is safe to prescribe.

If the readings are not ready, the appointment may be unable to achieve its purpose and titration may be delayed. We may decline to make a routine prescribing decision from readings received after the appointment, and require a further appointment to assess them together with your symptoms and response to treatment. Sending readings later does not automatically reopen or complete the earlier appointment, and you should not rely on reminders from us to provide them. Any information suggesting a safety concern will still receive an appropriate clinical response.

If you cannot obtain readings or need help with these arrangements, contact our practice support team before the appointment so that the difficulty can be addressed.

How to take reliable readings

You will need a validated upper-arm blood pressure monitor with the correct cuff size and reliable weighing scales. A pharmacist can advise on choosing a monitor. The British and Irish Hypertension Society keeps a list of validated monitors at bihsoc.org.

TAKING A READING

- Avoid exercise, smoking and caffeine for at least 30 minutes beforehand.
- Sit quietly for five minutes, with your back supported, your feet flat on the floor and your arm supported at about the level of your heart.
- Put the cuff on the bare upper arm, and do not talk during the reading.
- Take two blood pressure readings at least one minute apart, and record both, together with your pulse.
- Record your weight in kilograms under similar conditions each time.
- Write down the date and time, your current dose and when you last took it, and whether you or a healthcare professional took the readings.

Send the actual results. Do not send remembered or estimated figures. If your equipment is unreliable or a result is unexpected, arrange a check with a healthcare professional. If you cannot measure at home, a pharmacy or GP practice may be able to help, and this needs to be arranged before your appointment.

Before an ADHD medication review

Complete your pre-review form before your ADHD medication review appointment. Include pulse, blood pressure and weight readings taken over the preceding week, together with your current medicine and dose, the benefit you are getting and any side effects. The 72-hour rule for titration appointments does not apply to this review form. Have the readings available at the appointment as well.

If the form is incomplete, the readings are out of date, or your health or medication has changed, we may need further information before deciding whether treatment can safely continue or change.

When treatment is established

When your dose is stable, continue to record your pulse, blood pressure and weight at home at least once a month, as this service requires. These checks do not replace your clinical reviews.

Your pulse and blood pressure need to be assessed before and after each dose change and at least every six months. **Adults** need their weight reviewed at least every six months. **Children and young people** need height and weight checks according to their age, with the results recorded on a growth chart, as

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described below. More frequent checks may be needed if concerns arise or if your particular medicine requires them.

Reviews. A clinician with expertise in ADHD needs to review your medication at least once a year, including whether you still need it. This is the national minimum, and it is separate from the physical checks and from any more frequent reviews in your treatment plan. Attend the reviews agreed in your treatment plan, which look at the benefit, side effects and continuing need for medication. While you are treated through UMID, we review everyone taking ADHD medication every six months, whether we prescribe or your GP prescribes under a shared care agreement.

Monitoring if you are under 18

If you are a parent or carer, this section explains how to help monitor your child's medication. If you are 16 or 17, it applies to your own readings. You can ask a parent, carer or another trusted adult to help with the checks and with getting medical advice.

Your UMID prescriber checks pulse, blood pressure and growth against the appropriate range for your age. Blood pressure also depends on height and sex. Adult blood pressure, weight loss and BMI figures elsewhere in this guide should not be used to decide whether your readings or growth are satisfactory.

Pulse and blood pressure for age

The table below gives the usual resting pulse and blood pressure for children and young people of different ages, and the figures at which to act. The same table is printed in every letter we send about a child or young person taking ADHD medication. The typical figures are approximate averages, readings vary from day to day and the table is a guide for age rather than a set of limits worked out for your child. You do not need to work out centiles or read a chart yourself; your prescriber checks each reading against the exact figures for age, sex and height.

Age	Typical resting pulse	Pulse: let me know if repeatedly above	Typical blood pressure	Blood pressure: let me know if repeatedly above	Same day, GP or NHS 111, if a repeat blood pressure is at or above
6 to 11	about 85	110	about 100/60	117/78	130/90
12 to 15	about 78	100	about 109/63	126/81	140/90
16 to 17	about 73	100	about 114/66	130/85	140/90

Figures for boys and girls of average height. Pulse from Fleming and colleagues (Lancet, 2011); blood pressure from the NHLBI Fourth Report (2004), with adult figures from 16 as UK and European guidance advise; the same-day figures are the threshold for stage 2 high blood pressure in children (American Academy of Pediatrics, 2017), rounded. Where your prescriber gave you an individual figure as well, such as a lower limit for guanfacine, follow it too.

Take readings at home only with a monitor and cuff suitable for the child's age and arm size. Ask a healthcare professional to check that they are suitable. A GP or pharmacy may be able to take readings, but check that they have suitable equipment for a child and arrange this before the appointment.

Sit quietly for five minutes before measuring, with your back and arm supported and your feet resting on the floor or a foot support. Keep the arm at heart level. Use the right upper arm unless a clinician has advised otherwise. Take two blood pressure readings at least one minute apart and write down both numbers and your pulse. Follow the other preparation advice in this part. Record the date, time, medicine, dose and when the last dose was taken.

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If a reading is above the figure for your age and there are no urgent symptoms, rest quietly for five minutes and take it again. If it is still above, let UMID know and send the readings, then take readings on three different days, resting at home with the same monitor and two readings a minute apart each time. Either blood pressure number can be the high one. Do not wait until you have all three days of readings before letting us know. A repeat blood pressure at or above the same-day figure for your age needs advice from your GP or NHS 111 that day. A healthcare professional may need to check a raised automated result manually.

Seek advice that day if your pulse remains above 120 beats per minute at rest, your heartbeat is irregular, you faint or have marked dizziness. If you take guanfacine, follow any figure your prescriber gave for a slow pulse or low blood pressure, and ask urgently about the next dose if you feel faint or unwell.

Seek medical advice that day for a raised reading with a severe headache, a change in vision or repeated vomiting. Call 999 for severe breathlessness, collapse, a seizure, severe confusion, chest pain that does not settle or signs of a stroke. Do not delay getting help to repeat a reading when symptoms are serious. Normal readings do not rule out a serious medicine reaction.

UMID clinics are on Tuesdays. Do not wait for Tuesday or an email reply when advice is needed that day. Tell the assessing clinician the exact medicine and dose, and tell UMID after obtaining help. Your prescriber will decide whether medication needs reducing, stopping or changing, and whether specialist assessment is needed.

Do not change a dose yourself because of a reading. Follow Part 4′s advice about withholding a stimulant or atomoxetine while waiting for urgent assessment. If you take guanfacine, seek urgent advice about the next dose instead, because suddenly stopping it can raise blood pressure.

Height, weight and appetite

Your prescriber will arrange for height and weight to be recorded on a growth chart and reviewed. The chart helps us assess growth over time. Parents and young people do not need to interpret it themselves.

What is checked	Minimum schedule unless your medicine or clinical plan requires more frequent checks
Height	Every six months
Weight at age 10 or below	Every three months
Weight above age 10	Three and six months after starting medication, then every six months
Pulse and blood pressure	Before and after each dose change and at least every six months

The monthly home checks required by UMID and the readings required before appointments are additional to these clinical checks. Send them as agreed. Earlier assessment is needed if there are concerns; do not wait for the next routine check.

If you take guanfacine, you need pulse and blood pressure checks every week during titration and while the dose is being stabilised. Checks for sleepiness, low blood pressure, slow pulse and weight gain are needed at least every three months in the first year and every six months afterwards, with extra checks after dose changes. Height, weight and BMI also need checking every three months in the first year, then every six months. Your prescriber will explain the schedule for you.

Tell UMID by the next working day if weight is falling, eating enough is becoming difficult or you are concerned that growth has slowed. Weight that is not increasing can also matter while a child is growing. Do not wait for a particular percentage of weight loss or an adult BMI number. Seek advice that day from

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the GP or NHS 111 if you cannot drink enough, keep vomiting or are becoming unwell; collapse or severe confusion needs 999.

Reliable measurements matter. Record weight in kilograms under similar conditions. Height is best checked by someone with suitable equipment, and we may ask for a professional check if a home result is unexpected. Your prescriber will consider earlier measurements, appetite, health, puberty and the effect of the medicine when assessing a change.

If appetite or growth is affected

Your prescriber may recommend taking medicine with or after food where the product instructions allow it, extra meals or nourishing snacks when the stimulant effect has worn off, and dietary advice. The plan may also include a different dose or medicine.

If height is being affected, your prescriber may suggest a planned treatment break during a school holiday. A break may help, but does not guarantee that growth will recover. We will agree how long it lasts, what to monitor and how treatment should restart. Do not arrange a break yourself. Guanfacine needs a gradual stopping plan and monitoring, and atomoxetine should not be taken only on school days unless a specialist has specifically advised a treatment plan.

Guanfacine monitoring

If you take guanfacine, you need weekly checks during titration for sleepiness, sedation, low blood pressure and a slow pulse. Checks are needed at least every three months during the first year and every six months thereafter, with extra checks after dose changes. Follow your individual specialist plan, including the advice about low blood pressure, a slow pulse and avoiding grapefruit juice. Adults prescribed guanfacine follow the individual specialist plan described in Part 1.

Appetite, weight and sleep

Reduced appetite and difficulty getting to sleep are common, particularly with stimulant medicines. Keep a record of changes in appetite, weight and sleep, and report persistent weight loss, difficulty eating enough or troublesome sleep disturbance before your next routine review. Do not wait until a large amount of weight has been lost.

For adults, you must arrange a review if you have lost more than 10% of your starting weight or your body mass index falls below 19. These figures are a backstop rather than the point at which concern begins. **For a child or young person**, growth and weight are judged against their own growth pattern rather than these adult figures.

Tell us about any weight-loss medicine before starting it, so that its effects, possible interactions and monitoring can be reviewed.

IF APPETITE IS REDUCED

Taking the medicine with or after breakfast, unless the instructions for your product say otherwise, eating a good meal in the evening when the effect has worn off, and keeping easy, nourishing snacks to hand can all help.

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PART 3

Requesting medication

IN THIS PART

- The request form and the Tuesday deadline
- The information every request during titration needs
- Dose changes between appointments
- What a request does and does not authorise
- When your GP or another clinician prescribes

The request form and the Tuesday deadline

If we have agreed to provide prescriptions, use the Repeat Prescription Request Form at forms.zohopublic.eu/umid/form/RepeatPrescriptionRequestForm/formperma/R_M09QcnMLNm4XLPJvscLYlIzTNdr3metBdnjBmki60. The same link is on your letters.

All prescription requests must reach us by **Tuesday at 5pm, UK time**, for a prescription to be issued that week. This includes routine repeats, requests during titration, requests following an agreed dose change and requests for medication needed for travel. Requests received after that deadline are normally dealt with the following week.

A prescription can be issued only when the prescriber has the information needed and is satisfied that it is safe and appropriate. Issuing a prescription is separate from the pharmacy dispensing it, obtaining stock and delivering your medicine. Request in good time, and do not wait until your last dose.

We issue private prescriptions. Your GP can take over prescribing only if the practice agrees to the proposed arrangement, and you should not assume that NHS prescribing will be available. Until a transfer has been confirmed, follow the prescribing arrangements in your treatment plan.

During titration: what a request must include

During titration. Medication is normally agreed at your appointment and the prescription sent that week. If you will run out before your next appointment, complete the request form and give:

- up-to-date pulse, blood pressure and weight readings, with the dates they were taken;
- the exact medicine, the dose, how you are taking it and how many doses remain;
- the benefit you are currently getting, including how long it lasts and how it affects your daily activities;
- whether you have had chest pain, breathlessness, palpitations or dizziness, and any effect on your appetite and sleep;
- any increase in anxiety, low mood or thoughts of suicide; and
- if you take atomoxetine, whether you have had yellowing of the skin or eyes (jaundice), nausea or abdominal pain.

State clearly when you have not had these symptoms, rather than leaving the information out. A missing answer cannot be read as a “no”.

Dose changes between appointments

The same readings and information are required whenever a dose change between scheduled appointments is considered by email. Outside the ADHD Titration Package, a treatment change normally requires an appointment, and a dose change is considered by email only where we have specifically

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agreed that with you. Any ADHD medication dose change considered by email requires the readings, benefit and side-effect information described above.

What a request does and does not authorise

Submitting a request does not authorise you to increase, reduce or restart your medication, and does not guarantee that a prescription can be issued. Continue to follow your agreed treatment plan unless a clinician gives you different advice or the urgent safety advice in Part 4 tells you to withhold a dose.

If you are running out, have already missed doses or cannot obtain the prescribed product, tell us promptly, so that the risks of an interruption and the next steps can be assessed (see Part 5).

Do not wait for a prescription response if you have a worrying symptom. Follow the urgent advice in Part 4 and obtain medical help straight away when it is needed.

When your GP or another clinician prescribes

If your GP or another clinician prescribes your medication, for example under a shared care agreement, request repeats from that prescriber using the arrangements agreed with them. Tell us who is prescribing and about any change to your medication. Do not request or obtain the same medication from more than one prescriber.

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PART 4

Side effects and when to get help

IN THIS PART

- Common side effects, and telling us about them
- Which symptoms need 999, same-day advice or a prompt message to us
- Raised pulse or blood pressure
- Atomoxetine and the liver
- Changes in mental health, and other serious effects

Common side effects

Side effects are most noticeable when starting or increasing a dose, and many settle over the first few weeks. With stimulant medicines, the more common ones include reduced appetite and some weight loss, difficulty getting to sleep, headaches, stomach ache or feeling sick, feeling anxious, irritable or low, sometimes as the medicine wears off, and small increases in pulse and blood pressure. Atomoxetine and guanfacine have their own side effects, which the leaflet for each medicine describes.

Tell a clinician about side effects, including effects that are not listed in the leaflet. Many can be managed by changing the timing or dose, or by trying a different medicine. You can also report suspected side effects to the medicines regulator through the Yellow Card scheme at yellowcard.mhra.gov.uk. A Yellow Card report does not replace medical advice or urgent treatment.

When to get help

This table brings together the advice in the rest of this part. Email is not read urgently, and UMID is unable to provide crisis or emergency support, so please do not wait for a reply from us before getting help.

Situation	What to do
Chest pain that does not settle or spreads to the arm, neck, jaw, stomach or back; chest pain with sweating, sickness, lightheadedness or breathlessness; severe breathlessness; collapse; signs of a stroke; a seizure as described below; swelling of the lips, mouth, tongue or throat, or difficulty breathing or swallowing; thoughts of suicide you may act on, or having harmed yourself	Call 999 or go to A&E
Resting pulse remaining above 120 or an irregular heartbeat; for adults, repeat blood pressure with a top number of 180 or higher or a bottom number of 120 or higher; if under 18, a repeat blood pressure at or above the same-day figure for your age in Part 2; new chest pain without the emergency features above; unexplained breathlessness, persistent palpitations, fainting or marked dizziness; a raised reading with a severe headache, a change in vision or repeated vomiting; new thoughts of suicide or self harm; hallucinations, severe confusion or very	Same day: your GP or NHS 111. Do not wait for Tuesday or an email reply.

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Situation	What to do
elevated mood with little need for sleep; for atomoxetine, yellow skin or eyes, dark urine, unexplained nausea or pain in the upper right abdomen (stop atomoxetine)	
For adults, home readings repeatedly above a pulse of 100 or blood pressure of 135/85, or a rise of 20 mmHg; increased anxiety, agitation or low mood; persistent weight loss, poor appetite or poor sleep; new tics, sexual difficulties or problems passing urine; a hospital attendance or a change to your medicine by another clinician; a supply problem	Contact UMID promptly, and your GP for raised readings. If under 18, tell UMID by the next working day about weight loss, poor eating or growth concerns.

If you are under 18, use the figures for your age and the growth advice in Part 2. Do not wait for adult blood pressure or weight figures before seeking help.

WITHHOLDING A DOSE WHILE YOU WAIT FOR URGENT ASSESSMENT

While you are waiting for urgent assessment of heart, liver or serious mental health symptoms, or of a possible serious medicine reaction, do not take a further dose of a stimulant (methylphenidate, lisdexamfetamine or dexamfetamine) or of atomoxetine.

If you take guanfacine, seek urgent medical advice about the next dose instead, because stopping it suddenly can itself cause harm, including a rise in blood pressure.

Tell the clinician who sees you the exact medicine and dose, and tell us as soon as possible after obtaining urgent help. Restarting or continuing treatment afterwards needs a clinical decision.

Raised pulse or blood pressure

For adults. If your resting pulse is repeatedly above 100 beats per minute, your home blood pressure is repeatedly 135/85 mmHg or higher, or either blood pressure number has risen by 20 mmHg or more from your usual readings, contact us and your GP for advice rather than waiting for your next scheduled review. Repeat an unexpected reading after sitting quietly, unless you have symptoms that need urgent help. Keep and send the actual results. Do not change your dose yourself.

Seek same-day medical advice from your GP or NHS 111 if your resting pulse remains above 120 beats per minute, your heartbeat is irregular, or your blood pressure remains at a top number of 180 or higher or a bottom number of 120 or higher after a repeat measurement. Do not wait three days to collect more readings. Call 999 if you also have chest pain, severe breathlessness, collapse, new confusion, weakness on one side or difficulty speaking.

If you are under 18, follow the figures for your age and the instructions in Part 2: let us know about readings repeatedly above the figure for your age, and get GP or NHS 111 advice that day for a repeat blood pressure at or above the same-day figure. The symptoms above need urgent help at any age.

Heart and chest symptoms

Call 999 if you have sudden chest pain or discomfort that does not settle, pain spreading from your chest to your arm, neck, jaw, stomach or back, or chest pain with sweating, sickness, lightheadedness or breathlessness. Also call 999 for severe breathlessness, collapse or symptoms of a stroke, such as drooping on one side of the face, weakness on one side of the body or slurred speech. Do not drive yourself.

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For new chest pain without these emergency features, unexplained breathlessness, persistent palpitations, fainting or significant dizziness, obtain medical advice straight away from your GP or NHS 111. Do not wait for an email response from us.

If you take atomoxetine

Stop atomoxetine and obtain medical advice straight away if you develop yellow skin or eyes, dark urine, unexplained nausea, or pain or tenderness in the upper right side of your abdomen. Unusual itching, marked tiredness or feeling unwell as though with influenza can also be warning signs. Seek urgent help for acute or severe abdominal pain, especially with vomiting or jaundice. Tell us as soon as possible, but do not rely on email for the first assessment.

Do not restart atomoxetine while the cause of these symptoms is being assessed. Atomoxetine must be stopped, and must not be restarted, if you have jaundice or blood tests show liver injury.

Changes in mental health

Tell us promptly about increased anxiety, agitation, low mood, or a significant change in how you feel or behave, particularly after starting medication or changing the dose. These changes are not always caused by the medicine, but they always need to be considered.

If you develop thoughts of suicide or self-harm, seek same-day help from your GP, NHS 111 or your mental health service, and tell us. If you may act on those thoughts, have harmed yourself or cannot keep yourself safe, call 999 or go to an emergency department. The crisis information in Part 10 is there for this too. Do not wait for your next appointment or for an email response.

Other serious effects

Seek urgent medical help if you develop hallucinations (seeing or hearing things that are not there), severe confusion, or unusually elevated or overactive behaviour with very little need for sleep.

A combination of agitation or confusion, fever, heavy sweating, tremor, muscle stiffness or diarrhoea can be a serious medicine reaction, especially when you take more than one medicine affecting serotonin, a chemical messenger in the brain that some antidepressants also act on. Tell the treating clinician about every medicine you take. Call 999 for severe confusion or another medical emergency.

Seizures. Call 999 if this is a first seizure, if a seizure lasts longer than usual, or more than five minutes when its usual length is not known, if the person does not recover as usual, if another seizure happens before they recover, or if there are three or more seizures in 24 hours. If you have an established seizure care plan, follow it. A new seizure, or an increase in your usual seizures, also needs urgent review of your medication. Part 7 explains what a seizure means for driving.

Serious allergic reactions. Call 999 if your lips, mouth, tongue or throat suddenly swell, your throat feels tight, or you have difficulty breathing or swallowing.

Other effects to report. Tell us about other troublesome effects, including new tics (sudden repeated movements or sounds), sexual difficulties or problems passing urine. A prolonged erection, especially if it is painful, needs immediate medical assessment.

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PART 5

Taking your medicine safely day to day

IN THIS PART

- Taking your medicine as prescribed, and checking what is dispensed
- Missed doses, switching products and supply problems
- Guanfacine: missed doses and stopping
- Alcohol, caffeine and recreational drugs
- Other medicines and other clinicians
- Storing medicine safely, and what to do if too much is taken

Taking your medicine as prescribed

Take your medicine exactly as prescribed. Check the name, strength, formulation and instructions each time it is dispensed. Follow the leaflet for your particular product, including the instructions about food and about whether a tablet or capsule can be opened, because these differ between products. If the product or instructions differ from what you expected, ask the pharmacist before taking it. Do not change your dose, switch products or take an extra dose to make up for a missed one unless you have been given specific instructions to do so.

Missed doses

If you miss a dose, follow the advice in the leaflet for your medicine, and ask the pharmacist if you are unsure. Do not take extra doses to catch up. A long-acting stimulant taken late in the day can also affect sleep.

Switching products

For methylphenidate. Different long-acting (modified-release) methylphenidate products can release the medicine at different times of day and may have different food instructions, so they are not always interchangeable, and a change can alter how well the medicine works at particular times. Your prescription will usually name the brand. If your pharmacy offers a different product, contact us before taking it. If we agree a switch, we will discuss what may change and what to do if the benefit or side effects differ.

If you cannot obtain your medicine or have missed doses

Tell us as soon as you expect a supply problem or are at risk of running out. Do not wait until you have been without medication for a week. Shortages of particular products still occur from time to time, and you still need advice about a safe plan when they do.

Do not borrow medication, ration it, change the product or restart a previous dose after an interruption without checking the appropriate instructions. Some medicines can be restarted at the previous dose after a short gap, and some cannot, so please ask rather than assume. Tell us how many doses you have missed and about any change in your symptoms or mood.

To avoid gaps in treatment, request prescriptions in good time, before the Tuesday 5pm deadline in the week you need them, and not when you are down to your last dose. Ask the pharmacy to check stock before a prescription is sent, and let us know early if it is having difficulty obtaining your medicine.

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Guanfacine: missed doses and stopping

If you take guanfacine, do not stop it suddenly without medical advice, because your blood pressure and pulse can rise. If you miss two or more doses in a row, ask for advice before restarting, because the dose may need to be built up again. Report fainting, troublesome dizziness or marked sleepiness promptly. If guanfacine is to be stopped, it is reduced gradually following the plan your prescriber gives you.

Alcohol

We recommend avoiding alcohol while taking ADHD medication, especially during titration, and following the advice for your particular medicine. Leaving a gap between your dose and drinking does not make the combination reliably safe. The product information for methylphenidate, dexamfetamine and guanfacine advises against drinking alcohol while taking them, and with guanfacine alcohol can add to its sedating effect. Feeling alert after a dose does not mean your judgement or driving ability is unaffected by alcohol.

Living Well with ADHD, our guide for adults, explains more about alcohol and ADHD, including how the advice differs between medicines.

Caffeine

Avoid energy drinks and excessive caffeine. Caffeine can add to the effect of stimulant medicines on your heart rate, sleep and feelings of jitteriness or anxiety. Discuss your caffeine use with us if you notice palpitations, anxiety or poor sleep.

Recreational drugs

Avoid recreational drugs, and do not take medicines that have not been prescribed for you. Some can interact dangerously with ADHD medication, and combining stimulant medication with other stimulant drugs can be particularly dangerous. They also make it very difficult to tell whether treatment is working. Please tell us honestly about any use, so that treatment can be assessed safely. Information about alcohol or drug use is recorded where it is clinically relevant, because it can affect diagnosis, risk assessment and prescribing.

Other medicines and other clinicians

Tell us about every medicine you take, including prescriptions from another clinician, medicines bought without a prescription or online, herbal products, supplements and weight-loss treatment. Ask a doctor or pharmacist to check compatibility before starting a new product, including a cough or cold remedy. Tell every clinician who treats you that you take ADHD medication, and give the exact medicine and dose.

Tell us promptly if you attend an emergency department, are admitted to hospital, or another clinician changes, stops or advises against your ADHD medication, and send the discharge or treatment information when it is available. If different clinicians give you conflicting instructions, seek clarification before taking the next dose.

Storing your medicine safely

Keep your medicines securely, away from children and anyone for whom they were not prescribed. Do not share or sell them. Methylphenidate, lisdexamfetamine and dexamfetamine are controlled drugs, which means extra legal rules apply to how they are prescribed, supplied and kept, and giving or selling them to anyone else is a criminal offence. A controlled drug prescription is usually for no more than 30 days' supply and must be dispensed within 28 days of the date on it, and you may be asked to show identification when collecting it. Return unwanted medicines to a pharmacy for safe disposal.

For children and young people. Parents and carers usually oversee a child's or young person's ADHD medication, handing over responsibility gradually as the young person grows older. Keep track of how

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much is left. Friends sometimes ask young people to share or sell stimulant medication, so make sure your child knows that this is illegal and can be dangerous.

If too much is taken

If you take more than your prescribed dose, seek medical advice straight away, from NHS 111 or your GP, even if you feel well. Call 999 if you are seriously unwell. Take the medicine packet or leaflet with you if you can.

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PART 6

Pregnancy, contraception and breastfeeding

IN THIS PART

- Telling us early
- How the risks differ between medicines
- Planning ahead for breastfeeding

This part is for people for whom pregnancy is relevant, including young people.

Telling us early

Tell us promptly if you are planning a pregnancy, think you may be pregnant or are breastfeeding, so that we can review your medicine together. Please also tell your GP. Do not stop treatment abruptly without medical advice, unless you have been told to stop for a serious adverse effect.

The product information for some ADHD medicines includes specific advice about pregnancy and contraception. If any medicine makes you vomit, check the instructions for your contraception, because vomiting can stop the contraceptive pill from working.

How the risks differ between medicines

The possible risks in pregnancy differ between ADHD medicines. Methylphenidate has been associated with a small increase in the chance of a heart defect in the baby, and amfetamine medicines, which include lisdexamfetamine and dexamfetamine, may increase the chance of premature birth or low birth weight. We need to weigh these possible risks against the effect of untreated ADHD on you before agreeing your treatment. There is no single answer that suits everyone, and the decision is made with you, for your particular medicine.

Planning ahead for breastfeeding

If you hope to breastfeed, discuss this with us while planning a pregnancy or before the birth. The advice differs between medicines, and information about some ADHD medicines in breast milk is limited, so we need to agree a plan for your treatment and feeding.

The Best Use of Medicines in Pregnancy (BUMPS) website, run by the UK Teratology Information Service, has reliable leaflets on individual medicines at www.medicinesinpregnancy.org.

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PART 7

Driving

IN THIS PART

- When starting medication or changing the dose
- Telling the DVLA
- After a seizure or blackout
- The drug-driving law

This part is for drivers, and for young people learning to drive.

When starting or changing the dose

When you start medication or increase the dose, do not drive or use machinery until you know how it affects you. At any time, do not drive, cycle or use machinery if your medicine makes you feel sleepy, dizzy, less alert, unable to concentrate or otherwise unsafe.

Telling the DVLA

If ADHD or your ADHD medication affects your ability to drive safely, you must tell the DVLA. If your driving is not affected, you do not need to tell them, and if you are unsure, ask us or your GP. You can be fined if you do not tell the DVLA about ADHD that affects your driving, and you may be prosecuted if you are involved in an accident as a result. Full details, including the form used for bus, coach and lorry licences, are at www.gov.uk/adhd-and-driving.

After a seizure or blackout

If you have a seizure or blackout, stop driving immediately and tell the DVLA. Do not resume driving until the relevant medical and licensing requirements have been met. The DVLA's rules on seizures are at www.gov.uk/epilepsy-and-driving.

The drug-driving law

In England, Scotland and Wales it is illegal to drive if any medicine, prescribed or not, is making you unfit to drive. The government's guidance on the drug-driving law names amphetamine, including dexamfetamine, among the prescribed medicines that have legal limits in the blood. Lisdexamfetamine is converted into dexamfetamine in the body, so it is sensible to treat it in the same way. You can drive while taking these medicines if they have been prescribed for you, you take them as advised by a healthcare professional, and they are not making you unfit to drive. It is sensible to keep evidence of your prescription with you, such as the pharmacy label. More information is at www.gov.uk/drug-driving-law.

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PART 8

Travelling abroad

IN THIS PART

- Your responsibility to check the law before you travel
- Controlled drugs, hand luggage and the Home Office rules
- What a travel letter can and cannot do
- Prescriptions for travel

Checking the law before you travel

Before travelling, you are responsible for checking the law on your exact medicine, and on the quantity you will carry, in every destination and transit country, including countries where you only change flights. Some countries restrict or prohibit ADHD medicines, and travelling with a medicine that is illegal there can lead to confiscation, a fine, detention or prosecution.

Check the Foreign, Commonwealth and Development Office travel advice at www.gov.uk/foreign-travel-advice, the relevant embassy or official medicines authority, and the UK controlled drug rules. Obtain any permission, import or transit licence and required documents before you travel. Do not assume that a medicine is permitted because it is prescribed in the UK, or because you remain within an airport.

IF YOU CANNOT ESTABLISH THAT IT IS LAWFUL

If you cannot establish that carrying your medicine into a country is lawful, do not take it across that border. Contact us in good time before travelling to agree a safe treatment plan, rather than stopping, switching or restarting medication yourself.

Controlled drugs and the Home Office rules

Methylphenidate, lisdexamfetamine and dexamfetamine are controlled drugs in the UK. Carry them in your hand luggage, in their original labelled pharmacy packaging, with proof that they were prescribed for you.

Read the current Home Office guidance at www.gov.uk/guidance/controlled-drugs-personal-licences before you travel. Its personal import policy allows up to three months' supply of qualifying prescribed controlled medicines. A personal licence for more than three months' supply is considered only in exceptional circumstances, and you should contact the Home Office one month before travel. Leaving the UK and entering another country have separate requirements.

If you normally live in the UK and receive treatment, or have a controlled medicine prescribed or dispensed, abroad, do not assume that the three-month personal import allowance applies when you return. Contact the Home Office Drug and Firearms Licensing Unit at dflu.ie@homeoffice.gov.uk before bringing that medicine into the UK. Contact the same unit before making your arrangements if you plan to carry three months' supply or more, or are unsure about the UK export or return arrangements.

What a travel letter can and cannot do

We can provide a factual letter confirming your prescribed medicine and dose. That letter does not guarantee that you can enter or pass through a country with your medicine, does not override local law,

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and does not protect you from confiscation, detention or prosecution. Checking and complying with the rules remains your responsibility.

Prescriptions for travel

Controlled drugs are not normally prescribed for more than about a month at a time, so talk to us early about a longer trip. Any prescription request for travel follows the Tuesday 5pm deadline described in Part 3. Please ask for a travel letter in good time, well before you travel.

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PART 9

Reviews, planned breaks and moving to adult services

IN THIS PART

- What a review covers
- Planned dose reductions and breaks
- Stopping medication
- Moving from children's to adult services

What a review covers

Reviews look at the benefit of medication, its side effects, your physical health readings and whether you still need it. A clinician with expertise in ADHD needs to review your medication at least once a year, and at UMID we review everyone taking ADHD medication every six months, whether or not a shared care agreement with your GP is in place. Please use reviews to tell us if the medicine is not helping enough, is difficult to take or causes effects you find unacceptable, so that we can discuss a change together.

Planned dose reductions and breaks

At review, we may agree a planned dose reduction or a break from treatment, to see what the medicine is still contributing and whether unwanted effects improve. In children whose growth is affected, a planned break, for example over the school holidays, may be suggested. Do not arrange a break yourself, particularly with guanfacine, which needs a gradual stopping plan. Breaks are not suitable for every medicine, and atomoxetine, for example, works best when taken every day.

Stopping medication

Please talk to us before stopping medication. Do not stop treatment abruptly without medical advice, unless you have been told to stop because of a serious adverse effect. Stopping suddenly can cause withdrawal symptoms such as low mood or tiredness, and stopping guanfacine suddenly can raise blood pressure and pulse. We can help you plan it.

Moving from children's to adult services

For young people approaching transfer. If your care will move from a children's service to an adult service, we need to plan who will prescribe, monitor and review your medicine before the transfer, so that treatment is not interrupted. UMID provides care for adults as well as young people. Where a young person takes guanfacine, continuing it into adulthood is an individual specialist decision, because it is not licensed for adults (see Part 1).

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PART 10

Crisis and well-being support

IN THIS PART

- Urgent help in a crisis
- Other support organisations
- Apps and directories

UMID offers psychiatric support through scheduled face-to-face or remote appointments. We cannot provide urgent appointments or urgent clinical support, intensive community care, or crisis and emergency support.

Urgent help in a crisis

- **If you feel that your life is at risk** and you might attempt suicide or seriously harm yourself, call **999** or go to **A&E**. Mental health emergencies are serious, and you are not wasting anyone's time.
- **NHS 111**: call 111 and choose the mental health option for help in a crisis, day and night, or use 111.nhs.uk.
- **Samaritans**: call **116 123**, free, at any time. www.samaritans.org
- **Shout**: text **SHOUT** to **85258**, free and confidential, at any time. giveusashout.org
- **Childline**: if you are under 19, call **0800 1111**, free, at any time. The number does not appear on the phone bill. www.childline.org.uk

Other support organisations

- **CALM** (Campaign Against Living Miserably): call **0800 58 58 58**, from 5pm to midnight every day, or use the webchat, for free and confidential support. www.thecalmzone.net
- **SANEline**: call **0300 304 7000**, from 4pm to 10pm every day, for emotional support for anyone aged 16 or over affected by mental illness, including family, friends and carers. www.sane.org.uk
- **The Mix**: free, confidential support for young people under 25, online at www.themix.org.uk, or text **THEMIX** to **85258**.
- **Switchboard LGBT+**: call **0800 0119 100**, from 10am to 10pm every day, or email hello@switchboard.lgbt, for support for lesbian, gay, bisexual and transgender people. switchboard.lgbt
- **The Silver Line**: call **0800 4 70 80 90**, free, at any time, a helpline run by Age UK for people aged 55 and over. www.thesilverline.org.uk
- **Alcoholics Anonymous**: call **0800 917 7650** or email help@aamail.org. www.alcoholics-anonymous.org.uk
- **Beat**: support with eating disorders, through helplines for adults and young people, webchat and email. The current numbers and opening times are on its website. www.beateatingdisorders.org.uk

Apps and directories

- **Stay Alive** is a free suicide prevention app for people at risk and those worried about them, available from the Apple and Google Play stores. www.stayalive.app
- **Hub of Hope** is a national directory of mental health support, searchable by postcode, for a range of issues. hubofhope.co.uk

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- **Headspace** is a mindfulness app that some people find useful. www.headspace.com

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PART 11

Where to find more information

IN THIS PART

- Information about individual medicines
- The request form, reporting side effects and our fees
- Contacting us
- Other UMID guides

Information about individual medicines

- **Choice and Medication: UMID.** Information leaflets about psychiatric medicines, including every ADHD medicine. You can search for your medicine, read the information and download a leaflet. This site is provided for UMID patients and their carers. www.choiceandmedication.org/umid
- **The manufacturer's leaflet** supplied with each pack, including its advice about side effects and when to seek help. Please read it each time the product changes.
- **Medicines for Children.** Leaflets written for parents and carers about medicines used in children and young people, including ADHD medicines. www.medicinesforchildren.org.uk
- **NHS: methylphenidate for adults.** Clear information on side effects, other medicines and common questions. www.nhs.uk/medicines/methylphenidate-adults/
- **Best Use of Medicines in Pregnancy (BUMPS).** www.medicinesinpregnancy.org

If you cannot access or understand the information, please tell our practice support team so that suitable information can be arranged.

Requests, side effects and fees

- **Repeat Prescription Request Form**, with requests by Tuesday at 5pm, UK time (see Part 3). forms.zohopublic.eu/umid/form/RepeatPrescriptionRequestForm/formperma/R_M09QcnMLNm4XLPJvscLYlIzTNdr3metBdnjBmki60
- **Yellow Card scheme**, for reporting suspected side effects to the Medicines and Healthcare products Regulatory Agency (MHRA). yellowcard.mhra.gov.uk
- **Our fees**, including appointments outside the titration package. umid.co.uk/our-fees

Contacting us

Email is the most reliable way to reach us, at umid@umid.co.uk, with specific details of your enquiry. Our practice support team can help with bookings, invoicing, forms, prescription requests and other administrative matters, but cannot give clinical advice. If you need to be seen sooner than planned, you can ask for your appointment to be brought forward.

If you would like us to discuss your care with a relative or another person, email their name, telephone number and email address and confirm your consent for information to be shared. A separate appointment will be arranged, charged as a follow-up appointment as set out on our fees page.

Further information about contact details, bookings, fees and common enquiries is at umid.co.uk/drbaig. The UMID Resources page, umid.co.uk/resources, holds the current edition of this guide and our other guides.

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Other UMID guides

Our guides for people diagnosed with ADHD cover ADHD itself, everyday strategies, psychological support, work, study and family life, which this guide does not. They are Living Well with ADHD, for adults; Supporting Your Child with ADHD, for parents and carers of children aged 7 to 11; and Understanding ADHD in the Teenage Years, for parents, carers and young people aged 12 to 17. All are on the Resources page.

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AT THE BACK

Words used in this guide

ADHD (attention deficit hyperactivity disorder): a neurodevelopmental condition, present from childhood, involving difficulties with attention, activity levels and impulsivity that affect daily life.

Body mass index (BMI): a measure of weight in relation to height. In children and young people it is interpreted using age and sex specific charts.

Controlled drug: a medicine with extra legal controls on how it is prescribed, supplied and stored. Methylphenidate, lisdexamfetamine and dexamfetamine are controlled drugs.

DVLA (Driver and Vehicle Licensing Agency): the government agency that holds driving licences in Great Britain and must be told about medical conditions that affect safe driving.

ECG (electrocardiogram): a simple, painless test that records the electrical activity of the heart.

Growth chart: a chart on which a child's height and weight are plotted over time, so that their growth can be compared with their own earlier pattern.

Jaundice: yellowing of the skin or the whites of the eyes, which can be a sign of a liver problem.

Modified-release: a form of a medicine designed to release it gradually, so that one dose lasts longer. Also called long-acting or prolonged-release.

NICE (National Institute for Health and Care Excellence): the organisation that publishes national guidance on health and care in England.

Non-stimulant: an ADHD medicine that works differently from stimulants, such as atomoxetine or guanfacine.

Off-label: the use of a medicine outside the terms of its UK licence, for example in a different age group.

Palpitations: an awareness of the heartbeat, which may feel fast, pounding, fluttering or irregular.

Product information: the official information about a medicine, including the summary of product characteristics for prescribers and the patient leaflet.

Serotonin: a chemical messenger in the brain. Some medicines, including several antidepressants, act on it, and combining them can occasionally cause a serious reaction.

Shared care agreement: an arrangement in which a specialist starts a treatment and a GP agrees to take over prescribing and routine monitoring, while the specialist continues to review the treatment. It is voluntary for the GP.

Stimulant: a group of ADHD medicines, including methylphenidate, lisdexamfetamine and dexamfetamine, that increase the activity of certain chemical messengers in the brain.

Tics: sudden, repeated movements or sounds that a person finds hard to control.

Titration: starting a medicine at a low dose and adjusting it gradually to find the dose that gives the best balance of benefit and side effects.

Yellow Card scheme: the MHRA's scheme for reporting suspected side effects of medicines.

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Where this information comes from

This guide was written by the clinical team at UMID. Its clinical content was checked against national guidance, the current product information for each ADHD medicine and a standard UK prescribing reference, in October 2026. Where a point is a requirement of this service rather than national guidance, such as the 72-hour rule for readings, monthly home checks, the Tuesday deadline, the length of the titration package, and the figures at which to act and the reporting times for anyone under 18, the guide says so. The advice for anyone under 18 was revised in November 2026. The main sources are listed below.

National guidance and NHS information

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4. NHS. Blood pressure test. www.nhs.uk/tests-and-treatments/blood-pressure-test/
5. NHS. Chest pain. www.nhs.uk/symptoms/chest-pain/
6. NHS. Epilepsy (what to do when someone has a seizure). www.nhs.uk/conditions/epilepsy/
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15. British and Irish Hypertension Society. Validated blood pressure monitors. bihsoc.org

Children's blood pressure and growth

16. Royal College of Paediatrics and Child Health (RCPCH). UK-WHO growth charts, 2 to 18 years. www.rcpch.ac.uk/resources/uk-who-growth-charts-2-18-years
17. RCPCH Digital Growth Charts. Information for health staff. growth.rcpch.ac.uk/clinician/chart-information-health-staff/
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Support services

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33. The organisations listed in Part 10, whose numbers and opening times were checked on their own or NHS websites in October 2026.

UMID services

34. UMID. Service requirements for ADHD medication treatment: readings within 72 hours of every titration appointment, the pre-review form, monthly home monitoring, the Tuesday 5pm prescription deadline, the titration package, and the pulse and blood pressure guide for age, with reporting times, for anyone under 18. Confirmed by the clinical lead, October 2026.
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