

Checklist 2: Methylphenidate (MPH) checklist for monitoring of ongoing therapy

The following is designed to support you in the monitoring of ongoing therapy of an MPH-containing product in the appropriate patients with attention-deficit/hyperactivity disorder (ADHD).

As outlined in the prescribing information in more detail, growth, psychiatric and cardiovascular status should be regularly monitored:

- 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 at least 6-monthly with maintenance of a growth chart
- 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 their parent(s) or guardian(s).

Monitoring during ongoing treatment with MPH

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

Carefully review the following systems as indicated below **at each adjustment of dose and at follow-up visits at least every 6 months:**

	Evaluated
General medical findings	
• Document height, body weight and appetite (see separate follow-up chart)	☐
Consider discontinuation of MPH if growth is below expectations	
• Document any indication of abuse, misuse or diversion of MPH	☐
• Pregnancy	☐
Evaluate benefit/risk	
New cardiovascular findings	
Blood pressure and pulse should be recorded	
• Palpitations	☐
• Exertional chest pain	☐
• Unexplained syncope	☐
• Dyspnoea	☐
• Other symptoms suggestive of cardiac disease	☐
Refer for prompt specialist cardiac evaluation	
New neurological findings	
• Severe headache, numbness, weakness or paralysis, impairment of coordination, vision, speech, language or memory	☐
Any of above conditions may suggest cerebral vasculitis: stop MPH	
• Seizure frequency increase or new-onset seizures	☐
MPH should be discontinued	

		Evaluated
New psychiatric findings or worsening thereof	Development of <i>de novo</i> or worsening of pre-existing psychiatric disorders should be monitored	
• Psychotic or manic symptoms		☐
Consider discontinuation of MPH		
• Suicidal ideation or behaviour		☐
Consider treatment of underlying psychiatric condition		
Re-evaluate benefit/risk		
Consider discontinuation of MPH		
• Aggressive and hostile behaviour		☐
Consider the need for adjustment of treatment		
• Anxiety, agitation or tension		☐
• Depressive symptoms		☐
• Motor or verbal tics or worsening thereof		☐
Treatment duration		
• Patient is being treated continuously for > 12 months		☐
• Improvement in symptoms after appropriate dosage adjustment over a 1-month period is observed, otherwise drug discontinuation is recommended		☐
Consider trial period off medication at least once yearly to determine if continued treatment is still necessary		

Record any additional information here

Following the evaluation above, please use the chart provided to record the information required for ongoing monitoring ([link to chart](#))

End of treatment

Careful supervision is required during drug withdrawal, since this may unmask

- **Depression** as well as
- **Chronic overactivity**

Some patients may require long-term follow-up.