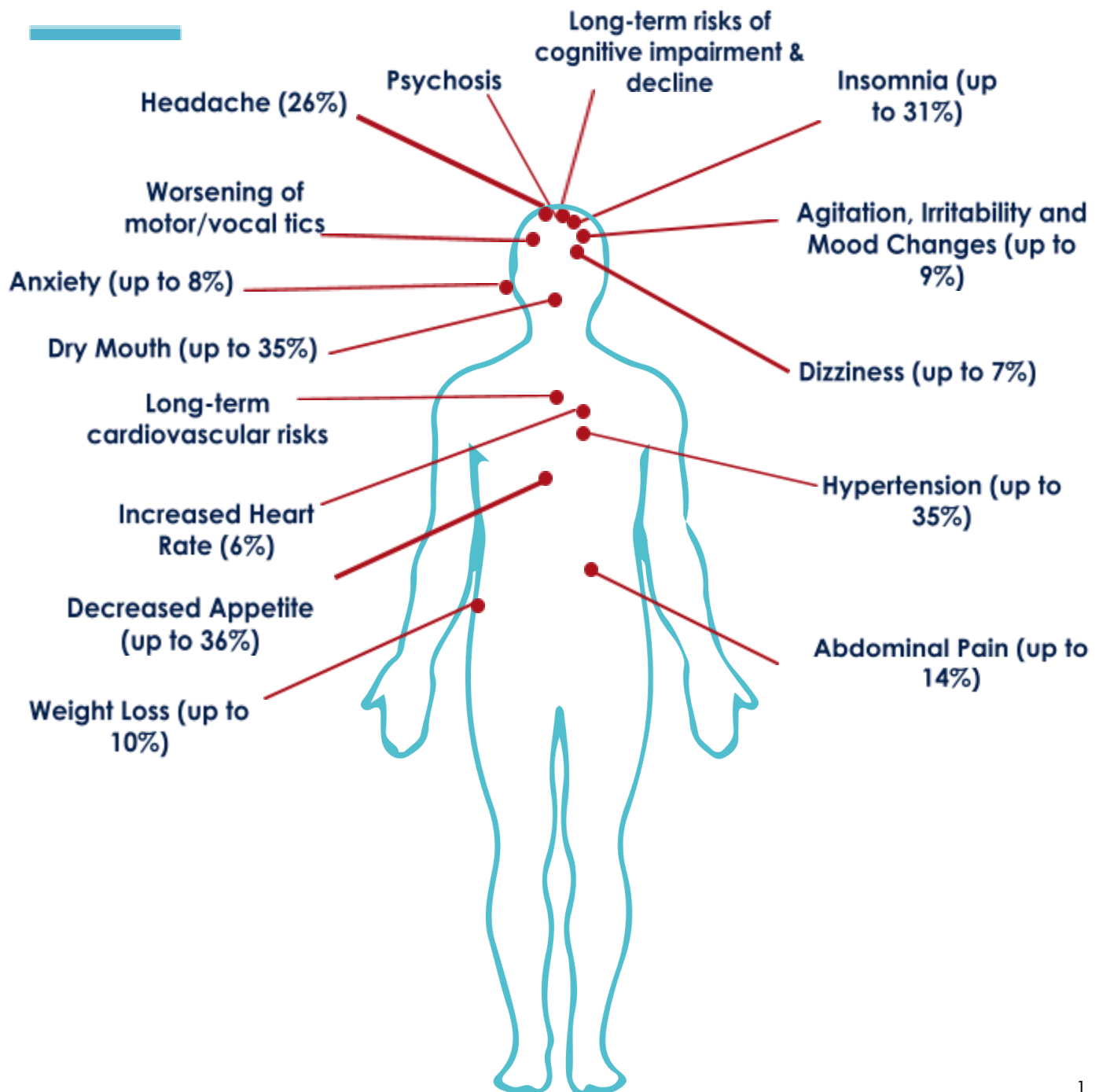




Stimulant Medication

Informed Consent





Quick Facts

- + Stimulants have serious risks of misuse, addiction, physical dependence and withdrawal reactions.
- + Stimulant use is associated with an increased risk of heart problems, psychosis, and anxiety.
- + 10% of adults will discontinue stimulant medications due to side effects.
- + The majority of patients diagnosed with ADHD in childhood continue to be significantly affected as adults.
- + Cognitive behavioral therapy combined with stimulant medications is the most effective treatment for ADHD in adults.
- + Adult ADHD is often concurrent with another psychiatric condition (anxiety, depression, bipolar disorder, substance use disorder)
- + Common symptoms of ADHD (difficulty concentrating, difficulty finishing tasks, impulsivity) are symptoms commonly found in other psychiatric conditions such as depression, anxiety, and bipolar disorder.
- + Many stimulant medications come in long-acting and short-acting formulations which have slightly different risks, duration, and side effect profiles.

Risks

- + **Cardiovascular Risks**
 - + Elevated blood pressure
 - + Elevated heart rate
 - + Potential long term for increased cardiovascular disease and risk
- + **Worsening of other mood disorders**
 - + Increased anxiety or mania
 - + Increased irritability
 - + Worsened insomnia
 - + Worsened motor or verbal tics
- + **Cognitive impairment and decline**
 - + Long-term or excessive use of prescribed stimulants can be associated with cognitive impairment and decline. While these medications can be helpful for conditions like ADHD when used as prescribed, misuse or long-term use can lead to negative cognitive effects
 - **Impaired attention and focus:** associated with long-term use.
 - **Memory problems:** Difficulty with short-term and working memory.
 - **Decreased cognitive flexibility:** Reduced ability to adapt to new situations or think



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creatively.

+ **Stimulant dependence**

- + Stimulants cause significant changes within the brain and body, and physical dependence is inevitable when taking stimulants long term.
- + Dependence can make it difficult to stop taking stimulants. If you desire to stop treatment with stimulants, it is important that you work with your provider to do so.
- + Your provider may ask you to take stimulant “holidays” or breaks on days that you are not working or attending classes, weekends, or other intermittent times to reduce the risk of dependence.

+ **Stimulant misuse or addiction**

- + Addiction is a treatable, chronic medical disease involving interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction may use substances or engage in compulsive behaviors despite harmful consequences.
- + Data shows that patients with ADHD who are treated for their condition with prescribed stimulants are less likely to misuse stimulants or develop a use disorder, although a risk does still exist.

Benefits

Stimulant medications have been shown to improve ADHD symptoms (particularly in attention and on-task behaviors) and daily functioning when taken appropriately in patients correctly identified with ADHD and treated for other psychiatric conditions concurrently.

Alternatives

There are many ways to manage ADHD, including non-stimulant medications, psychotherapy, and behavioral interventions.

Name of Patient’s Prescribed Stimulant Medication: _____

Informed Consent:

Read each line carefully and initial:

____ I understand that stimulant prescriptions are a controlled substance and have specific laws surrounding their prescription by my provider and the distribution by my pharmacy.

____ All stimulant prescriptions require an appointment with my primary care provider (PCP) every 6 months (can be



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more frequent per provider discretion).

___ I must be seen in person by my PCP yearly.

___ I understand that my PCP and their staff will check the state prescription drug database before all prescription renewals.

___ I understand it is best practice for patients on stimulants to have a urine drug screen yearly to assist in safe use of medications. I agree to a yearly urine drug test at my PCP's direction.

___ To reduce risks, I will not take sedatives, use alcohol or illegal drugs while taking a stimulant medication.

___ I will inform my provider of any side effects I experience.

___ To reduce risks, I will take my stimulant medication as prescribed. I will not take more pills or take them more frequently than prescribed.

___ I understand that my stimulant medication may be stopped or changed to an alternative treatment if it does not help me meet my functional goals.

___ I will keep my medication in a safe place. I understand that if my prescription is lost, damaged, or stolen, it will not be replaced.

___ I have reviewed, understand, and accept the risks associated with stimulant therapy.

___ I will do my best to keep all scheduled appointments. If I miss an appointment, I understand that I will not receive a prescription refill until my next appointment.

I have read the risks, benefits, and alternatives outlined above, and I understand and consent to my proposed stimulant treatment. I agree to maintain compliance with this agreement and my responsibilities as a patient.

Patient Signature

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Developed in collaboration with Stader Opioid Consultants.