RELEVANT ACUTE TRUST LOGO
WORKING IN PARTNERSHIP WITH

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath), Crawley CCG and Horsham & Mid-Sussex CCG[a]

INFORMATION SHEET – Blue Traffic Light Classification	
Name of medicine	Midodrine (Bramox®)
Indication (including whether for adults and/or children)	Treatment of severe orthostatic hypotension due to autonomic dysfunction where corrective factors have been ruled out and other forms of treatment are inadequate. Only licensed for adults
PCN policy statement reference (if applicable)	PCN 205 -2016 (June 2016)
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Version: 1.0 | **PCN recommendation date: 06/2016**	**Review date: 06/2018**

The information sheet is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface for medicines classified by Prescribing Clinical Network as **BLUE**

BLUE drugs are considered suitable for prescribing in primary care, following initiation and stabilisation by a specialist as ongoing monitoring can be undertaken in primary care without specialist support and WITHOUT the need for a formal shared care guideline.
For each drug classified as blue, the Prescribing Clinical Network will recommend the minimum supply and whether an information sheet is required or not. A minimum of one month supply of medication will be provided by the initiating consultant.
This information sheet sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications. A GP or Primary Care Prescriber must ensure they are familiar with the prescribing responsibilities. This information sheet is available on the internet **http://pad.res360.net/** forming part of the Prescribing Advisory Database (PAD) giving GPs appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities	
1.	To assess the suitability of patient for midodrine treatment
2.	To discuss the aims, benefits and side effects of treatment with the patient and/or carer as well as their role
3.	Explain to the patient and/or carer the treatment plan including the dosing schedule and request for transfer of care to GP. **Ensure the patient understands not to take doses late in the evening (last daily dose should be taken at least 4 hours before bedtime)**
4.	Baseline monitoring undertaken **Supine and standing blood pressure should be taken, recorded and communicated to the GP in the clinic letter** **Baseline renal function (contra-indicated if creatinine clearance < 30ml/minute) and liver function (no data in hepatic impairment) to be checked** **Heart rate should be checked, recorded and communicated to the GP in the clinic letter (may cause bradycardia)**
5.	**Review any medications that might have a potential to reduce blood pressure and stop treatment if appropriate**
6.	Initiate midodrine treatment and titrate dose accordingly depending on the results of supine and standing blood pressure recordings.
7.	Prescribe midodrine until maintenance dose is achieved (prescribe for a minimum of 1 month)
8.	Monitor and evaluate response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan
9.	Supply GP with summary of patient review (including anticipated length of treatment) and a copy of any information sheet available.
10.	Advise GP if treatment is to discontinue at any point
11.	Inform GP if patient does not attend planned follow-up

General Practitioner (GP) or Primary Care Prescriber responsibilities

12. Subsequent prescribing of midodrine at the dose recommended
13. Monitor supine and standing blood pressure every three months then reduce the frequency after a year of stability to every six months.
14. Check for drug interactions before prescribing any other medication with midodrine. **Review any medications that might have a potential to reduce blood pressure and stop treatment if appropriate following consultation with the specialist if required.**
15. Inform consultant/specialist if treatment is reduced or stopped

Patient / Carer role	
1.	Informing the specialist team, primary care prescriber or other healthcare professional if he or she has further questions or wants more information about midodrine
2.	Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products.
3.	Sharing any concerns about their treatment and problems they are having taking their medicines with the specialist team, primary care prescriber or other healthcare professional involved in their care
4.	Report symptoms of supine hypertension immediately to GP: symptoms typically are chest pain, palpitations, shortness of breath, headache or blurred vision. If supine hypertension is not overcome by reducing the dose treatment with midodrine must be stopped
5.	To be available for monitoring as required
6.	Attend follow-up appointments with the consultant / specialist

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at **www.bnf.org,** and Summary of Product Characteristics (SPC), available at **www.medicines.org.uk** for detailed product and prescribing information and specific guidance.

Background to disease and use of medicine for the given indication
Orthostatic (or postural) hypotension results from an inadequate physiological response to postural changes in blood pressure. In people with the condition, standing leads to an abnormally large drop in blood pressure, which can result in symptoms such as light-headedness, dizziness, blurring of vision, syncope (fainting) and falls (Lahrmann et al. 2011). Symptoms resolve as blood pressure returns to normal (for example, on returning to a seated position).

Midodrine is a pro-drug of desglymidodrine. Desglymidodrine is a sympathomimetic that acts on peripheral alpha adrenergic receptors, causing vasoconstriction of the venous system and increased peripheral arterial resistance, resulting in an increase in blood pressure. Midodrine is not associated with effects on the central nervous system.

Dosage and Administration
Refer to current Summary of Product Characteristics (SPC): **www.medicines.org.uk**

Expected outcome
The European Federation of Neurological Societies advises that, rather than achieving a target blood pressure, goals of treatment for orthostatic hypotension are improving functional capacity and quality of life, and preventing injury

Monitoring

Test	Frequency	Abnormal Result	Action if Abnormal Result
Monitor supine and standing blood pressure	Every three months then reduce the frequency after a year of stability to every six months.	Symptoms of supine hypertension (chest pain, palpitations, shortness of breath, headache or blurred vision)	Adjust dose downwards. Primary care prescriber to contact consultant/specialist for advice if required.

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): **www.medicines.org.uk**

Adverse effects - Refer to current Summary of Product Characteristics (SPC): **www.medicines.org.uk**

Drug interactions - Refer to current Summary of Product Characteristics (SPC): **www.medicines.org.uk**