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MAIN PARTICIPANT INFORMATION SHEET

snapper trial

A randomised controlled trial to evaluate the clinical and cost-effectiveness of **S**timulant compared with **N**on-stimulant medication for adults with **A**ttention-deficit/hyperactivity disorder and a history of **P**sychosis or bi**P**olar disord**ER: SNAPPER**

Version 4.0 10th October 2024

Summary of the snapper trial

- This trial aims to find out how effective a stimulant medication is compared to a non-stimulant medication in patients who have been diagnosed with attention deficit hyperactivity disorder (ADHD) and also have a history of either psychosis or bipolar.
- Joining the trial is voluntary. Before you decide, we would like to give you information about why the research is being done and what it will involve. If you decide not to take part, your usual care will not be affected in any way.
- Please take time to read this information sheet fully. Feel free to talk to others about the trial if you wish.
- You will have the opportunity to discuss the trial with a member of the research team and there will be time to ask any questions you may have.

- **Part 1** below tells you what will happen to you if you take part.
- **Part 2** gives more detailed information about the conduct of the trial.

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UNIVERSITY OF BIRMINGHAM | BCTU Birmingham Clinical Trials Unit

PART 1

Why have I been invited?

We are inviting you to take part because your mental health care team have completed the screening assessments and have confirmed an ADHD diagnosis. This means that you are eligible to enter the main part of the **snapper** trial and receive treatment as part of the trial.

Do I have to take part?

No, this is entirely up to you. Taking part is voluntary. You do not have to take part if you do not want to and this will not affect the standard of care you receive. We have provided this information for you to consider carefully before you make your decision. Please feel free to discuss it with your family, or a close person that may support you such as a carer or a friend. If there is anything that is not clear, do not hesitate to speak to a member of the care team or research team.

What would taking part involve?

If you decide to take part in the main trial, the research team will ask you to do the following:

- Sign and date the main Informed Consent Form either at this visit or at another visit within a week or so.
- If you are female and of childbearing potential, you will be asked to do a urine pregnancy test again before you are entered into the trial. This is only necessary if you consent to the main trial on another day after the screening visit. This urine sample will only be used for the pregnancy test and will then be thrown away.
- Complete some questionnaires about your mental health and ADHD before, during and after starting your medication (five times in total).
- Complete some trial assessments with the research team before, during and after starting your medication. These will involve answering a series of questions in the form of an interview about your mental health and ADHD (five assessments in total).
- Give the research team some details to enter you into the trial.
- Take one of two medications for 6 months that you will be randomly allocated to.

The two medications are both routinely used to treat ADHD. Neither you nor the researchers will be able to choose which you receive. Instead, you will be randomly put in either the stimulant or non-stimulant group by a computer. You will have a 50/50 chance of being put in either group, like flipping a coin. This is a method called “randomisation”. We do this so that both groups are the same to start with. It is a more reliable way to ensure the results of the trial are applicable to other people with ADHD and a history of psychosis or bipolar. You will be told your treatment allocation as soon as you have been entered into the trial. Your medication will then be prescribed by a medical doctor involved in the trial.

If you are randomised to the stimulant group, the medical doctor will prescribe you a medication called **Lisdexamfetamine**. If you are randomised to the non-stimulant group, then you will be prescribed **Atomoxetine**. More details for both these medications are given below in this Patient Information Sheet.

What will I be asked to do if I agree to participate in the trial?

We will ask you to meet a member of the research team either at your hospital or at home. This first visit will last about two to three hours. If necessary, this visit and any other visits during the trial could also be done by phone or video call. The research team will explain the trial to you and answer any questions you may have.

If you agree to take part, the clinical care team or research team will ask you to sign the main consent form. You should only do this if you are happy that you understand the trial and want to take part. You will be given a printed paper copy of your signed consent form or you can choose to receive this via the e-mail address you provide on the consent form.

At the first visit, we will collect further information from you and your medical notes. This will include questions in the form of interviews and self-reported questionnaires. You will be asked to provide a form of contact, i.e. an e-mail address or mobile number so that we can send you reminders with a web link for you to complete the self-reported questionnaires online. If your nominated supporter participates in the trial (as described in the separate Screening Participant Information Sheet), you will be notified of their participation via your contact details.

You will then be issued a unique trial number (TNO) and be randomly allocated to either the stimulant or non-stimulant group. The doctor will arrange to prescribe the medication you have been allocated to. Sometimes the prescription can take a few days to arrange and your clinical care team or research team will inform you when the prescription is ready, if it is not ready on the same day you were entered to the trial. You can collect the medication from any community pharmacy or ask for it to be delivered directly to your home.

Please remember to tell your nominated supporter your unique trial number (TNO) as they will need this if they consent to taking part in the trial.

We will follow your progress carefully during the trial. You will have your blood pressure (BP) and pulse measured at baseline before you start your medication. Checking BP and pulse is done routinely in the NHS for all patients before taking either of these medications and while taking them, whether or not they are taking part in a clinical trial. After the first 1-2 weeks of starting your medication, your clinical care team will speak with you to monitor for any side-effects and see how the medication is working. You will be seen either in person at a clinic visit or via telephone/video-call. We will provide you with a blood pressure and pulse monitor to take home so that you can take the readings yourself when your assessments are done via telephone/video-call. You will be given a new prescription if your dose needs changing and your BP and pulse will be checked again. The care team will continue meeting with you to

check your medication regularly until you reach a stable dose by about 4 months. Again, this will be in person or by telephone/video-call.

The research team will meet with you every 3 months at 3, 6, 9 and 12 months. During these visits, you will be asked to repeat most of the interviews and self-reported questionnaires completed at the first visit. You will also be asked about your medication and any side-effects you may have had.

The interviews at the 3 and 9 month visits may take up to 30 mins. These will be done either at the clinic or via telephone/video-call with the same research team who saw you when you entered the trial.

The visits at 6 and 12 months may take around 60-90 minutes to complete as there are more questionnaires and interviews to complete at these visits than the 3 and 9 month visits. The 6 and 12 month visits will be conducted by another research team based at a different hospital involved in the trial. This research team will not know your allocated medication. Keeping a treatment hidden is known as 'blinding' and is a more accurate way to assess how effective treatments are. For this reason, it is really important that you do not share your treatment allocation with the other research team.

If you consent to it, all interviews with the research teams (both at your hospital and the other hospital) will be recorded. A group of the trial researchers will meet regularly during the trial to listen back to randomly selected recordings and independently review these. This is to check that the assessments are consistent and reliable across all the hospitals that are taking part in the trial. The recordings will be stored until the trial has been published and then deleted. If you don't want your interview to be recorded, you can simply let the research team know.

Your trial participation will end at the 12 month visit, after completing your final interviews and self-report questionnaires. Figure 1 shows a summary of all the trial visits, who will conduct them and the time they are expected to take.

If you are randomised to the trial less than 12 months before the study is due to end, then your participation in the trial will end at 6 months. This means your last study visit will be 6 the month visit and you will not need to attend the 9 and 12 month visits.

Figure 1: Summary of the visits, who will be conducting them and time they are expected to take

Visit in clinic or via telephone/video-call	Time taken	Conducted by
First visit		
• Sign main trial consent form • Pregnancy test *(only if applicable)* • Complete interviews with researcher • Complete self-reported questionnaires • Research team will collect your personal details, medical history, and current medications	~2 to 3 hours	Your clinical care team and/or research team

• Enter you into the trial and allocate your trial medication • Check your BP and pulse • Arrange and/ or collect prescription		
Medication check (every 1 to 2 weeks or as deemed clinically necessary for the first 4 months then every month until 6 months)		
• BP and pulse check • Monitor for any side-effects of medication • Collect new prescription	15-20 mins	Your clinical care team
3 month visit		
• Review progress and check medication • Complete interviews with researcher	~30mins-1 hour	Your clinical care team and research team
6 month visit		
End of trial participation if entered to trial less than 12 months before the study ends		
• Review progress and check medication • Complete self-reported questionnaires	~1 hour	Your clinical care team and research team
• Complete interviews with researcher	~1 hour	Other research team
9 month visit (not applicable if entered to trial less than 12 months before the study ends)		
• Complete interviews with researcher	~30mins-1 hour	Your research team
12 month visit (not applicable if entered to trial less than 12 months before the study ends)		
• Complete self-reported questionnaires	~1 hour	Your research team
• Complete interviews with researcher	~1 hour	Other research team
End of trial participation if entered to the trial more than 12 months before study ends		

Is the treatment safe?

Along with their useful effects, most medicines can cause unwanted side-effects, although not everyone experiences them. Before starting treatment, you should read the manufacturer's printed information leaflet provided inside the medication pack. The leaflet will give you more information about the medication and a full list of side-effects which may be experienced from taking it.

Lisdexamfetamine (stimulant)

Lisdexamfetamine is used to treat ADHD in children over the age of 6 years, in young people and in adults. You will be started at a daily dose of 30mg daily which the doctor may increase to up to 70mg depending on any side-effects you may experience. The maximum daily dose your doctor will prescribe is 70 mg. As part of the trial you will be given Lisdexamfetamine for 6 months. This medication is usually taken once in the morning, before breakfast.

Listed below are some of the most common side-effects (may affect more than 1 in 10 people) associated with Lisdexamfetamine:

- Headache
- Lack of appetite
- Tummy (abdominal) pain
- Loss of weight
- Sleeping problems

- Dry mouth
- Uneven heartbeat (this could be serious so speak to your doctor immediately)
- Chest pain (this could be serious so speak to your doctor immediately)

You may feel sleepy, dizzy or tired at first. If this happens, do not drive, cycle or use tools or machinery.

The unwanted side-effects often improve as your body adjusts to the medicine, but speak with your medical care team if any side-effects continue or become troublesome.

Atomoxetine (non-stimulant)

Atomoxetine is also used to treat ADHD in children over the age of 6 years, in young people and in adults. Atomoxetine will usually be started at a total daily dose of 40 mg once a day for a minimum of 7 days, but in some situations, it may be started at 20mg once a day. Your doctor may then decide to increase this to the usual maintenance dose of 80 mg -100 mg daily. The maximum daily dose your doctor will prescribe is 100 mg. As part of the trial you will be given Atomoxetine for 6 months. This medication is usually taken one or two times a day (morning and late afternoon or early evening). If you are taking Atomoxetine once a day and you experience sleepiness or feel sick, your doctor may change your treatment schedule to twice a day.

Listed below are some of the most common side-effects (may affect more than 1 in 10 people) associated with Atomoxetine:

- Headache
- Lack of appetite
- Loss of weight
- Changes to heart rate and pressure (your doctor will check for this)
- Mood swings
- Problems sleeping
- Dry mouth

You may feel sleepy, dizzy or tired at first. If this happens, do not drive, cycle or use tools or machinery.

The unwanted side-effects often improve as your body adjusts to the medicine, but speak with your medical care team if side-effects any continue or become troublesome.

Pregnancy and breast-feeding

It is not known for certain whether Lisdexamfetamine or Atomoxetine can affect an unborn baby. The medications are likely to pass into breast milk. Therefore, these medications should not be routinely used during pregnancy without specialist input and advice. You should either avoid taking your allocated medicine if you are breast-feeding or discontinue breast-feeding.

Female participants of childbearing potential will be asked to provide a urine sample so that the research team can do a pregnancy test at the screening visit (and again before consenting to taking part in the main trial if consent to the main trial is given on a different day to the

screening visit) and won't be able to take part if they are pregnant or are planning to become pregnant. Female participants will also be required to use effective contraception during treatment and for a month after stopping trial treatment.

If you become pregnant during the trial, please inform a member of the research team. Your research team will need to stop your treatment on the trial and your doctor will advise on further medical attention should this be necessary. You will continue to be followed up in the trial and be asked to complete the interviews with the researcher as described in Figure 1 above. Additionally, we would like to follow up on your pregnancy and will ask for your permission to collect follow-up information on your pregnancy and the health of your baby.

We will make sure your GP knows, although there are no special interventions needed for a pregnant patient taking Lisdexamfetamine or Atomoxetine.

How will I receive the medications?

The clinical care team will give you a prescription. You can collect your medication from any community pharmacy or you can request for your medication to be delivered to your home. You should take the trial medication regularly as directed and continue **all other regular medications**, unless you have been advised not to take other medication. The cost of your prescription can be paid back to you if needed. Please speak to a member of the research team for more details.

Will I get paid for taking part?

The research team will give you a £25 shopping voucher as a thank you for your time and support after completing the first and last visit at 12 months. You will receive a £100 shopping voucher after the visit at 6 months. . We can also pay for your travel expenses if you had to travel to these visits. Please speak to a member of the research team for more details.

What are the possible benefits of taking part?

This trial will help us to find out if the symptoms of ADHD reduce with a stimulant drug or non-stimulant drug. Whilst there may be no immediate benefits to you, the aim is to improve the longer-term care for people with ADHD and psychosis or bipolar.

What are the possible disadvantages and risks of taking part?

We do not know whether Lisdexamfetamine or Atomoxetine will help to make your symptoms better or not, which is why we are doing the trial. Both Lisdexamfetamine and Atomoxetine can have side effects (as described above), but the medical and research teams will closely monitor you and your health. If you have any concerns during the trial, please contact the research team. If you become unwell during your treatment, seek medical help and please let the research team know that you are okay.

What are the alternatives for my ADHD treatment?

If you choose not to go into this trial, you are likely to receive standard treatment for ADHD.

Will taking part in snapper increase my chances of catching SARS-CoV-2 / Coronavirus / Covid-19?

There is a small increased risk of catching the SARS-CoV-2 virus (also called 'Coronavirus', which can sometimes develop into Covid-19 disease) from participating in the **snapper** trial because you will need to make visits to the hospital. Wherever possible, activities will be combined with your normal hospital visits to keep these risks to a minimum. In addition, trial activities will be undertaken remotely via a video consultation or on the telephone where possible.

What happens to my treatment when the research trial stops?

The follow up period is 12 months in this trial and visits will be scheduled alongside your routine visits as part of standard care, where possible. After the trial visits finish, your doctor will discuss with you whether the treatment allocated to you in the trial will stop and if any changes are required to your medication.

What will happen to the results of the research trial?

We will publish our results in medical journals, to help other doctors to learn, and patients to benefit. This will be in an anonymous manner, so you cannot be identified. Names and participant details will be kept confidential and won't be included in the results.

After the completion of the research trial, the results of the trial will be published on the trial website. We will send a copy of the publication to your medical doctor who will contact you to inform you of the results.

PART 2

What happens if relevant new information becomes available?

If any new information becomes available, we will review our trial methods and if we think changes are needed a member of the research team will discuss them with you. Your doctor might consider whether you should continue in the trial or withdraw. Either way, he/she will explain the reasons and arrange for your care to continue. If you decide to continue in the trial the doctor may ask you to sign an updated consent form. If the trial is stopped for any other reason, your doctor would, again, tell you and arrange your continuing care.

What if I do not want to carry on?

You can stop being part of the trial at any time, without giving a reason, but we will keep information about you that we already have.

If you choose to stop taking part in the trial, we would like to continue collecting information about your health from your hospital. If you do not want this to happen, tell us and we will stop.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you. For information on

your rights in relation to your data, please see the relevant section in this Patient Information Sheet. Data collected until withdrawal will be used anonymously as part of the trial.

What if something goes wrong?

We do not envisage any problems as a result of your participation in the trial. However, all patients are covered for negligent harm according to NHS indemnity guidelines. If you have a concern about any aspect of this trial, you should ask to speak to a member of the research team who will do their best to answer your questions. The University of Birmingham also arranges clinical trial insurance which is renewed annually and provides cover to the University for harm which comes about through the University's, or its staff's, negligence in relation to the design or management of the trial. The insurance may alternatively, and at the University's discretion provide cover for non-negligent harm to participants.

If you wish to complain about any aspect of the way you have been approached or treated during this trial, the normal NHS complaints mechanisms will be available to you. Copies of these guidelines are available on request. If you wish to complain about how you have been treated during this trial please contact the Patient Advice and Liaison Service (PALS) or the Complaints Team at your local hospital. The PALS contact details can be found on the end of this Patient Information Sheet or via this website: https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/what-is-pals-patient-advice-and-liaison-service/
For NHS Trusts in Scotland, please contact Patient Advice and Support Service (PASS) at https://www.cas.org.uk/pass

What data will we be collecting and for what purpose will we use it?

We will ask for your consent before collecting your personal data listed in the table below. This is only for use in the trial and we will try to make this as non-invasive as possible.

When	What data will be collected
Screening visit	• Full name (first, middle & surname) • E-mail address (if you opted for a copy of the consent form to be e-mailed to you) • Pregnancy status *(if female and of child-bearing age)*
First visit (baseline/ randomisation)	• Full date of birth, gender, NHS number, marital status, ethnicity, country of birth, mother tongue • Contact details: e-mail address and/or mobile phone number • Relevant medical history • Current medications you are taking • Interviews and questionnaires completed during this visit
	•
Follow-up assessments 3 and 9 months	• Questionnaires completed online or during this visit • Current medications you are taking
Follow up visits at 6 and 12 months	• Interviews and questionnaires completed during these visits • Current medications you are taking

We will need to use information from you and your medical records for this trial. People will use this information to do the research or to check your records to make sure that the research is being done properly.

People who do not need to know who you are will not be able to see your name or contact details. Your data will have an anonymised participant ID number instead. We will keep all information about you safe and secure.

Once we have finished the trial, we will keep some of the data so we can check the results. We will not share any data that can identify you with any other third party.

If you consent to it, the researchers involved in the trial may, in the future, access electronic data from your central NHS records, for example through NHS Digital or Hospital Episode Statistics. This will give researchers information that is routinely collected during your visits to your GP and hospital, and lets researchers find out about your use of NHS services and about your health after the trial has ended without contacting you further. To do this, we would send your name, gender, date of birth and NHS number with any request for information. You may withdraw your consent for researchers to access electronic data from your central NHS records at any time without giving a reason by speaking with your consultant or the researcher who recruited you onto the trial.

How will my personal data be kept secure?

If you decide to take part in **snapper**, your Hospital will collect information from you, your medical records (mental health NHS records) and your GP for this research trial in accordance with our instructions. Your Hospital will use your name, NHS number and contact details to contact you about **snapper**, and make sure that relevant information about the trial is recorded for your care, and to oversee the quality of the trial. Your Hospital will pass these details to the University of Birmingham along with the information collected from you and your medical records where it will be securely stored and kept strictly confidential under the provisions of the Data Protection Act 2018 in the same way as all of your other medical records.

Any paper records will be kept in a locked filing cabinet, in a locked room in a building with controlled access. Any electronic data will be stored securely on our University of Birmingham servers that are password protected.

Individuals from the University of Birmingham and regulatory organisations may look at your medical and research records to check the accuracy of the research trial. The only people at the University of Birmingham who will have access to information that identifies you will be people who need to contact you to complete questionnaires or audit the data collection process. The people who analyse the information will not be able to identify you and will not be able to find out your name, NHS number or contact details.

If you choose to receive links to questionnaires via text message, your mobile telephone number will be shared with a UK-based, GDPR compliant third-party SMS platform. Text

messages will be sent by the provider for the purpose of providing a link to the SNAPPER questionnaires only. Your data will not be used by the third-party for any other purpose.

How long will my personal data be kept?

Your data will be kept for 25 years once the trial has finished. If you withdraw from the trial, we will keep the information we have already obtained but, to safeguard your rights, we will use the minimum personally-identifiable information possible. We will remove your contact details from further use after your participation in the trial is complete.

Who is the data controller?

The University of Birmingham, Edgbaston, Birmingham B15 2TT is the data controller for the personal data that we process in relation to you. This means that the University is responsible for looking after your information and using it properly.

What is our legal basis for processing your data?

The legal justification we have under data protection law for processing your personal data is that it is necessary for our research, which is a task we carry out in the public interest. This means that it is a legal requirement that the data we collect about you will only be used for research purposes to benefit public health. These data will not be used to make decisions about you.

What are your choices about how your information is used?

You can stop being part of the trial at any time, without giving a reason, but we will keep information about you that we already have.

If you choose to stop taking part in the trial, we would like to continue collecting information about your health from mental health NHS records, your hospital and your GP. If you do not want this to happen, tell us and we will stop.

We need to manage your records in specific ways for the research to be reliable and accurate. This means that we won't be able to let you see or change the data we hold about you.

The University takes great care to ensure that personal data is handled, stored and disposed of confidentially and securely. Staff receive regular data protection training and the University has put in place organisational and technical measures so that personal data is processed in accordance with the data protection principles set out in data protection law. More information on how the University processes personal data can be found on the University's website on the page 'Data Protection – How the University Uses Your Data' (http://www.birmingham.ac.uk/privacy/index.aspx).

Where can I find out more about how my information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/

- in the leaflet available from www.hra.nhs.uk/patientdataandresearch
- by asking one of the research team
- by contacting the University of Birmingham Data Protection Office:

The Data Protection Office, Legal Services, The University of Birmingham, Edgbaston, Birmingham B15 2TT
Email: dataprotection@contacts.bham.ac.uk Telephone: 0121 414 3916

Who is organising and funding the trial?

The trial is sponsored by the University of Birmingham, which means the University of Birmingham has certain legal and ethical responsibilities for the trial (reference RG_19-246). It is being coordinated by the Birmingham Clinical Trials Unit (BCTU) and it is funded by the government through the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme (ref: NIHR 129817). The chief investigator for the trial is Professor Steven Marwaha, Professor of Psychiatry, based at the University of Birmingham.

Will my GP be informed of my involvement?

Your GP will be informed of your participation in the trial.

How have patients and the public been involved in this trial?

The trial has been developed with input from a Patient & Public Involvement (PPI) representative who has lived experience of bipolar and extensive research experience as well as being a member of the McPin Foundation. In addition, a PPI consultation group based in Birmingham and Solihull mental Health Trust (BSMHT) and members of the Institute for Health Young Patient Advisory Group (YPAG) helped to develop this application in a number of important and significant ways.

We have a member of the charity Bipolar UK as part of the trial oversight committee. Members of the Lived Experience Advisory Panel (LEAP) which is formed by patients with ADHD, bipolar or psychosis have also been involved in reviewing this Patient Information Sheet. The LEAP members will also be involved in dissemination of the trial results.

The conduct of the trial is entirely in the hands of very experienced researchers and no PPI group or lay person has any access to your personal healthcare records or is able to influence your treatment.

Who has reviewed the trial?

All research which takes part in the NHS is looked at by an independent group of people who protect patient interests. This group is called a Research Ethics Committee. Before we asked any patients to join, the trial was reviewed and approved by Central Bristol Research Ethics Committee.

Who can I contact for further information?

Thank you for taking the time to read this information sheet and for considering taking part in this trial. Should you require further information or would like to speak to someone about the trial please contact:

Name	
Job title	
Contact Details	

If you would like to gain independent advice relating to trial participation you can contact the NHS Patient Advisory and Liaison Service (PALS) for support on:

Local PALS contact/Hospital Advisory Service number(s)	
Local PALS/Hospital Advisory Service e-mail address	

Alternatively, you can contact the **snapper** trial team:
snapper Trial Office
Birmingham Clinical Trials Unit
Public Health Building
University of Birmingham
Edgbaston
B15 2TT
Email: snapper@trials.bham.ac.uk

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