

Antipsychotic Drugs – Prescribing & Monitoring in Adults Information for Primary Care

Shared Care Status – Green + or Blue

This status applies to antipsychotics prescribed within licensed doses and for licensed indications. It does not apply to the use of low-dose antipsychotic treatment for the management of behavioural and psychological symptoms of dementia (BPSD) or challenging behaviour in learning disability.

Background

Life expectancy in people with serious and enduring mental health problems is reduced by 20%, with 60% of the excess mortality due to physical illness. This may be partly explained by the higher prevalence of smoking, poor diet and lack of exercise than in the general population; as a consequence the prevalence of type-2 diabetes and cardiovascular disease is increased. In addition to lifestyle factors, the illness itself may be a risk factor for some medical conditions: an association between schizophrenia and diabetes is well recognised and antipsychotic drugs, particularly second generation, have metabolic consequences that may contribute to the risk through weight gain, adverse impact on the lipid profile, and insulin sensitivity.

Initiating antipsychotic treatment and associated monitoring

When starting a patient on antipsychotic treatment, baseline monitoring must be undertaken by the specialist clinical team before the initial prescription of an antipsychotic drug. The specialist prescriber should maintain responsibility for monitoring the patient's physical health and the effects of antipsychotic medicines for at least the first 12 months of treatment or until the patient's condition has stabilised whichever is longer. After this period the patient can be safely maintained in primary care without on-going specialist monitoring and the responsibility for this monitoring may be transferred to primary care. Appendix 1 details the annual monitoring requirements for adult patients prescribed antipsychotics.

Transfer of Prescribing Responsibilities from secondary to primary care

The specialist prescriber may transfer the prescribing responsibilities to primary care following the initiation and titration of the antipsychotic treatment. In some circumstances where it is in the best interests of the patient, it may be more appropriate for the GP to prescribe on the advice of the specialist during the initiation and titration phase. This must be done on a case by case basis by prior arrangement and all the necessary information for the GP to do this safely must be communicated by the specialist.

Recommendations for monitoring

The monitoring recommendations are summarised in the algorithm and detailed in appendix 1.

These guidelines represent a recommended standard for the majority of patients. However, monitoring should be tailored to each patient.

Patients may require more frequent monitoring e.g. because of increased cardiac risk.

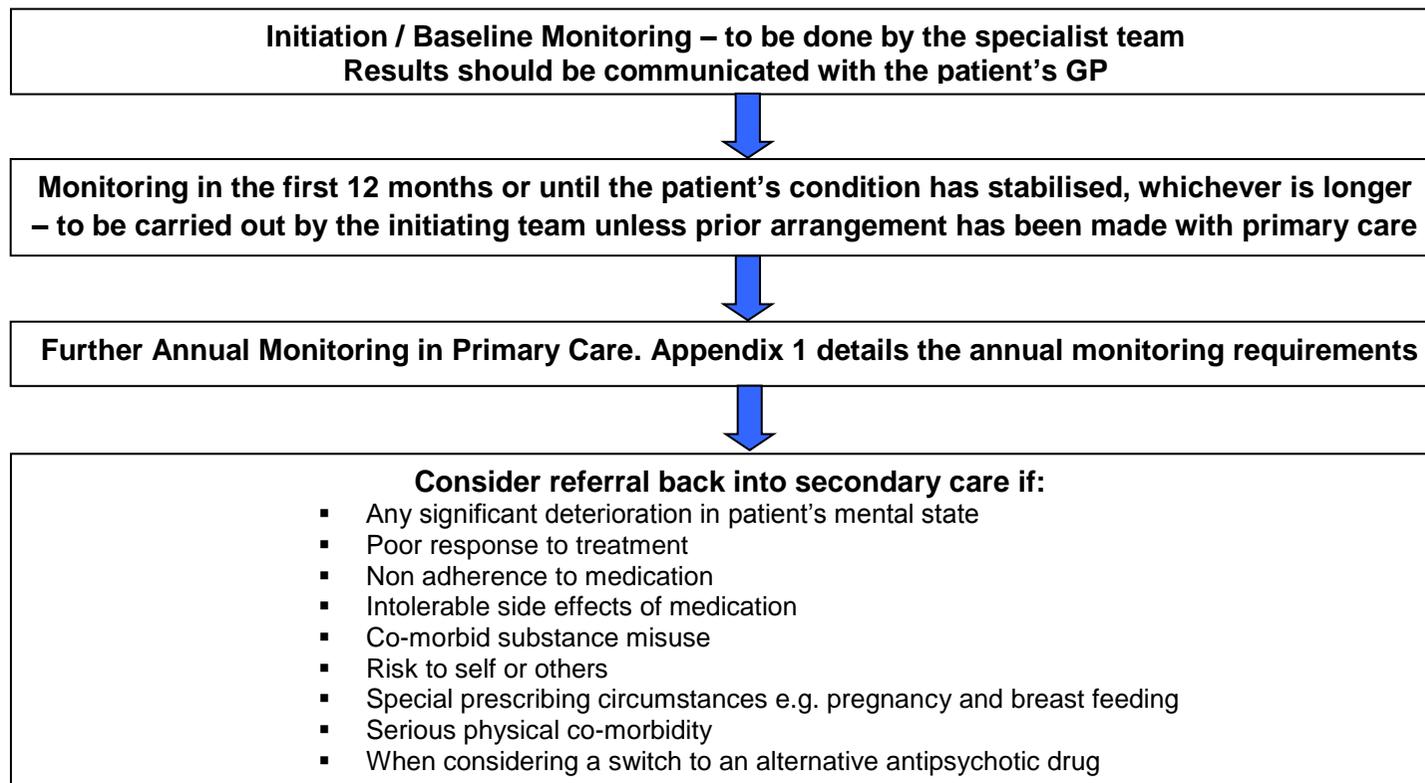
When to seek Specialist advice / review

Please contact the specialist team for advice or refer back to the specialist team in the event of circumstances that cannot be managed in general practice which might include any significant deterioration in the patient's mental state, intolerable adverse effects, non-concordance, lack of effect, special prescribing circumstances, e.g. pregnancy and breast feeding, co-morbid substance misuse, risk to self or others, serious physical co-morbidity or when considering a switch to an alternative antipsychotic drug.

Contact numbers

The specialist team can be contacted via the Initial Response Team – South of Tyne and Wearside Tel: 0303 123 1145

Algorithm for the physical health monitoring of patients on antipsychotics



Appendix 1 – Annual monitoring requirements for adult patients prescribed antipsychotics

	Test/Measurement	Why is it important?
Biomedical Measures	Weight, BMI, Pulse & BP [sit/stand] (Waist measurement where possible)	Antipsychotic drugs can cause weight gain and this can contribute to an increased risk of cardiovascular and metabolic problems Hypotension is a side effect of many antipsychotics (ref 1,4,5)
Bloods	U&Es, Lipids, LFTs, HbA1c, FBC & Prolactin	<ul style="list-style-type: none"> • Renal impairment causes reduced capacity to excrete drugs and dose reductions may be required. Hypokalaemia is linked to QTc lengthening and other ECG abnormalities (ref 1) • Some antipsychotics can cause small adverse changes in lipid profiles. Triglyceride levels can rise during periods of weight gain (ref 1,4,5) • Patients with hepatic impairment may have reduced capacity to metabolise drugs and dose reductions may be required. Drug induced liver damage can be due to direct dose related hepatotoxicity or hypersensitivity reactions • Antipsychotics can increase the risk of developing diabetes (ref 1,4,5) • Antipsychotics can cause blood dyscrasias including agranulocytosis and leucopenia • Antipsychotics can increase prolactin levels. This can inhibit sex hormones and may ↑ risk of osteoporosis (ref 1, 4, 5). Contact specialist team if advice is required regarding abnormal prolactin levels
Lifestyle	Lifestyle & CV risk review Drug screening (if indicated clinically)	Compared with the general population, people with schizophrenia are at greater risk of dying from heart disease. CV risk must be monitored long term based on the QRISK-2 tool and managed in accordance with NICE / local clinical guidelines (ref 1,4)
Medication	Review of the side effects of drug treatment, efficacy and adherence	On review the treatment efficacy patient adherence and side effects experienced should be assessed including: <ul style="list-style-type: none"> - Extrapyramidal symptoms, akathisia, dystonia and tardive dyskinesia - Common side effects e.g. sedation - Less common but serious adverse effects e.g. palpitations
ECG	ECG	If indicated especially if at higher risk of CVD or sudden death. Also for patients on antipsychotics that require ECG monitoring e.g. haloperidol or pimozide (check SPC for more information); the patient is on other drugs known to cause ECG abnormalities (e.g. tricyclic antidepressants, erythromycin, anti-arrhythmics – see BNF for further information) Contact specialist team if advice is required regarding abnormal ECG readings
	Consider Pregnancy test	If there is the possibility of pregnancy, a urine pregnancy test should be carried out
References	[1]Maudsley Prescribing Guidelines 2015, 12 th edition [2]SPC of individual medicines, available at www.medicines.org.uk [3]BNF 71, March – September 2016 [4]Lester UK Adaptation Positive Cardiometabolic Health Resource June 2014 www.rcpsych.ac.uk/quality/NAS/resources [5]NICE Guidelines CG178 – Psychosis and Schizophrenia in Adults - February 2014	