

Atypical Antipsychotics Shared Care Guideline

Background Information

Disease

1% of the population will suffer from schizophrenia at some point in their lives. The incidence of schizophrenia is higher in the homeless and in people living in deprived urban areas.

The consequences of schizophrenia include deterioration in school or work performance, social isolation and poverty. 10 to 15% of people with schizophrenia commit suicide (Wing JK 1994) and the standardised mortality rate is two to four times that of the general population.

GPs have a vital role in the care of people with schizophrenia as part of the Care Programme Approach (CPA), which also provides each individual with a named care co-ordinator, a full assessment of need, a care plan to meet those needs and regular reviews. These shared care guidelines on the use of atypical antipsychotics are intended to complement individualised information provided in patients' CPA care plans.

Background on Antipsychotics

In 1954 the first antipsychotic became available. This was chlorpromazine and its impact upon psychiatric practice has never been repeated.

Formal trials carried out in the early 1960s showed reduction in psychopathology in up to 70% of patients. Chlorpromazine was succeeded by other phenothiazines and then the more potent agents such as haloperidol and related drugs.

Although these agents remain inexpensive and target florid psychotic symptoms they come with a range of adverse effects. Typical extrapyramidal side effects (EPS) and raised prolactin levels (hyperprolactinaemia) remain problematic for many patients: akathisia (restlessness) is distressing for many patients. Dysphoria (dulled thinking) is described by many patients and adversely affects their quality of life.

In recent years several new antipsychotics have been introduced, loosely described as atypical. The core advantages of atypical antipsychotics can be summarised as:

- predictable adverse effect profile with low acute toxicity
- low propensity to cause extrapyramidal and hyperprolactinaemia associated side effects.

Only clozapine (Clozaril) is licensed for use in treatment resistant patients. It is not covered by these shared care guidelines.

Patient Selection

Therapy should be initiated by a psychiatrist. Patients' selection criteria for atypical antipsychotics includes sensitivity to the extrapyramidal side effects of typical antipsychotic therapies and problems associated with elevated prolactin levels.

The decisions made by a consultant psychiatrist when choosing between a conventional antipsychotic, atypical antipsychotic and clozapine are outlined in guidelines produced by local trusts. Copies of these guidelines are available from the relevant Division / Department of Psychiatry.

Drug Treatments, Licensed Indications And Management Plan

The drugs covered by this shared care protocol are:

Olanzapine, Amisulpride, Quetiapine and Risperidone

Clozapine is not included.

Please see the attached information sheets for GPs on each drug.

Full information on each drug is available in the relevant summary of product characteristics (SPC). If specific information is required on a particular agent, then the GP is able to contact their local Trust Medicines Information Service.

Drug manufacturers' information leaflets are provided by the Trust for patients when medicines are dispensed.

Procedures For Initiating Shared Care Prescribing

Therapy should be initiated by a psychiatrist. Once the patient has been stabilised on an appropriate dose, they may be considered suitable for shared care between the psychiatrist and GP. For this to occur the following criteria need to be met:

- the patient's mental state has been stabilised
- an agreed CPA plan has been drawn up
- suitable arrangements for shared community-based care have been made
- appropriate information has been received by the patient's GP via letter or fax, including the proforma letter in appendix 1. If the GP agrees to shared care for the patient then he/she will inform the consultant, within 14 days of receipt of the information and proforma, using the proforma letter in appendix 2.
- the consultant will ensure that the patient has an adequate supply of medication (28 days) until shared care arrangements are in place. Further prescriptions will be issued if for unforeseen reasons arrangements for shared care are not in place at the end of the initial supply period. Patients should not be placed in a situation where they are unsure of how and from where they are to obtain further supplies of their medication.
- the GP is aware of their role in the patient's CPA, has agreed to continue to be involved in the patient's care. The GP remains free to accept or decline prescribing responsibilities.

THE TRUST WILL BE RESPONSIBLE FOR THE FOLLOWING:

Responsibilities of the Psychiatrist

1. To assess the patient and establish the diagnosis, determine a management strategy and devise a CPA care plan in conjunction with the GP and support agencies/care manager.
2. To initiate appropriate therapy and monitor the patient and their therapy at regular intervals as described in the CPA care plan.
3. To provide the GP with appropriate information in the CPA care plan about the drug (see information sheets attached) and any additional information required in conjunction with support agencies. Information provided will include special clinical problems to be watched for specific to that patient. It will also include the frequency of attendance at the Trust.
4. To be available for advice if the patient's condition changes.
5. To ensure that procedures are in place for the rapid re-referral of the patient by the GP.
6. To ensure the patient has given informed consent to their treatment.
7. To provide the patient's therapy until both their dose and mental state have been stabilised.
8. To obtain consent from the patient's GP for the transferral of prescribing or management responsibility. This will be by written agreement. See appendices one and two.
9. To notify the GP of any changes in therapy and ensure that the supply of the patient's medication is maintained.

Responsibilities of the Hospital Specialist Pharmacist

1. To advise the patient on appropriate aspects of antipsychotic therapy.
2. Where possible, to provide education, support and information on psychotropic therapy for professionals and for carers.

ROLES AND RESPONSIBILITIES OF THE GENERAL PRACTITIONER

1. To initially refer the patient for specialist advice.
2. To review the patient in accordance with the patient's CPA care plan.
3. To re-refer the patient or seek specialist advice from the psychiatrist or other agency in accordance with the patient's CPA care plan (also see below).
4. To deal with general health issues of the patient.
5. To prescribe maintenance psychotropic and general therapy when this has been agreed.

Indications for re-referral or need for specialist advice include:

- any spontaneous deterioration in mental state that cannot be managed by the GP
- patient intolerance of adverse effects
- when considering concomitant psychotropic therapy or the initiation of therapy that may interact with the patient's psychotropic therapy or mental state
- non-compliance, lack of efficacy or need for alteration of psychotropic therapy.

ROLES AND RESPONSIBILITIES OF OTHERS

Responsibilities of the support agencies

This principally applies to trained health service support workers.

1. To monitor the patient and ensure appropriate intervention when necessary.
2. To liaise with the patient's GP and psychiatrist and provide support where necessary in accordance with the patient's CPA care plan.
3. To provide ongoing support to the patient in the community and encourage a positive attitude to the taking of medication and attendance at appointments.

Responsibilities of the Community Pharmacist

1. To provide support and advice to the patient and their carer regarding compliance with their medication, adverse effects and over-the-counter medicines.
2. To monitor compliance with therapy and refer the patient to their GP if any concern arises with the patient's mental state, their therapy or their general state of health.

Support, Education, Information And Training

Please see Shared Care Referral Form

Safety Net

In cases where shared care arrangements are not in place, or where problems have arisen with the agreement and patient care may suffer, the responsibility for the prescribing and management of the patient will revert to the Trust.

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Shared Care Agreement

Atypical Antipsychotics

Referral form from Consultant to GP

From (name of Consultant): _____

To (name of GP): _____

Name of patient _____ **Date** _____

Patient ID No.: _____

Diagnosed condition: _____

Drug: _____

I, _____ accept the following responsibilities for the above patient:

1. To assess the patient and establish the diagnosis, determine a management strategy and devise a CPA care plan in conjunction with you and the support agencies and the care manager.
2. To initiate appropriate therapy and monitor the patient and their therapy at regular intervals as described in the CPA care plan.
3. To arrange the supply of medicine until the dose of medication and the patient's mental state have been stabilised.
4. To provide you with appropriate information in the CPA care plan, information about the drug and any additional information required in conjunction with support agencies. Information provided will include special clinical problems to be watched for specific for that patient. It will also include the frequency of attendance at the Trust and information on the procedures that are in place for the rapid re-referral of the patient if required.
5. To be available for advice if the patient's condition changes.
6. To ensure the patient has given informed consent to their treatment.
7. To notify you of any changes in therapy and ensure supply of the patient's therapy is maintained.

Telephone number(s) for contact: _____

Consultant: _____ **Date:** _____

SUPPORT, EDUCATION, INFORMATION AND TRAINING

The following people in Central Nottinghamshire Healthcare will provide support, education, information and training for the areas of interest as shown:

The Psychiatric Pharmacist in the use of antipsychotic drugs

Dr Hugh Middleton and Alan Pringle on the disease

Mark Varney on the care programme approach

Further information sources are listed in appendix 3.

ADVICE HELPLINE

Health worker	Contact number	Notes
Sector Consultant Psychiatrist Name	01623 785050	9am to 5pm Monday to Friday
Consultant Psychiatrist Rehabilitation	01623 558374	9am to 5pm Monday to Friday
Out of hours Junior on-call doctor	01623 622515	The junior doctor will call the duty Consultant where necessary
The Psychiatric Pharmacist	01623 785188	9am to 5pm Monday to Friday
On-call hospital pharmacist	01623 785050	Out of hours
Care Co-ordinator Name	Tel No:.....	Out of hours
CPN if different Name	Tel No:	Opening hours
Community Pharmacist Name	Tel No:	Opening hours
Medicines Information Service Newark Hospital	01636 685778	9am to 5pm Monday to Friday

SUPPORT, EDUCATION, INFORMATION AND TRAINING

The following people in Bassetlaw Hospital & Community Services NHS Trust will provide support, education, information and training for the areas of interest as shown:

The Medicines Information Pharmacist in the use of antipsychotic drugs

The patients named Consultant Physician on the disease

Further information sources are listed in appendix 3.

ADVICE HELPLINE

Health worker	Contact number	Notes
Sector Consultant Psychiatrist Name	01909 500990	9am to 5pm Monday to Friday
Out of hours Junior on-call doctor	01909 500990	The junior doctor will call the duty Consultant where necessary
Hospital Pharmacist	01909 502467	9am to 5pm Monday to Friday
On-call hospital pharmacist	01909 500990	Out of hours
Care Co-ordinator Name	Tel No:.....	Out of hours
CPN if different Name	Tel No:	Opening hours
Community Pharmacist Name	Tel No:	Opening hours
Medicines Information Service Bassetlaw Hospital	01909 502467	9am to 5pm Monday to Friday
Crisis Helpline	01909 502022	24 hour access

Shared Care Agreement

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Response form from GP to referring Consultant

From (name of GP): _____

To (name of Consultant): _____

Name of patient: _____ **Date** _____

Patient ID No.: _____

Diagnosis: _____

Drug: _____

I, _____

1. Have the relevant information on the drug to be prescribed.
2. Fully understand the therapeutic issues involved with the treatment.
3. Take the clinical responsibility for prescribing and issuing prescriptions for this patient.

I agree that:

4. The patient should receive the treatment.
5. I will review the patient in accordance with the patient's CPA care plan and monitor for possible adverse effects or interactions resulting from the use of this drug.
6. I will inform you if the treatment is changed or stopped.

GP: _____ **Date:** _____

Sources of Information

National Service Framework for Mental Health: Modern standards and Service Models for Mental Health. Department of Health 1999

Our Healthier Nation: A Contract for Health
London: The Stationery Office

Department of Health: Building Bridges: a guide to arrangements for inter-agency working for the care and protection of severely mentally ill people.
London: HMSO, 1995

Developing the Care Programme Approach: Building on Strengths
NHS Training Executive, 1995

An audit pack for monitoring the Care Programme Approach
Leeds: NHS Executive 1996

Clinical Standards Advisory Group: Schizophrenia Vols. 1 and 2, 1995

A General Practitioner's Guide to Managing Long-term Mental Health Disorders
London: The Sainsbury Centre for Mental Health Tel: 0171 4038790

Healthy Living with Schizophrenia
Health Education Authority 1998

Wing J K. Mental Illness. In Stevens A, Raftery J eds. Health Needs Assessment: the epidemiologically based needs assessment reviews, vi, Oxford: Radcliffe Medical Press 1994

Stephen Bazire: GP Psychotropic Handbook: The professional's aide memoire
Quay Publishing, edition 2 1998

Also local antipsychotic guidelines and local CPA guidelines.