

Audit of High Dose Antipsychotic Therapy (HDAT) in a Local Psychiatric Population with Chronic and Enduring Mental Illness.

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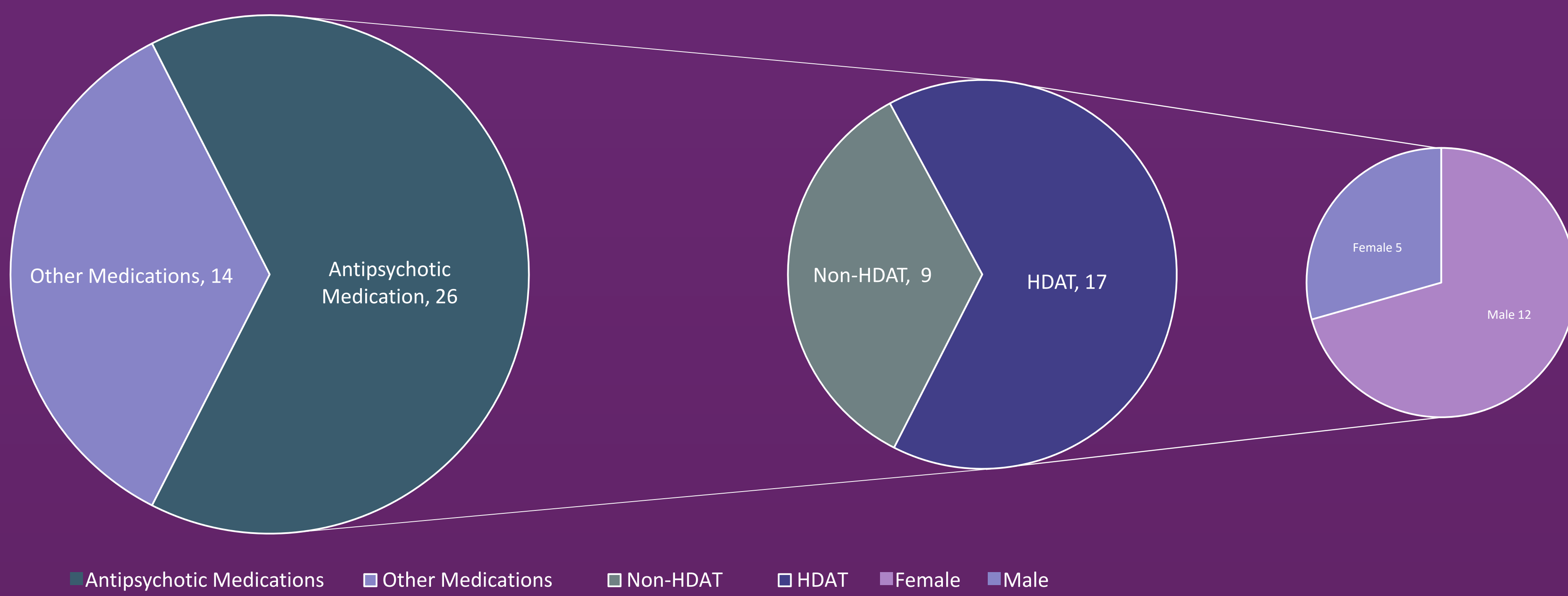
INTRODUCTION

- In clinical practice, use of antipsychotic poly-pharmacy and as required (PRN) medication have been strongly linked with High Dose Antipsychotic Therapy (HDAT)^{2,3,5}
- Increased risks are associated with high dose antipsychotic prescribing and these include: QTc prolongation, sedation, EPSE, postural hypotension, anticholinergic effects and coronary heart disease⁵
- The Royal College of Psychiatrists published a consensus statement¹ stating that all patients on HDAT must be identified properly in clinical charts, regularly reviewed and monitored (physical, biochemical and ECG)^{1,4,5}
- It also says patients on HDAT should be informed about it.¹
- The objective of this audit was to:**
 - Identify patients on high-dose antipsychotics and if they were clearly indicated in clinical notes.
 - Identify if risk factors were taken into account before such prescribing and
 - Clarify the documentation required when antipsychotics are prescribed in high-dose and if that was being carried out

METHOD

- Having reviewed the available guidelines (within the NHS) on HDAT, we decided to audit current practice. We identified patients on High Dose Antipsychotic Treatment by using the following method:
 - Those prescribed a single antipsychotic drug prescribed at a daily dose above the BNF recommended limit OR
 - More than one antipsychotic prescribed concurrently where the sum of doses given expressed as a percentage of the BNF maximum of each drug exceeds 100%¹
- Patients from a local psychiatric day centre facility with a chronic and enduring mental illness were assessed.
- Majority of them either lived in social housing or at home while the remaining were based in a local SRU.
- They avail of; an allocated Consultant and NCHD who can be present weekly, 6 monthly reviews and also the availability of daily Medium Support Services for medication compliance.
- The ages of the patient ranged between 35 and early 70s years old and the total sample size was 40 patients.

RESULTS



- In the sample of 40 patients, 26 were prescribed antipsychotics and 17 met criteria for HDAT prescription.
- The current practice that is in place required all patients on antipsychotics to undergo 6 monthly to yearly blood screening, ECG and physical review.
- There were no specific risks, as stated above, being specifically monitored and HDAT was not marked clearly in clinical notes
- No identification in notes or kardexes of HDAT use.

- Target symptoms were not clearly described without evidence of use of either clinical judgement or a rating scale to ascertain if medication increases were successful.
- Whilst ongoing review of the patients were carried out, it didn't clearly identify use of high dose prescribing including use of PRN medication.
- No properly identified or documented ongoing review of risk factors, comorbid illnesses and possible drug interactions.

REFERENCES

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This audit did not receive any financial sponsorship, no ethical approval was needed, this is not a case report and clinical approval was sort from ECD of Donegal Mental Health Services Dr Clifford Haley.

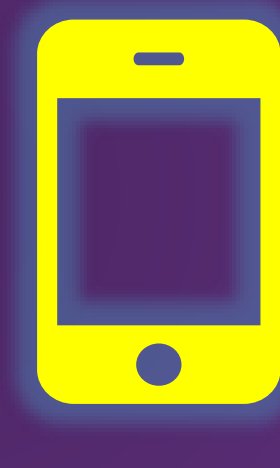
DISCUSSION

- This audit highlights the need to identify clearly, those who are prescribed high dose antipsychotic medications so they can be appropriately monitored.
- The use of antipsychotic medication within Psychiatry is prevalent and it MUST be monitored according to best practice guidelines, especially in high doses.
- It is necessary to document the reason for HDAT. If insufficient improvement in target symptoms has occurred, decrease in medication dose to the normal range should be considered.
- It would be important to involve the Primary Care Services (General Practitioner) in a joint effort to monitor physical symptoms, risk factors, blood screening and ECG for community patients
- The use and monitoring of HDAT should continue in secondary care until and unless there has been agreement to transfer prescribing and monitoring responsibility to the patient's General Practitioner.
- At present, no standardized HDAT monitoring forms/guidelines are available within the HSE Mental Health Services.**
- We have devised a monitoring form which complies with Royal College recommendations, and enlisted the skills of a Senior Clinical Pharmacist, who reviewed it.
- The aim of the form is to enable relevant information to readily available and this is going to be launched on a small scale.
- We would also endeavour to collaborate the primary care providers as their cooperation would be vital.

Monitoring form for Donegal Mental Health Services

LIMITATIONS

- It is worth noting that the population audited was not typical of a general inpatient/outpatient psychiatric clinic population, insofar as it comprised largely of individuals with chronic and enduring mental illness.
- There are about 7 GP practices involved in the population being worked with and the practicality of getting all of their cooperation has to be looked at.
- Patient details were difficult to obtain as all the information was paper based, files were kept in different locations and difficult to track as most of the patients were with the now defunct rehab team.



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