Quetiapine, how common is off label prescribing. A community mental health team (CMHT) survey.

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INTRODUCTION

Quetiapine is an atypical anti-psychotic medication licensed for the treatment of schizophrenia, bi-polar disorder and adjunctive use in major depressive disorder. It's off-label use in low doses is increasing, possibly due to its sedative qualities, tolerability, low risk of extrapyramidal symptoms and to limit the unnecessary use of benzodiazepines. (1) (2) However, previous research highlights the risk of metabolic consequences even in low doses. (3) (4) (5)

AIM

Our aim is to establish the prescribing patterns and off-label use of quetiapine within a complete community mental health team population (CMHT).

METHOD

The GR1 CMHT provides care to a population of 25,000 people in a mixed urban and rural area. Multi-disciplinary case notes for all registered patients were reviewed for a one-year period. A database was created to include sociodemographic details, diagnosis, and medication. The proportion of patients prescribed quetiapine was identified and the dosage divided into multiple increments. The team's consultant reviewed and verified all ICD-10 diagnoses. Quetiapine dose by diagnosis was examined using descriptive statistics.

RESULTS

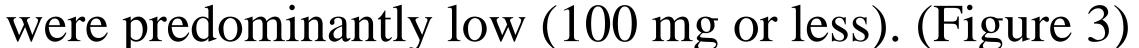
Of 246 registered patients, 62 (25% of CMHT caseload) were prescribed Quetiapine.

Quetiapine was prescribed across a range of disorders including psychotic 17 (27%), mood 18 (29%), anxiety 14 (22%), personality disorders 11 (18%) and others 2 (3%). (Figure 1)

Doses spanned between 25mg – 800mg daily. 19 patients (31%) were prescribed 25mg or less, 20 patients (32%) between 50mg and 100mg and 23 patients (37%) above 100mg. (Figure 2)

In psychotic and mood disorders, dosage varied widely between the low and high range. Furthermore, of the psychotic disorders, 11 (65%) were prescribed a second antipsychotic medication. For diagnoses in which the prescribing indication was clearly off-label, the dosages

30.0%



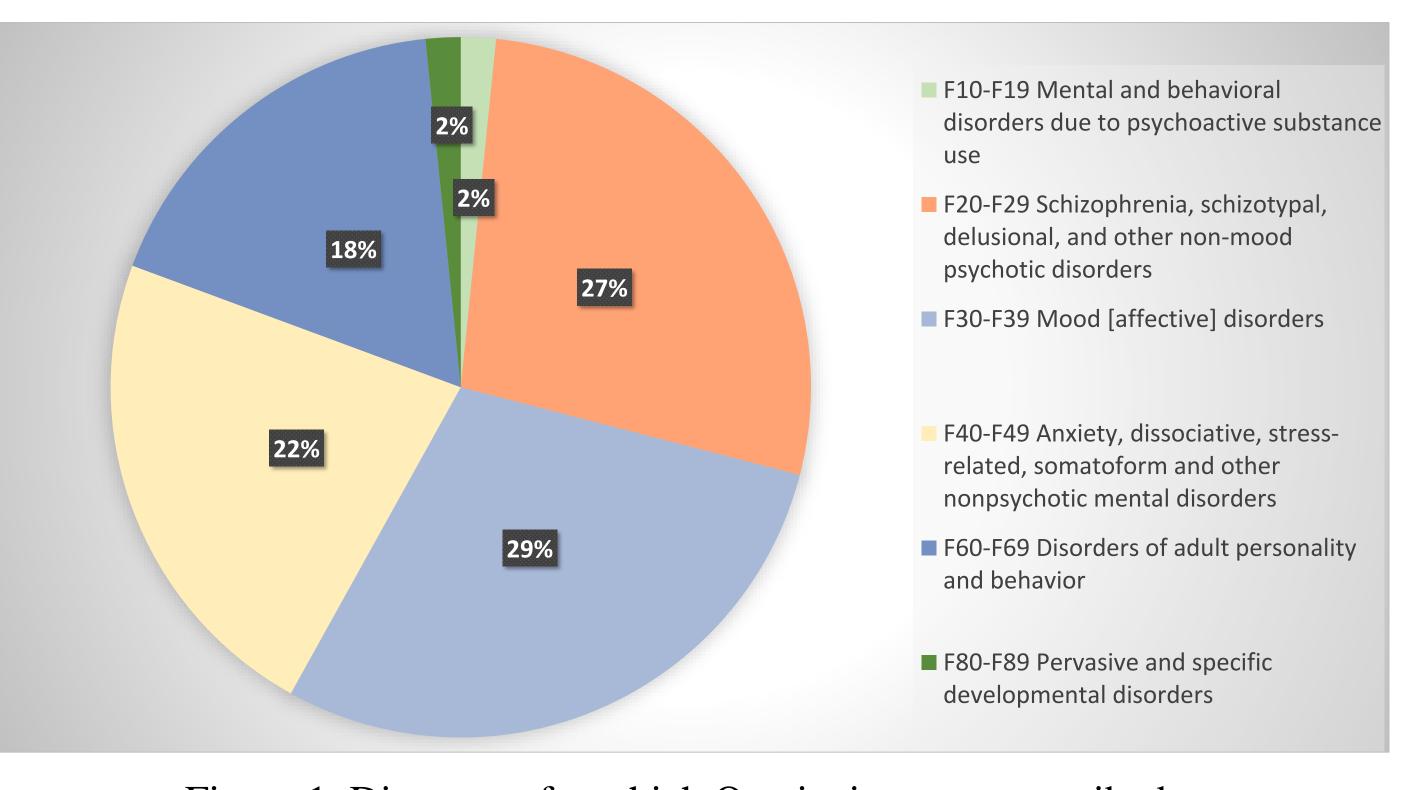


Figure 1. Diagnoses for which Quetiapine was prescribed

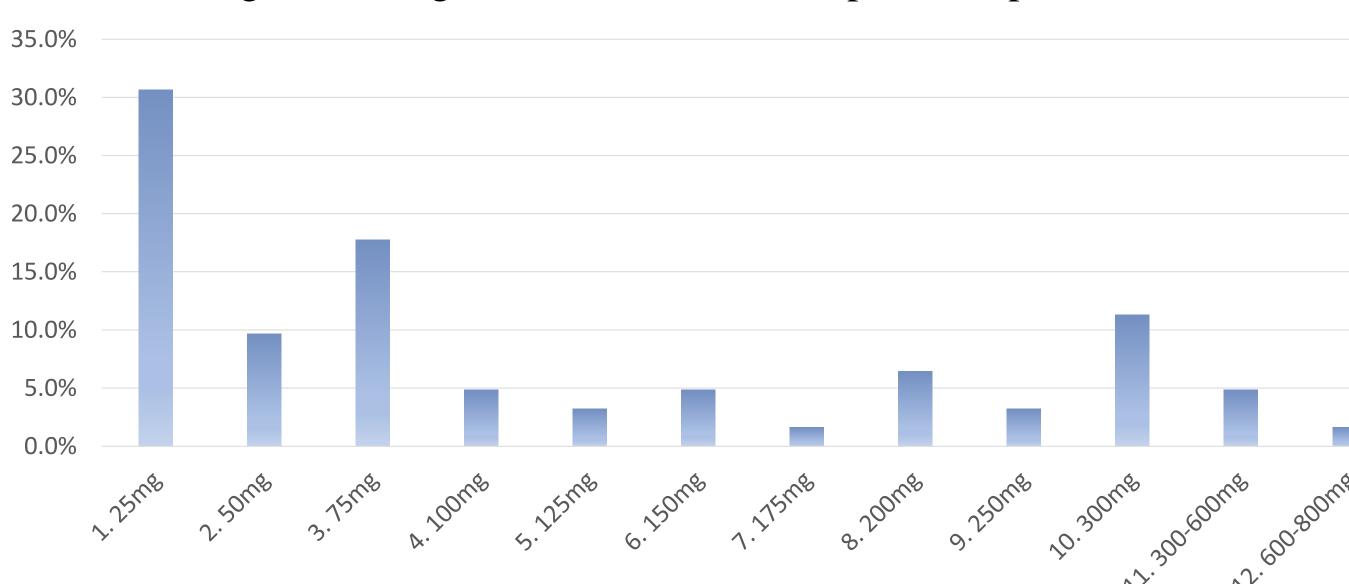


Figure 2. Percentage of patients on Quetiapine by dosage

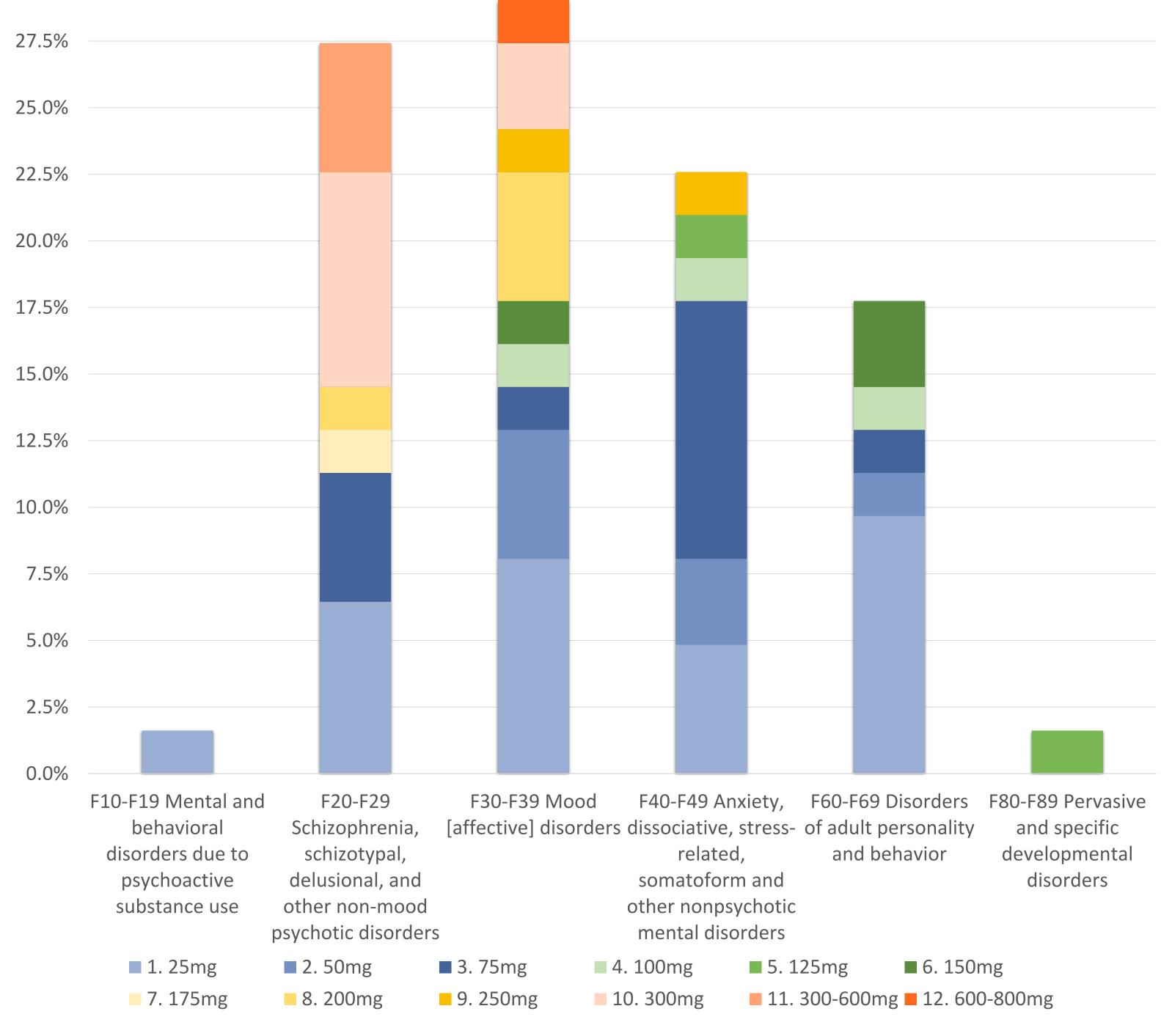


Figure 3. Dosages of Quetiapine in each diagnoses

CONCLUSIONS

Quetiapine was commonly prescribed in our patient population. Its frequent offlabel use in low doses suggests that its prescription was for its additional qualities.

However, there are many studies that highlight the risk of metabolic consequences including weight gain, even with low doses of Quetiapine. (3) (4) (5)

Our findings highlight the importance of assessing the risk-benefit profile for every patient given the potential side effects, involving patients in the consultation of its off-label use and appropriate monitoring. (3) (6)

Furthermore, more research needs to be conducted on the prescribing trends of Quetiapine and the adverse effects related to its long-term use

REFERENCES

- (1) Philip NS, Mello K, Carpenter LL, Tyrka AR, Price LH. Patterns of quetiapine use in psychiatric inpatients: an examination of off-label use. Ann Clin Psychiatry. 2008 Jan-Mar;20(1):15-20. doi: 10.1080/10401230701866870. PMID: 18297582.
- (2) Huthwaite M, Tucker M, McBain L, Romans S. Off label or on trend: a review of the use of quetiapine in New Zealand. N Z Med J. 2018 May 4;131(1474):45-50. PMID: 29723178.
- (3) Williams SG, Alinejad NA, Williams JA, Cruess DF. Statistically significant increase in weight caused by low-dose quetiapine. Pharmacotherapy. 2010 Oct;30(10):1011-5. doi: 10.1592/phco.30.10.1011. PMID: 20874038.
- (4) Coe HV, Hong IS. Safety of low doses of quetiapine when used for insomnia. Ann Pharmacother. 2012 May;46(5):718-22. doi: 10.1345/aph.1Q697. Epub 2012 Apr 17. PMID: 22510671.
- (5) Carr CN, Lopchuk S, Beckman ME, Baugh TB. Evaluation of the use of low-dose quetiapine and the risk of metabolic consequences: A retrospective review. Ment Health Clin. 2016 Nov 3;6(6):308-313. doi: 10.9740/mhc.2016.11.308. PMID: 29955487; PMCID: PMC6007538.
- (6) Duncan D, Cooke L, Symonds C, Gardner D, Pringsheim T. Quetiapine use in adults in the community: a population-based study in Alberta, Canada. BMJ Open. 2016 Mar 21;6(3):e010861. doi: 10.1136/bmjopen-2015-010861. PMID: 27000788; PMCID: PMC4809089.