

AUDIT OF ADHERENCE TO MHC ANTIPSYCHOTIC MONITORING RECOMMENDATIONS IN A MENTAL HEALTH INTELLECTUAL DISABILITY OUTPATIENT SERVICE

Authors

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Background

The local MHID outpatient team carries out physical health monitoring for service users taking antipsychotics in concert with disability and primary care medical services.

Aims:

The audit was to assess how many patients were being monitored adequately and to see if compliance would be improved after implementation of local interventions to raise awareness and streamline the assessment process.

Methods

Audit of compliance to the Mental Health Commission's "Physical Health of People With Severe Mental Illness" report against specific recommendations contained in the report. Random sample of 20 charts of patients on antipsychotics was taken, and results collated. Intervention by presenting findings and rationale to team, and creating a front-sheet for service user charts to log completion of screening, to flag need for screening to clinicians at review appointments, and to provide guidance on acting on abnormal results. A customised audit tool was used. Audit involves auditing prior year compliance, and re-auditing current year compliance after implementation of intervention. Re-audit involved taking another random sample of 20 charts and results were collated.

Initial Results:

Results demonstrated an average of 28.57% compliance with 14 measured parameters per patient (4 parameters on average completed per patient), with identification of need at minimum present for an average of 47.86% of parameters (6.7 parameters per patient). The best compliance was with completion of FBC (completed in 55% of cases), and the worst compliance was with completion of BMI & waist circumference measurement (done in 0% of cases)

Intervention:

Initial audit findings and rationale of audit were presented to team members and at local MDT. A front sheet for service user charts was created to log completion of screening, to flag need for screening to clinicians at review appointments, and to provide guidance on acting on abnormal results, referencing guidelines.

Re-Audit Results:

Re-audit results demonstrated an average of 36.79% compliance with 14 measured parameters per patient (5.15 parameters completed per patient), with identification of need at minimum present for an average of 54.29% of parameters (7.6 parameters per patient). The best compliance was with completion of LFT and FBC (completed in 70% of cases), and the worst compliance was with completion of waist circumference measurement (done in 0% of cases).

Figure 1: Results Summary

	Improvement in Completion	Improvement in Need ID (Need + Record)
Weight	Green	Green
BMI	Yellow	Yellow
Waist Circumference	Yellow	Yellow
Pulse	Green	Green
Blood Pressure	Red	Red
ECG	Green	Red
LFTs	Green	Green
FBC	Green	Green
Fasting Lipids	Green	Green
U+Es	Green	Green
Fasting Glucose	Green	Green
HBA1C	Green	Green
Prolactin	Red	Red
TFTs	Green	Green
Key:	Improved	Green
	Same As Before	Yellow
	Disimproved	Red

Figure 2: Initial Audit Results



Figure 3: Re-Audit Results



Figure 4: Front Sheet (Front (left) and Back (right))

ANNUAL ANTIPSYCHOTIC MONITORING SHEET

NAME: _____ DOB: _____

YEAR: _____

ANTIPSYCHOTICS PRESCRIBED: _____

Recommendations if values out of normal range

ECG

- Consider dose reduction, alternative medication and non-pharmacological modifiable risk factors if QTc under 500ms. Check personal and family medical history, and other medications.
- Refer to cardiology if
 - QTc reading of over 500ms or >60ms increase from previous reading
 - History, pulse rhythm or ECG suggestive of arrhythmia
 - Prior cardiac event
 - No option to stop or reduce medication, or move to an alternative.

BMI / Weight / Waist Circumference

- Consider dose reduction, alternative medication and non-pharmacological modifiable risk factors. Check personal and family medical history, and other medications.
- Advise patient / family / carers on nutritional counselling
 - Reduce "take-away" or junk food
 - Avoid soft and caffeinated drinks and juices
 - Increase fibre intake
 - Reduce high energy food intake
- Advise on Physical Activity (150 minutes of moderate intensity physical exercise per week)
- Refer on to GP / dietician / personal trainer if appropriate

Blood Pressure / Pulse

- Consider dose reduction, alternative medication and non-pharmacological modifiable risk factors. Check personal and family medical history, and other medications.
- Follow up to date hypertension management guidelines (and/or consult with GP) initially
- Refer on to GP thereafter for further investigation and management

Fasting Glucose / HBA1C

- Consider dose reduction, alternative medication and non-pharmacological modifiable risk factors. Check personal and family medical history, and other medications.
- Follow up to date diabetes management guidelines (and/or consult with GP) initially
- Refer on to GP thereafter for further investigation and management

Lipids

- Consider dose reduction, alternative medication and non-pharmacological modifiable risk factors. Check personal and family medical history, and other medications.
- Follow up to date lipid management guidelines (and/or consult with GP) initially
- Refer on to GP thereafter for further investigation and management
- Refer to endocrinology / lipid specialist if total cholesterol >6, non-HDL >7.5 or TG >20

FBC / U+E / LFTs / TFTs

- Consider whether the antipsychotic is the causative agent, especially with polypharmacy
- Consider dose reduction, alternative medication and non-pharmacological modifiable risk factors if antipsychotic thought to be causative. Check personal/family medical history & other meds.
- Inform and/or consult with GP or other specialist as appropriate

Prolactin

- Consider dose reduction, alternative medication & non-pharmacological risk factors. Consider if antipsychotic is likely to have caused raised prolactin
- Check if symptomatic. Compare to baseline prolactin. Consider referral to endocrine if non-pharmacological cause being considered, or if symptomatic with no option to change medication

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Result Comparison

In 11/14 measured parameters, compliance improved following the intervention, with 10/14 measured parameters showing improvement in minimum documented recognition of need for screening in patient notes or correspondence with other agencies. Overall, parameter completion improved by 28.75% compared with the previous year.

Conclusions

Improvements notable following intervention. Recommend continuing to implement front-sheet protocol for all patients under the service who are prescribed antipsychotics. Future re-audits to potentially consider assessing larger sample of charts to improve the power of the study, and to compare full-year data (2021 audit completed prior to end of year)

Declarations: Permission for publication of clinical audit given by Dr Moayyad Kamali, Clinical Director, Newcastle Hospital

References:

- Finnerty S. Physical Health of People With Severe Mental Illness (2020). Mental Health Commission, Dublin. Available at: https://www.mhcirl.ie/sites/default/files/2020-12/MHC_PhysicalHealthReport.pdf [Accessed December 1 2020]
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