

Core Guidance to Support First Generation (Typical) Antipsychotic Depot in Adults in Croydon CCG (Primary Care) in Collaboration with South London and Maudsley Mental Health Trust (SLaM)

This document outlines the key responsibilities for SLAM clinicians and local GPs to support safe transfer of prescribing of First Generation (Typical) antipsychotic depot injections from SLAM services to GPs in Croydon CCG.

Treatment with antipsychotics should be initiated, doses titrated and patients stabilised within secondary care. Prescribing for patients in primary care is suitable provided the patients do not have the exclusions listed on page 2.

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1. PRESCRIBING EXCLUSIONS for depot antipsychotics

GPs should NOT accept responsibility for prescribing if the patient has any these exclusions:

1	On atypical depot antipsychotic injection (risperidone, olanzapine, paliperidone or aripiprazole)
2	On pipotiazine palmitate depot injection – production ceased October 2014. Patients still receiving this will eventually need to be changed to an alternative antipsychotic by specialist
3	On clozapine or asenapine
4	On 2 or more antipsychotics (one of which is the depot antipsychotic)
5	Medicine is unlicensed or used for an indication outside of the licence <ul style="list-style-type: none"> • Use of a licensed medicine for an unlicensed indication Where dose exceeds the maximum licensed dose • Unlicensed medicine/indication not agreed by SLaM Drug and Therapeutics and Croydon Prescribing Committees
6	Not clinically stable for the last 6 months
7	No recent psychiatric review (last 1-2 months)
8	Children (below 18 years of age)
9	Pregnancy (unless advice has been sought from the specialist (or obstetrician) to confirm choice and safety of therapy in pregnancy and this has been documented)
10	Medicine contravenes NICE guidelines CG178 / CG185 and subsequent NICE updates
11	Medicine not approved for use in Croydon <ul style="list-style-type: none"> • Not recommended by the Croydon Prescribing Committee for primary care prescribing • Has not yet been considered by Croydon Prescribing Committee • Hospital only recommendation by Croydon Prescribing Committee or relevant SLaM Prescribing Committee

Note: Prescribing exclusions approved by CPC on 10th January 2014. Minor amendments made to relating to depot antipsychotics as agreed by CPC on 18th November 2016.

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2. MINIMUM DATASET OF INFORMATION

Information will be provided to the GP based on a minimum dataset agreed between SLaM and Croydon CCG. **GPs should only accept responsibility for prescribing if there are no exclusions and on receipt of information contained within the minimum dataset** using the “transfer of care information” template

Transfer of care information template

Transfer of care information template for patients on DEPOT ANTIPSYCHOTIC under SLAM services to General Practice	
COMMUNICATION BETWEEN SLAM and GP	
The following is an agreed minimum dataset of information that will be provided by the SLaM service to the GP specific to each individual patient. It is designed to be shared routinely throughout the course of treatment and upon discharge from SLaM when care transfers to the GP. Complete and share with the GP at least annually for CPA (Care Programme Approach) Patients.	
<i>This communication is about: (tick relevant box)</i>	
<ul style="list-style-type: none"> • For GP information (patient and prescribing under SLaM, no action by GP) <input type="checkbox"/> • Transfer of prescribing (GP to prescribe depot antipsychotic medication, whilst patient remains under SLaM MH team) <input type="checkbox"/> • Discharge of patient from SLaM MH team (transfer of care to GP, GP to prescribe depot antipsychotic medication) <input type="checkbox"/> 	
Attention to receiving GP – if you would like to discuss any aspects of the plan/information, please contact:	
named care coordinator: or consultant:	
Date: Completed by: (sign/print/position):	
Requests to GP	
Please list here any requests for the receiving GP to complete:	
Demographic details	
Patient	
Name	
DOB	
Address	
Phone number	
NHS Number (if known)	
Psychiatric Diagnosis (ICD-10 code):	
Primary	
Secondary (if applicable)	

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Psychotropic medication prescribing and monitoring arrangements <i>(changes to be made in BOLD).</i>	
<i>Note: GP to be aware of exclusion criteria for transfer of prescribing or discharge of patient from SLaM services.</i>	
Current Medication	<i>(include start dates, dosage and frequency, strength of preparation, route and site of administration) specify if any unlicensed indications</i>
Side effect management Note: only transfer prescribing to GP once side effects are controlled	<i>Include side effects that have/are occurring; any medication prescribed to manage side effects; medication prescribed previously which have caused side effects; medication to be avoided</i>
Medication monitoring arrangements	<i>Include any monitoring e.g. physical health monitoring requirements; blood monitoring, drug plasma levels; mental health monitoring</i>
Suggestions or plans for titration related to tailoring for potential change in mental state	<i>Consider signs of early relapse and /or planned discontinuation (for specialist to give any guidance on changes to medication should patient have a change in mental state – for guidance – it may be that advice is for GP to contact specialist in this situation)</i>
Recommendations on length of time antipsychotic prescribing is required	
Patient nominated community pharmacist (if known)	
A succinct comprehensive CLINICAL history that includes:	
Support and interventions given to patient that is inclusive of	
Appropriate response to non-attendance	
Relapse signatures/early warning signs	
Early relapse interventions	
Crisis plan	
Risk and vulnerability history and management (includes forensic history)	
Additional information	
Interventions offered or tried	

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Physical Health Information <i>(not all tests will be clinically indicated, specialist to complete where relevant - include results/dates and if tests not undertaken)</i>	
Physical Health diagnosis (e.g. diabetes, epilepsy) (with ICD code)	
Weight	
Waist circumference	
Pulse	
BP	
Smoking	<i>Indicate if stop smoking service has been discussed with patient and plans to stop smoking. Note: be aware of the potential significant impact of reducing cigarette smoking on the metabolism of antipsychotics particularly olanzapine/clozapine and impact of restarting smoking</i>
Alcohol consumption	
Illicit drug use	
Non-prescription medication	
Assessment of any movement disorders	
Ongoing physical health management and treatment needs	<i>Include evidence of signposting to combined healthy eating and physical activity programme</i>
Results of investigations	<i>Give details where clinically indicated and dates if known)</i>
FBC	
U&Es	
LFT	
Lipid profile	
Fasting glucose	
HbA1c	
Prolactin	
Relevant medication levels (e.g. Lithium)	<i>Specify that lithium booklet given to patient</i>
HIV/Hep C Screen	
Additional bloods taken (specify)	<i>Include drug plasma levels if available and where appropriate</i>
Additional investigations undertaken (eg. ECG)	
Service User Goals and Attitude	
Current and long term plans including user defined goals	
Details of patient insight, agreement and attitude to transfer (if discharged from SLaM services)	
Confirm if the patient has a valid psychiatric advance directive* and if so include a copy	
Date of next appointment with specialist (if known/if appropriate)	
Patient given relevant SLaM contact details eg in case of relapse	

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Additional Contact Information	
Next of kin/carers (name)	
Relationship	
Contact details (address; phone number; email)	
SLaM CONTACT DETAILS	
Name of Consultant & phone number	
Named Care Coordinator	
Name of Team/Service	
Phone number	
Email	
Who and how to contact for clinical and medication advice (add additional details)	GP advice line (Croydon): East – 07805 854 346 West - 07805 784 994 GP to leave message; not for emergency use; consultant psychiatrist will aim to respond to call within 48 hours
Who to contact in an emergency – In hours	
Who to contact in an emergency – Out of hours	
SLaM Psychiatric Medicines Information Support Service for Healthcare professionals	0203 2282317 (Medicines Information Line) Monday-Friday 9am-5pm
Additional GP Information to support this communication,	<i>including GP prescribing exclusions, licensed indications, recommended monitoring and side effects for full document</i> Refer to Croydon Intranet via: http://nhscroydonintranet.croydonpct.nhs.uk/TeamsAndDepartments/primarycarecommissioning/prescribing/Pages/Documents.aspx

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3. PRESCRIBING RESPONSIBILITIES

MH Specialist/Secondary Care	Primary Care/GP
Initiate/titrate and stabilise patient on depot antipsychotic and assess its effects (clinical benefit and side effects)	Confirm transfer of care information template received and contains the minimum dataset prior to prescribing depot antipsychotic
Ensure patient understands reasons on why they receive the depot antipsychotic and the risks and benefits of treatment and potential side effects	Confirm patient does not have any exclusions prior to prescribing antipsychotic, otherwise discuss with specialist
Supply treatment for the first 6 months	Confirm all necessary information included in transfer of information prior to prescribing depot antipsychotic, including carer/family support, otherwise discuss with specialist
Ensure patient does not have any exclusions prior to requesting GP to prescribe antipsychotic	Consider transfer of prescribing responsibility within 2 weeks of receipt
Inform patient that further injections will be administered at their GP practice, once the GP has agreed to this.	GP to contact the specialist/Croydon Pharmacy Team if not willing to take over prescribing of depot antipsychotic
Use transfer of care information template to ask GP to take over prescribing of oral antipsychotic – ensuring minimum information included	Tracked monitoring: <ul style="list-style-type: none"> • Scan letter onto patient medical record and ensure patient is on the practice MH register • Maintenance monitoring requirements as advised by specialist • Annual physical health monitoring requirements as per QOF MH indicators (including smoking) – send details to care coordinator and psychiatrist
Ensure baseline monitoring tests (where clinically appropriate) have been completed and communicated to GP in transfer of care information template	GP to contact and discuss with specialist if information in MH correspondence is incomplete and to consider reporting as an Amber Alert if issues are still unresolved
Ensure contact details given to GP for any further discussion around patient management and prescribing of antipsychotic	Monitor patient for side effects of medication, including injection site reactions, such as: pain, induration, pruritus or nodules at each consultation.
Inform GP of any subsequent tests	Ensure GP/practice nurse is competent to administer the depot antipsychotic by IM injection (usually using Z-track technique).
Discussion with patient regarding smoking advice and effect on antipsychotics – are there any specific recommendations for typical depots?	GP/nurse to ask patient about general well-being (to identify early signs of relapse) at each appointment and to document this
Oversee withdrawal/discontinuation of therapy	Ensure good record keeping in practice (eg. Dose given, brand, site of injection, manufacturer, batch number, expiry date of injection)
Write to GP following every appointment using transfer of care information template	Contact patient he/she misses injection appointment and involve carer with discussion
Review patient at the request of GP should any problems arise (side effects / lack of efficacy) and advise accordingly	Review any patient requests for medications to manage side effects – be aware of abuse potential eg. procyclidine

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MH Specialist/Secondary Care cont.	Primary Care/GP cont.
Review patient yearly (whilst still under MH service)	Contact specialist/local mental health team if concerns around patient's mental health state; relapse; medication side effects/poor treatment response/non-adherence/patient not attending injection appointment/out of range results from clinical monitoring
	Inform specialist if patient becomes pregnant or is planning pregnancy to discuss ongoing management
	Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises
	Refer back to specialist if the patient's condition deteriorates or GP has concerns regarding the treatment
	Ordering/Supply – practice to establish a system for having the depot antipsychotic available when the patient is due to have it administered Practice to consider ordering into their stock under personally administered items Ensure safe storage at room temperature. Ensure adequate patient recall for when injection is due to be administered.
Report any adverse effects to the MHRA via: https://yellowcard.mhra.gov.uk/	

4. PATIENT RESPONSIBILITIES

Patient
Consent to receiving injection from GP practice
Commit to attending GP practice regularly, at the appointed time, to receive depot injection
Contact GP practice if there are any circumstances which prevent attendance for depot injection
Carer/family/care-coordinator to liaise with the GP practice on behalf of the patient where appropriate
Report any adverse effects of changes in overall health to the GP or to the Consultant Specialist at the yearly review

References:

- Psychosis and schizophrenia in adults, NICE Clinical Guideline 178, March 2014 (replaces NICE CG 82) <http://www.nice.org.uk/guidance/cg178/resources/guidance-psychosis-and-schizophrenia-in-adults-treatment-and-management-pdf>
- Bipolar Disorder, NICE Clinical Guideline 185, September 2014 <http://www.nice.org.uk/guidance/cg185/resources/guidance-bipolar-disorder-the-assessment-and-management-of-bipolar-disorder-in-adults-children-and-young-people-in-primary-and-secondary-care-pdf>
- The Maudsley Prescribing Guidelines (2015) 12th Edition. Ed. Taylor D, et al. Taylor & Francis, London Schizophrenia.

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Appendix 1: Summary of licensed indications of depot antipsychotics for adults

The abbreviated information on licensed uses (√) is indicative only. It is not comprehensive, consult the latest Summary of Product Characteristics (SPCs)

Drug	Brand Name	Schizophrenia	Paranoid psychosis & other psychoses	Bipolar disorders	Other
Flupentixol decanoate	Depixol®, Psytixol®, generics	√	√		
Fluphenazine decanoate	Modecate®	√	√		
Haloperidol decanoate	Haldol decanoate®	√	√		Mental or behavioural problems where maintenance treatment is indicated
Zuclopenthixol decanoate	Clopixol®	√	√		Note: do not confuse with Zuclopenthixol acetate (Clopixol Acuphase®) which is short acting

Appendix 2: Antipsychotics relative adverse effects – a summary of more common side effects

Drug	Sedation	Weight gain	Akathisia	Parkinsonism	Anti-cholinergic	Hypotension	Prolactin elevation
Flupentixol	+	++	++	++	++	+	+++
Fluphenazine	+	+	++	+++	++	+	+++
Haloperidol	+	+	+++	+++	+	+	++
Zuclopenthixol	++	++	++	++	++	+	+++

Key: +++ High incidence/ severity ++ Moderate + Low - Very low

Ref: The Maudsley Prescribing Guidelines, 12th edition, published 2015

Note: The table above is made up of approximate estimates of relative incidence and/or severity, based on clinical experience, manufacturers' literature and published research. This is a rough guide. Be aware of neuroleptic malignant syndrome – a rare side effect but patient needs immediate referral to hospital for supportive therapy; symptoms include: labile bp, extrapyramidal side effects, high temperature, autonomic dysfunction, rigidity, confusion, raised creatine phosphokinase. Other side effects not mentioned in this table do occur.

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Appendix 3: Recommended Monitoring for Antipsychotics

Parameter/test	Suggested frequency			Action to be taken if results outside reference range	Additional Information
	Baseline	Other	Annually		
Urea and electrolytes (including creatinine or estimated GFR)	√		√	Investigate all abnormalities detected	
Full blood count (FBC)	√		√	Stop suspect drug if neutrophils fall below $1.5 \times 10^9/l$. Refer to specialist medical care if neutrophils below $0.5 \times 10^9/l$. Note high frequency of benign ethnic neutropenia in certain ethnic groups	
Blood lipids (cholesterol; triglycerides) Fasting sample, if possible	√	at 3 months	√	Offer lifestyle advice. Consider changing antipsychotic and/or statin therapy	Some not clearly associated with dyslipidaemia but prevalence is high in this patient group
Weight (include waist size and BMI)	√	frequently for 3 months	√	Offer lifestyle advice. Consider changing antipsychotic and/or dietary/pharmacological intervention	
Plasma glucose (fasting sample, if possible) (QOF MH005 - glucose or HbA1c in over 40 yr olds)	√	at 4-6 months	√	Offer lifestyle advice. Obtain fasting sample and HbA1C. Refer to GP or specialist	Some not clearly associated with IFG but prevalence is high in this patient group
ECG (recommended for all in-patients as per NICE guidance)	√	where clinically indicated & after dose increases		Refer for further investigations if appropriate	haloperidol – ECG mandatory
Blood pressure (QOF MH003)	√			If severe hypotension or hypertension (clozapine) observed, slow rate of titration	
Prolactin	√	then at 6 months	√	Switch drugs if hyperprolactinaemia confirmed and symptomatic	
Liver function tests (LFTs)	√		√	Stop suspect drug if LFTs indicate hepatitis (transaminases x 3 normal) or functional damage (PT/albumin change)	

Key: BMI - body mass index; ECG - electrocardiograph; EEG - electroencephalogram; GFR - glomerular filtration rate; IFG - impaired fasting glucose

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Appendix 4: Glasgow Antipsychotic Side-effect Scale (GASS)

Name: _____ Age: _____ Sex: M / F

Please list current medication and total daily doses below:

This questionnaire is about how you have been recently. It is being used to determine if you are suffering from excessive side effects from your antipsychotic medication.

Please place a tick in the column which best indicates the degree to which you have experienced the following side effects.

Also tick the end or last box if you found that the side effect was distressing for you. © Waddell & Taylor, 2007

Over the past <u>week</u> :	Never	Once	A few times	Every day	Tick if distressing
1. I felt sleepy during the day					
2. I felt drugged or like a zombie					
3. I felt dizzy when I stood up and/or have fainted					
4. I have felt my heart beating irregularly or unusually fast					
5. My muscles have been tense or jerky					
6. My hands or arms have been shaky					
7. My legs have felt restless and/or I couldn't sit still					
8. I have been drooling					
9. My movements or walking have been slower than usual					
10. I have had uncontrollable movements of my face or body					
11. My vision has been blurry					
12. My mouth has been dry					
13. I have had difficulty passing urine					
14. I have felt like I am going to be sick or have vomited					
15. I have wet the bed					
16. I have been very thirsty and/or passing urine frequently					
17. The areas around my nipples have been sore and swollen					
18. I have noticed fluid coming from my nipples					
19. I have had problems enjoying sex					
20. Men only: I have had problems getting an erection					
Tick yes or no for the last <u>three months</u>	No	Yes		Distressing	
21. Women only: I have noticed a change in my periods					
22. Men and women: I have been gaining weight					

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GASS tool - Staff Information

1. Allow the patient to fill in the questionnaire themselves. All questions relate to the previous week.
2. Scoring

Questions	If answer is:	Points to be awarded
1-20	Once	1
	A few times	2
	Everyday	3
	Never	0
21 and 22	Yes	3
	No	0
Total points for all questions		

3. For male and female patients a score of:

Score	
0-21	absent/mild side effects
22-42	moderate side effects
43-63	severe side effects

4. Side effects covered include:

Question	Side effect
1-2	sedation and CNS side effects
3-4	cardiovascular side effects
5-10	extra pyramidal side effects
11-13	anticholinergic side effects
14	gastro-intestinal side effects
15	genitourinary side effects
16	screening question for diabetes mellitus
17-21	prolactinaemic side effects
22	weight gain

The column relating to the distress experienced with a particular side effect is not scored, but is intended to inform the clinician of the service user's views and condition.

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