Antipsychotic Drugs - Information for Primary Care

Shared Care Status – Green +

Relevant NICE clinical guidance (CG)
- Post -Traumatic Stress Disorder (CG – 26);
- Obsessive Compulsive Disorder (CG – 31);
- Bipolar Disorder (CG - 42); Antenatal & Postnatal Mental Health (CG – 45);
- Borderline Personality Disorder (CG – 78);
- Schizophrenia – Update (CG -82);
- Depression: The treatment and management of depression in adults – Update (CG – 90);
- Depression in adults with a chronic physical health problem: Treatment and Management – Update (CG – 91);
- Psychosis with Co-existing Substance Misuse (CG – 120) and
- Common Mental Health Disorders (CG – 123)

Background
Life expectancy in people with schizophrenia is reduced by 20%, with 60% of the excess mortality due to physical illness. This may be partly explained by the higher prevalence of smoking, poor diet and lack of exercise in people with schizophrenia than in the general population; as a consequence the prevalence of type 2 diabetes and cardiovascular disease is increased. In addition to lifestyle factors, the illness itself may be a risk factor for some medical conditions: an association between schizophrenia and diabetes is well recognised and antipsychotic drugs, particularly atypicals, have metabolic consequences that may contribute to the risk through weight gain, impact on the lipid profile, and insulin function.

Transfer of Prescribing Responsibilities from secondary to primary care
Should be initiated by a Secondary Care Specialist but can be safely maintained in primary care without on-going specialist monitoring.
In some circumstances it may be more appropriate for the GP to prescribe on the advice of the specialist during the initiation and titration phase. This must be done on a case by case basis by prior arrangement and all the necessary information for the GP to do this safely must be communicated by the specialist.

Recommendations for monitoring
The physical health monitoring of patients at baseline and during the initiation period is the responsibility of the specialist team. The annual review and monitoring will be the responsibility of the primary care team. The monitoring recommendations are summarised in the algorithm and table overleaf.

As part of the Quality Outcomes Framework (part of GMS contract) GPs should perform an annual physical health check for those included in the practice register of people with schizophrenia, bipolar disorder and other psychoses. (see BMA - Quality and Outcomes Framework guidance.)

These guidelines represent a recommended standard for the majority of patients. However, monitoring should be tailored to each patient. Patients may require more frequent monitoring e.g. because of increased cardiac risk.

Refer back to the specialist team in the event of any significant deterioration in the patient’s mental state that cannot be managed in general practice, intolerable adverse effects, non-concordance, lack of effect, special prescribing circumstances. e.g. pregnancy and breast feeding, or when considering a switch to an alternative antipsychotic drug.
Algorithm for the physical health monitoring of patients on antipsychotics

Baseline Monitoring – to be done by the initiating team

Monitoring in the first 6 months – to be carried out by the initiating team unless prior arrangement has been made with primary care

Annual Monitoring in Primary Care

Consider referral back into secondary care if:
- Poor response to treatment
- Non-adherence to medication
- Intolerable side effects of medication
- Co-morbid substance misuse
- Risk to self or others

When to seek Specialist advice / review
Please contact the specialist team for advice (by phone or letter) or refer back to the specialist team in the event of circumstances that cannot be managed in general practice which might include any significant deterioration in the patient’s mental state, intolerable adverse effects, non-concordance, lack of effect, special prescribing circumstances, e.g. pregnancy and breast feeding, serious physical co-morbidity or when considering a switch to an alternative antipsychotic drug.

The Community Treatment Teams (red and blue) each have allocated 3 hours of fixed time with a Consultant Psychiatrist per week for bookable telephone advice appointments for GP’s, though consultants will advise GP’s at any time (during normal working hours, Monday – Friday, 9:00 a.m. to 5:00 p.m.) if available (see overleaf for details). The initial response team is available 24/7 for emergency calls. Over 90% of planned care referrals are seen within 6 weeks.

Contact numbers
Single point of access (including medical advice line) – 03031231145
## Monitoring requirements for adult patients prescribed antipsychotics (except clozapine)

<table>
<thead>
<tr>
<th>Test/Measurement</th>
<th>Why is it important?</th>
<th>Baseline</th>
<th>1 month</th>
<th>3 months</th>
<th>6 months</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight, waist measurement and BMI</strong></td>
<td>Antipsychotic drugs can cause weight gain and this can contribute to an ↑ risk of cardiovascular and metabolic problems</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
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<tr>
<td><strong>Urea and electrolytes, (including creatinine or estimated GFR)</strong></td>
<td>Patients with renal impairment may have reduced capacity to excrete drugs and dose reductions may be required. Hypokalemia is linked to QTc lengthening and other ECG abnormalities</td>
<td>✓</td>
<td></td>
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<td>✓</td>
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<tr>
<td><strong>Lipids</strong> (Total cholesterol, HDL cholesterol, Total/HDL-cholesterol ratio, Triglycerides - fasting sample if possible)</td>
<td>Some antipsychotics can cause small adverse changes in lipid profiles. Triglyceride levels can rise during periods of weight gain.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Liver function</strong> (Bilirubin, Alk Phos, ALT, Albumin, Total protein, Gamma GT)</td>
<td>Patients with hepatic impairment may have reduced capacity to metabolise drugs and dose reductions may be required. Drug induced liver damage can be due to direct dose related hepatotoxicity or hypersensitivity reactions. Risk factors for drug induced hepatotoxicity include ↑ age, female gender, alcohol, prescribed enzyme inducing drugs, obesity</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>(not required for amisulpride or sulpride)</td>
</tr>
<tr>
<td><strong>Full Blood Count</strong> (Hb, WBC, Platelets)</td>
<td>BNF advises caution when using antipsychotics in patients with blood dyscrasias Antipsychotics can cause blood dyscrasia including agranulocytosis and leucopenia.</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td><strong>Blood Glucose</strong> (preferably fasting sample) (HbA1c if diabetic)</td>
<td>Antipsychotics can increase the risk of developing diabetes.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>(olanzapine and clozapine only)</td>
</tr>
<tr>
<td><strong>Blood Pressure (sitting / lying and standing) and pulse</strong></td>
<td>Hypotension is a side effect of many antipsychotics and it is important to monitor this during periods of initiation and stabilisation. Longer term it is important to monitor and manage factors that influence a patients CV risk</td>
<td>✓</td>
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<td>Frequently during dose titration (determined by clinical situation)</td>
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</table>
### ECG (QTc Interval)

Many antipsychotics are associated with ECG changes and some are linked to prolongation of the QT interval. **All new inpatients should have an ECG on admission.** For long stay patients and those in the community, ECGs should be performed when clinically indicated, at baseline and at least annually. Factors that will determine if more frequent ECG monitoring is appropriate include:

- If there is a personal history of cardiovascular disease (e.g. known ischemic / structural heart disease QT prolongation).
- If physical examination identifies cardiovascular risk factors.
- Patients on antipsychotics that require ECG monitoring e.g. - haloperidol or pimozide (check summary of product characteristics for more information).
- If a patient is on High dose antipsychotic therapy (HDAT) (See NTW (C) 38pgn – PPT PGN10 – Use of combination and high dose antipsychotics).
- If patient is on other drugs known to cause ECG abnormalities (e.g. Tricyclic antidepressants, erythromycin, anti-arrhythmics – see BNF for further information).
- If the patient has Factors which may predispose to arrhythmias including:
  - Electrolyte abnormalities – hypokalaemia, hypocalcaemia, hypomagnesaemia.
  - Systemic disease – liver disease, renal disease, hypothyroidism.

### Prolactin

Antipsychotics can increase prolactin levels. This can inhibit sex hormones – oestrogen and testosterone and may ↑ risk of osteoporosis.

<table>
<thead>
<tr>
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<th>Baseline</th>
<th>1 month</th>
<th>3 months</th>
<th>6 months</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy test</td>
<td>√</td>
<td></td>
<td>√</td>
<td>√</td>
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<tr>
<td>Smoking status</td>
<td>Linked to CV risk</td>
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<tr>
<td>Drug screening</td>
<td>If indicated by history or clinical picture</td>
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### Review of the side effects of drug treatment, efficacy and adherence

Before treatment the side effects the patient is least willing to tolerate should be assessed. On review the treatment efficacy patient adherence and side effects experienced should be assessed. Including:

- Extrapyramidal symptoms, akathisia, dystonia and tardive dyskinesia.
- Common side effects e.g. – sedation.
- Less common but serious adverse effects e.g. palpitations. An appropriate rating scale may be useful (eg GASS).

### References

- Maudsley Prescribing Guidelines 2011
- SPC of individual medicines, available at [www.medicines.org.uk](http://www.medicines.org.uk)
- BNF 64, September 2012
- Royal College of Psychiatrists Consensus Statement on high dose antipsychotic prescribing May 2006
- Lester UK Adaptation Positive Cardiometabolic Health Resource - [www.rcpsych.ac.uk/quality/NAS/resources](http://www.rcpsych.ac.uk/quality/NAS/resources)