

A number of the change interventions that were provided to Trusts taking part in the programme are still available in pdf format to member Trusts that wish to work on improving practice with respect to prescribing of high dose and combined antipsychotics:

Powerpoint slide presentation with speakers' notes: This will assist local teams to present the evidence base, guideline recommendations and the feedback of benchmarked audit data.

Ready reckoner version 2: (see below) This chart allows ward staff to calculate the cumulative dose of combined antipsychotics, increasing their awareness of how combining antipsychotics can lead to high-dose.

Workbook: This is for clinical staff to refresh their knowledge of the evidence base around antipsychotic prescribing and reflect on their own practice.

"What we know about PRN" poster: Summarises the evidence around PRN prescribing.

"Medication matters" information sheet: Provides service users with information about what to do if they think they are receiving a high dose or combination of antipsychotic medication.

The Prescribing Observatory for Mental Health-UK (POMH-UK) runs national quality improvement programmes open to all UK specialist mental health services. This leaflet summarises the results of a 12-month quality improvement programme targeted on the prescription of high dose and combined antipsychotics on forensic wards

Benchmarking the prescribing of high-dose and combined antipsychotics on forensic wards

BACKGROUND

The British National Formulary (BNF) provides recommended dose ranges for the licensed antipsychotics in schizophrenia. These dose ranges are determined in relation to the efficacy and toxicity data for each drug. There is no convincing evidence that higher than recommended doses of antipsychotic drugs are more clinically effective than standard doses, but they do have a greater risk of dose-related side effects. Clinical guidelines, such as those produced by NICE, recommend that, with a few exceptions, patients should receive one antipsychotic at a time.

AUDIT STANDARDS

- Audit standard 1:** The total daily prescribed dose of antipsychotic drugs is within SPC/BNF limits.
- Audit standard 2:** Individuals are prescribed only one antipsychotic at a time.
- Audit standard 3:** First (typical) and second generation (atypical) antipsychotic drugs are not prescribed concurrently.

ANTIPSYCHOTIC DOSAGE READY RECKONER VERSION 2 POMH UK
PRESCRIBING OBSERVATORY
FOR MENTAL HEALTH

Commonly used antipsychotics 02/08/07 always check you are using the latest version

Oral/IM: dose in mg/day
Depot: dose in mg/week

		Percentage of BNF maximum adult daily dosage																			
		5	10	15	20	25	30	33	40	45	50	55	60	67	70	75	80	85	90	95	100%
Amisulpride	Oral							400		600			800				1000 (83%)				1200
Aripiprazole	Oral							10		15			20								30
Chlorpromazine	Oral		100				300			500		600				750					1000
Clozapine	Oral			150 (17%)			300	400 (44%)	450			600									900
Haloperidol	Oral	1.5	3	5 (17%)			10			15			20				25 (84%)				30
Olanzapine	Oral				5		7.5 (37.5%)		10						15						20
Quetiapine*	Oral		75	100	150			300	375	450						600				750	
Risperidone	Oral		2 (12.5%)			4		6 (37.5%)	8						12						16
Sulpiride	Oral			400 (17%)			800		1200			1600					2000				2400
Trifluoperazine**	Oral		5		10	15	20	25	30	35			40		45						50
Zucloperthixol	Oral		20 (13%)	30			50					100									150
Chlorpromazine	IM		25 (12.5%)			50			100						150						200
Haloperidol	IM				5 (28%)					10 (56%)					15 (84%)						18
Olanzapine	IM				5				10					15							20
Flupentixol	Depot	20	40			100			200					300							400
Fluphenazine	Depot				12.5				25					37.5							50
Haloperidol	Depot						25		37.5			50									75
Pipotiazine	Depot				12.5				25					37.5							50
Risperidone	Long-acting								12.5					18.75							25
Zucloperthixol	Depot			100 (17%)			200		300			400				500 (83%)					600

*No max dose stated in BNF or SPC; 50mg used by convention.
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POMH-UK Topic 3: Prescribing of high-dose and combined antipsychotics for patients on forensic wards

METHOD

A baseline audit was conducted in March 2007. Twenty-one services, including 3 private healthcare organisations which for convenience will be referred to as Trusts, participated in the baseline audit. Data was submitted for 1891 patients prescribed antipsychotics, from 155 forensic wards (60 high-secure and 95 medium or low-secure wards).

The same 21 Trusts/organisations participated in the 12-month re-audit in March 2008, submitting data for 1997 patients from 184 wards (72 high-secure and 112 medium or low-secure wards).

DATA COLLECTED

The following data were collected on all patients:

- Demographic variables (age, gender, ethnicity)
- Clinical variables (diagnostic grouping, ward type, length of stay, Mental Health Act and consent to treatment status)
- Details of prescribed drugs (names and dosage of all regular and PRN antipsychotic drugs prescribed on the census day and the types of other drugs prescribed)
- Reasons given for prescribing high-dose or combination antipsychotics (as determined by the clinical team with prescribing responsibility)

KEY FINDINGS

- Around a third of patients were prescribed a high dose of antipsychotic at baseline and at re-audit
- Most high dose prescribing was due to combined antipsychotics that included PRN
- Prescribing practice remained relatively stable between baseline and re-audit, with only very modest improvements against the audit standards over this period

Figure: The proportion of the total patient sample at baseline and re-audit prescribed a single antipsychotic or combined antipsychotics

