

IT IS NOT TOO LATE TO BENCHMARK YOUR TRUST AGAINST THIS DATA

POMH-UK will be giving members the opportunity to collect baseline data for their adult acute and PICU wards, which can then be benchmarked against these findings.

A number of **change interventions** are also still available in pdf format to 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 (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

Educational poster This outlines the recommendations in clinical guidelines that it should be routine clinical practice to use a single antipsychotic in a standard dose. The risks associated with prescribing outside guidelines are also summarised.



The Prescribing Observatory for Mental Health-UK (POMH-UK) is a national quality improvement programme 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 adult acute and psychiatric intensive care wards

Prescribing of high dose and combined antipsychotics is common on adult acute wards.

PRN was identified as a major cause of high dose/combined antipsychotics in Trusts participating in the POMH-UK quality improvement programme.

FIGURE 4: THE ANTIPSYCHOTIC DOSAGE 'READY RECKONER'

Commonly used antipsychotics Oral/IM: dose in mg/day Depot: dose in mg/week		ANTIPSYCHOTIC DOSAGE READY RECKONER																			
		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**
Zuclopenthixol	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
Zuclopenthixol	Depot			100 (17%)				200			300			400			500 (83%)				600

*750mg/day maximum for schizophrenia, 800mg/day maximum for mania; % given are for schizophrenia treatment
**There is no maximum dose for trifluoperazine stated in the BNF or SPC; 50mg is used by convention.

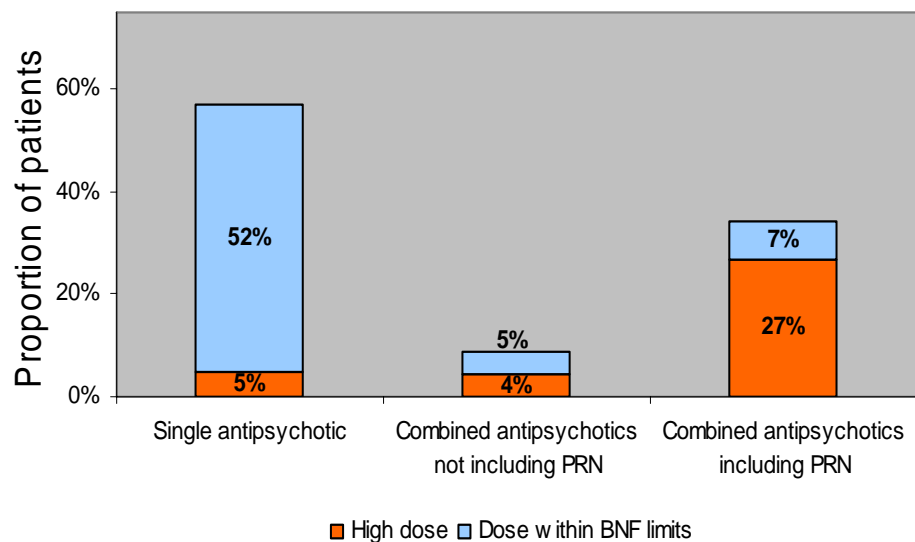
Background

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.

Audit Standards

1. The dose of an individual antipsychotic should be within recommended (British National Formulary) limits.
2. Individuals receive only one antipsychotic at a time.
3. First (typical) and second generation (atypical) antipsychotic drugs are not prescribed concurrently.

FIGURE 1: The proportion of the total national sample prescribed a standard or high dose of single or combined antipsychotics at BASELINE audit.



A baseline audit of 3,492 patients on 218 wards in 32 participating Trusts found that over a third (36%) of patients were prescribed a high dose of antipsychotic medication, and 43% were prescribed more than one antipsychotic. 31% of patients were prescribed first and second generation antipsychotic drugs in combination. A major contributor to combination prescribing was PRN (as required) medication (see Figure 1).

At 12-month re-audit, data were submitted for 3271 patients from 209 wards. Prescribing practice was found to be relatively consistent from baseline to re-audit (see Figure 2).

FIGURE 2: Proportion of the total national sample prescribed a first generation antipsychotic (FGA), second generation antipsychotic (SGA) as monotherapy or in combinations at BASELINE and 12-month RE-AUDIT

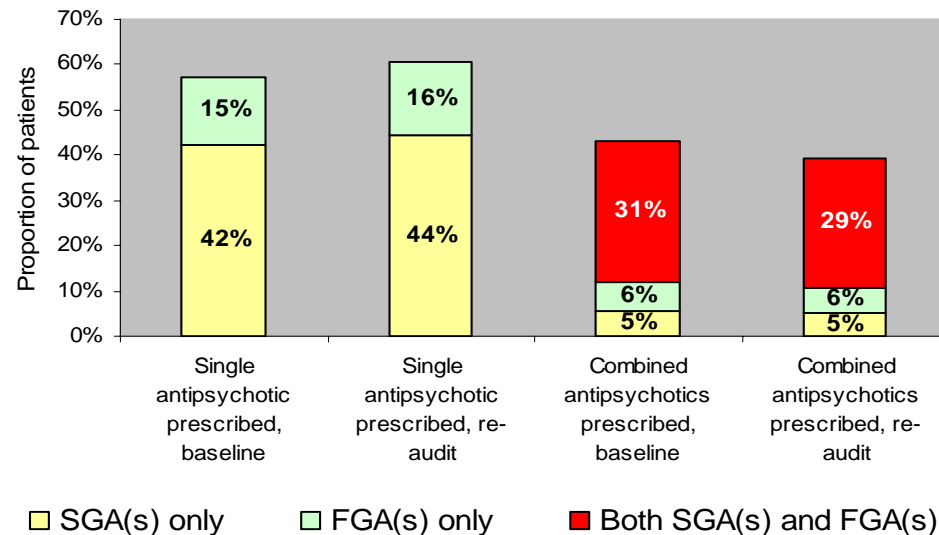


FIGURE 3: Trust level results, showing the % of patients prescribed a total antipsychotic dose within the recommended (British National Formulary) limits from each Trust and the total national sample (TNS)

