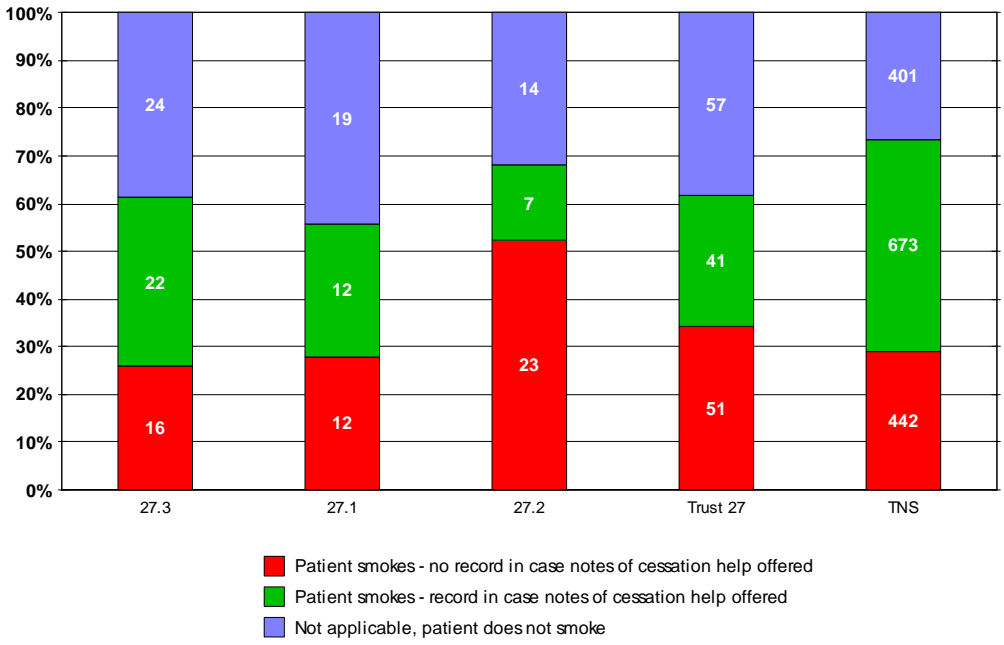


**Figure 5: Proportion of patients who smoke and were offered help with smoking cessation at re-audit: Example from a single Trust with 3 AOTs.**



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

**POMH-UK will be giving member Trusts the opportunity to collect audit data from their Assertive Outreach Teams, which can be benchmarked against these findings.**

A number of **change interventions** are also still available to AOTs that wish to work on improving practice with respect to screening:

- Benchmarked audit report.** The full audit report contains a summary of the evidence base, the audit methodology and the full national and local results.
- Powerpoint slide presentation with speakers' notes.** This will be useful to anyone who wishes to encourage reflective practice by presenting the audit findings at a local forum
- Educational poster.** This outlines why physical health screening is important for people with schizophrenia, what should be measured, what the results mean and when action should be taken.
- Patient-held record card.** Designed by service users for service users to enable a personal record of health checks results to be kept.

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 quality improvement programme on screening for the metabolic side effects of antipsychotic drugs in community patients.

**The metabolic side effects of antipsychotic medication represent a serious risk to physical health.**

**Screening for these side effects improved in Trusts participating in the POMH-UK quality improvement programme.**

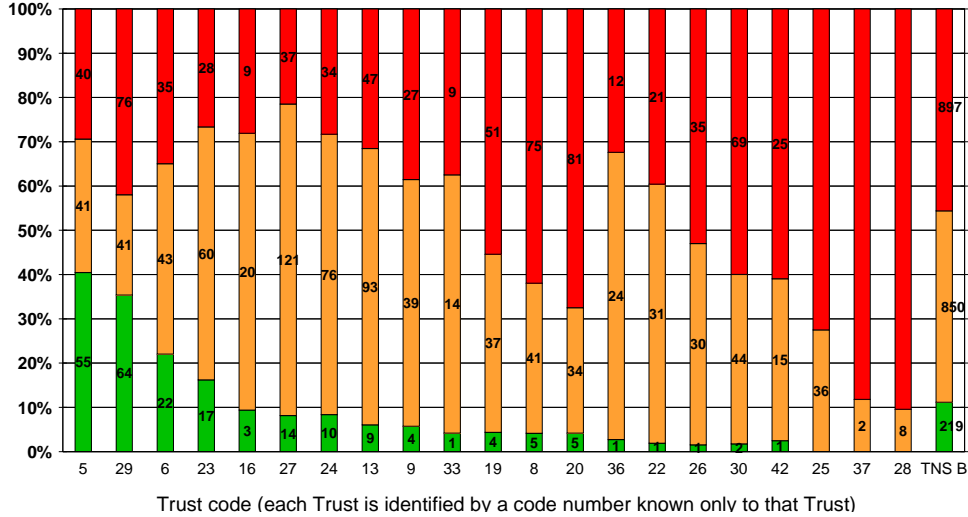
**Background**  
 People with schizophrenia have a shorter life expectancy than the general population. Most early deaths are caused by physical illness, with diabetes and heart disease being particularly prevalent. Lifestyle issues (poor diet, lack of exercise and smoking) and genetic factors play a part, but antipsychotic drugs may also contribute to the increased risk.

**Audit standard: All patients prescribed continuing antipsychotic medication should have their blood pressure, body mass index (or other measure of obesity), blood glucose (or HbA<sub>1c</sub>) and lipids measured at least once a year**

**Relevant target: For health care premises to become virtually smoke free environments for patients, service users, visitors and staff (Smoking Kills; DoH, 1998).**

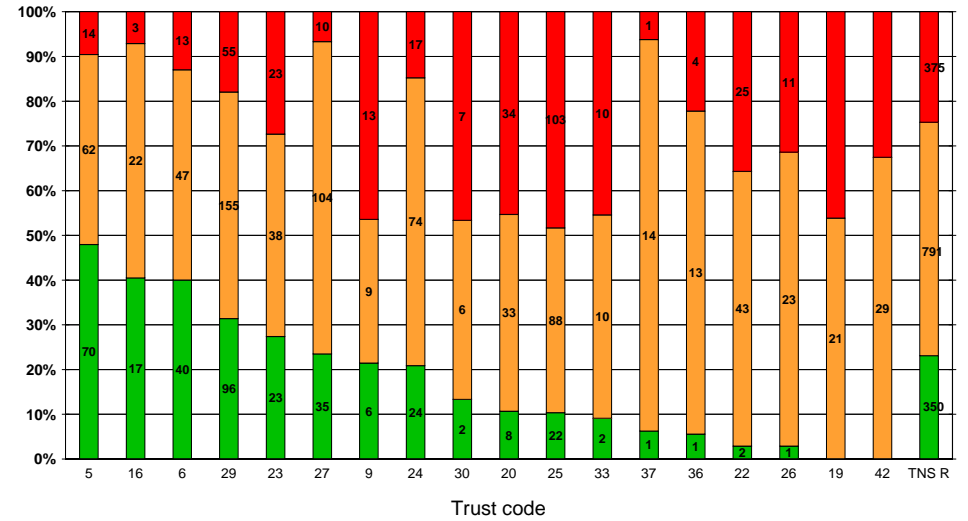
Baseline retrospective audit of Assertive Outreach Teams' (AOT) casenotes for 2005 was conducted in April 2006. 21 Trusts/organisations participated, submitting data for 1966 patients from 48 assertive outreach teams. 18 Trusts/organisations participated in the 12-month re-audit of casenotes for 2006, submitting data for 1516 patients from 35 AOTs.

**Figure 1: Screening at BASELINE**

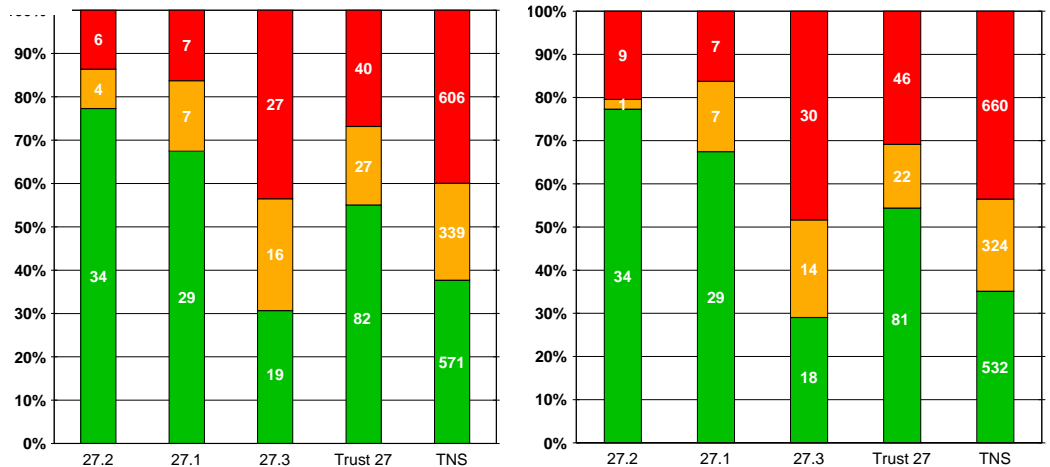


- All 4 aspects of metabolic syndrome monitored and test result/measurement recor
- Some evidence of monitoring\*
- No evidence of monitoring of any aspect of metabolic syndrome

**Figure 2: Screening at RE-AUDIT**



**Figures 3 & 4: Proportion of patients in a Trust screened for: PLASMA GLUCOSE and PLASMA LIPIDS**



**Examples from a single Trust with three AOTs**

The practice of the AOT on the far left of each chart is closest to that recommended in the audit standard and practice in the AOT as a whole, and in the total national sample (TNS) can be seen at the far right of each Figure. The numbers on each histogram bar represent actual numbers of patients and the height of each bar represents the percentage.

Figures 1 and 2 show the proportion of patients within each Trust screened for the metabolic syndrome. The Trusts on the left side of the Figures had the highest proportion of patients with all 4 measures documented, and the Trusts on the right side the least. The characteristics of the total national sample at baseline (TNS B) and re-audit (TNS R) are shown at the extreme right of the Figures.

At baseline, a documented test result was available for blood pressure for 26% of patients, BMI or other obesity measure for 17%, blood glucose for 28% and lipids for 22%. At re-audit, these figures had increased to 43%, 34%, 38% and 35% (Figures 3 and 4 show examples of data from a single Trust). The proportion of patients with measures for all 4 aspects of the metabolic syndrome was 11% at baseline, and 23% at re-audit, a year later. The proportion with no record of any screening fell from 46% to 25%.