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- Chapter 12 - Anti-androgens in Forensic Psychiatric Settings (Mary Davoren)

National Clinical Audit of Anti-Libidinal Medication Prescribing Practice

- Approximately 19 percent of the sentenced population of 65,411 prisoners (Dec 21) in England and Wales are serving sentences for sexual offences. The majority (99%) are men (1).

National Clinical Audit of Anti-Libidinal Medication Prescribing Practice

- There is an estimated cost of £182 million a year on health services in the UK as a result of adult and child sexual abuse (2) related to depression, self-harm, suicide, and adult substance misuse. Other costs relate to criminal justice, childcare services and loss in productivity in the labour market. Overall, the cost of sexual abuse is estimated to be £12.2 billion a year (3). Funding for services for rape and sexual abuse victims has doubled since 2012/13 to £96 million (4).

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- Gonadorelin analogues are used in the treatment of endometriosis, precocious puberty, infertility, male hypersexuality with severe sexual deviation, anaemia due to uterine fibroids (with iron), breast cancer, prostate cancer and before intra-uterine surgery.
- **TRIPTORELIN (Salvacyl)**
- **Male hypersexuality with severe sexual deviation**
- **11.25 mg every 12 weeks By intramuscular injection**
- **£992 for 12 months' treatment**

National Clinical Audit of Anti-Libidinal Medication Prescribing Practice

- Cyproterone Acetate is an anti-androgen used in the treatment of severe hypersexuality and sexual deviation in the male. Inhibits spermatogenesis and produces reversible infertility (but is not a male contraceptive). Also licensed for use alone in patients with metastatic prostate cancer refractory to gonadorelin analogue therapy Has been used as an adjunct in prostatic cancer and in the treatment of acne and hirsutism in women.
- **CYPROTERONE ACETATE (Androcur)**
- **Hyper-sexuality in males, sexual deviation in males**
- **50 mg twice daily, to be taken after food.**
- **£376 for 12 months' treatment**

National Clinical Audit of Anti-Libidinal Medication Prescribing Practice

- Recent psychiatric literature has used the term “hypersexuality” to denote pathologically increased sexual behaviour. Sometimes associated with a medical condition, eg dementia
- Sexual preoccupation is “an abnormally intense interest in sex that dominates psychological functioning” (5-7). It impacts on a person’s physical, mental and emotional health, and is strongly linked to sexual offending behaviour (8,9).

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- Hormonal therapy medications are recognised as treatments for individuals with sexual convictions (10-14), but tend to be used in practice after SSRIs have failed to improve sexual preoccupation or when people experience very high uncontrollable levels of preoccupation (8,11,15-19).

National Clinical Audit of Anti-Libidinal Medication Prescribing Practice

- The mechanism of SSRIs on sexual preoccupation is complex and uncertain, but relates to effects in drive, arousal, performance, mood regulation, compulsive thinking and/or impulsivity (14,20).
- Observational studies in prisons support the use of SSRIs to manage sexual preoccupation (8,11,21) A number of reviews explored the effectiveness of SSRIs in reducing sexual preoccupation but none identified quality RCTs (22-24).

National Clinical Audit of Anti-Libidinal Medication Prescribing Practice

- However, the primary treatment approach for people with sexual convictions is psychological. Current treatment programmes, have limited ability to address sexual preoccupation. Medication can be useful in this respect but to date has not been robustly investigated.
- We aim to examine the current prescribing and monitoring practice of medicines with ant-libidinal properties in the United Kingdom by surveying all those who might these medicines in forensic inpatient settings, in forensic outpatient settings, and in prisons.

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POMH-UK
PRESCRIBING OBSERVATORY
FOR MENTAL HEALTH-UK



The Prescribing Observatory for Mental Health (POMH-UK)

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Project team



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Background

POMH's aim: to promote safe and effective prescribing within mental health services

Based at the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI)

Set-up in **2005** with a Health Foundation grant

Since 2008, funded entirely by **member subscriptions**

Membership is open to all Trusts and healthcare organisations providing specialist mental health services – all NHS Trusts, health boards, private and charitable organisations across the UK

Membership

66 members across the British Isles (2021)

Trust/organisation level membership

England – 54

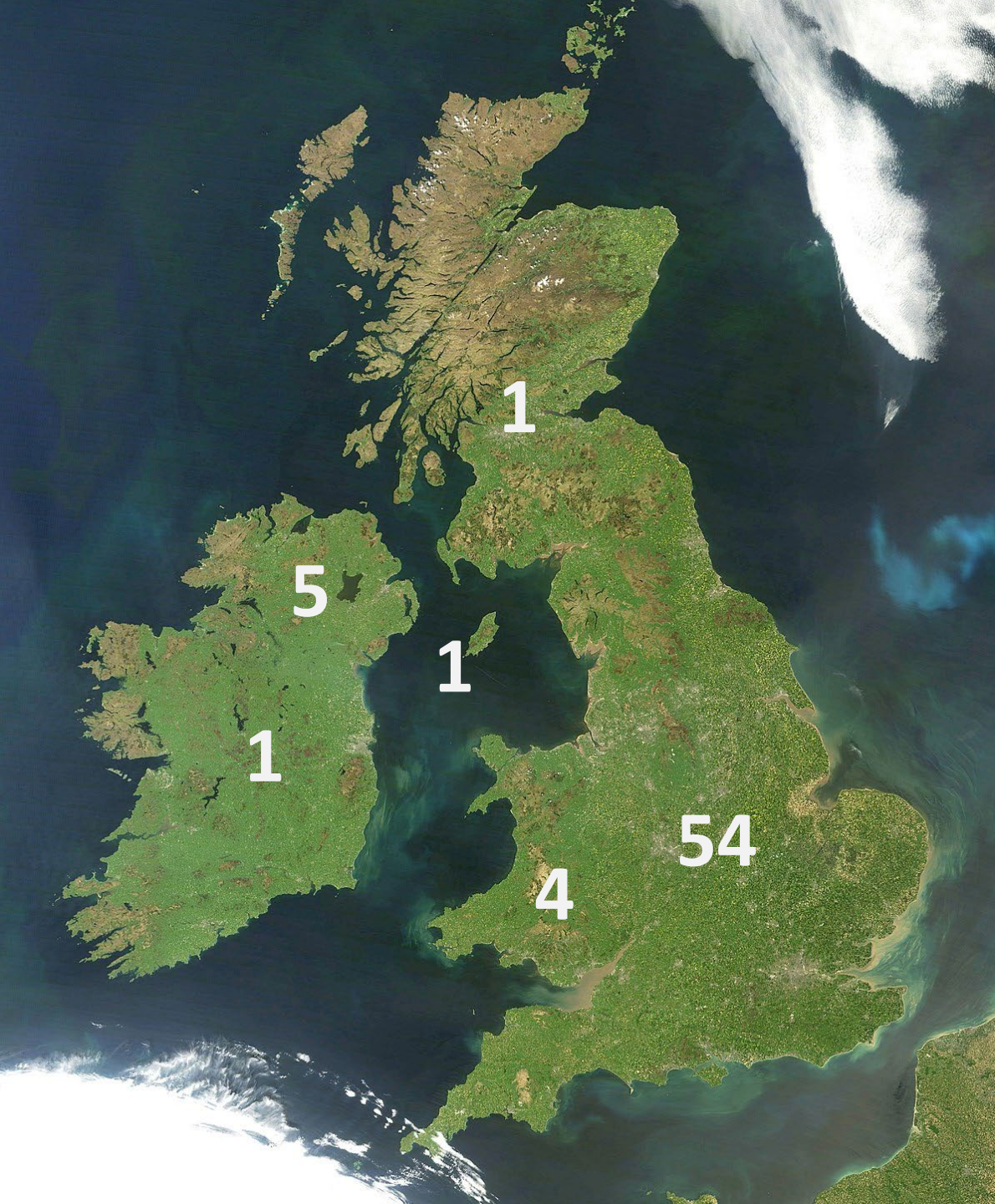
Northern Ireland – 5

Wales – 4

Scotland – 1 (The Forensic Network)

Republic of Ireland – 1

Isle of Man – 1



Our QI programmes

Audit-based quality improvement programmes on specific topics within mental health prescribing

Recent topics include the quality of valproate prescribing, the use of clozapine, and prescribing for alcohol detoxification

Retrospective data collection on **routine clinical practice**

Measuring and reporting performance **anonymously**, against agreed, evidence-based practice standards

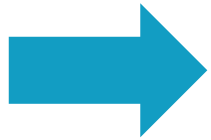
Identifying targets for QI interventions

Process for the anti-libidinal medication audit

Supported by the Forensic Faculty

Current stage

Confirmation of current POMH membership or new agreement



Advisory group

Pilot

Expressions of interest

Formal recruitment and confirmation of local leads



Release of data collection tool

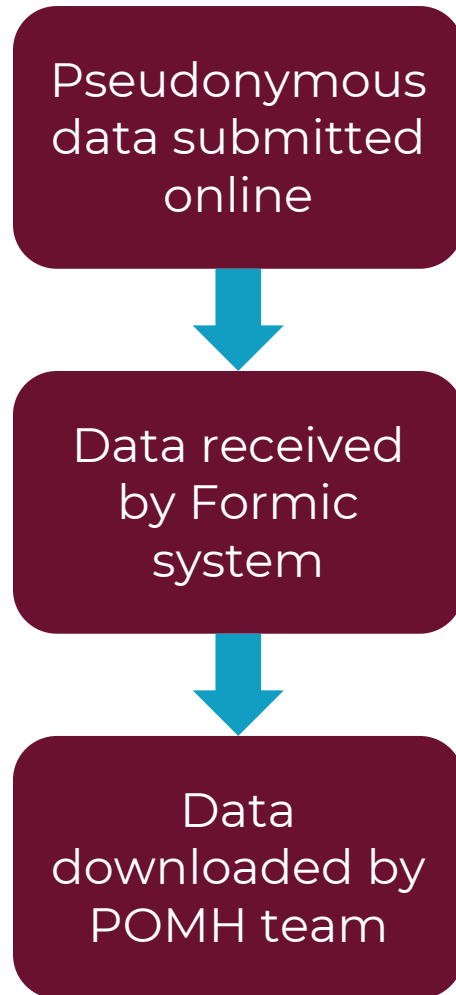
Identification of sample

Data collection and entry

Data cleaning and analysis

National report

Data collection and entry



Data submitted via secure, online tool: **'Formic'**

Data is limited to clinical information, demographic and other contextual data necessary to interpret performance against standards

Data that would directly identify patients, such as NHS number or date of birth **are not included**

To process NHS patient data, Formic and RCPsych comply with:

- The Data Security and Protection Toolkit
- Cyber Essential Plus security standards

Next steps

- Register your interest with POMH: <https://forms.office.com/r/eHsH1qYZ9t>
- Contact your local POMH lead
- Help and queries: Gavin.Herrington@rcpsych.ac.uk
- Recruitment for the audit to follow

Eligibility

- Eligible individuals are men under the care of adult forensic or prison services who are prescribed medications for their anti-libidinal properties.
- These would include, but would not be limited to:
 - Individuals within low, medium or high secure forensic services
 - Individuals in forensic community services
 - Individuals in prison. For reasons of treatment complexity, individuals at any stage of gender reassignment are excluded.
- The following groups would be excluded:
 - Individuals at any stage of gender reassignment (treatment complexity).
 - Individuals with a learning disability

Audit Standards

- 1) When treatment with a medication with anti-libidinal properties (SSRI antidepressant medication or hormonal treatment) is initiated, the treatment targets (specific clinical signs, symptoms and behaviours) should be documented in the person's clinical records.
- 2) The decision to initiate a medication with anti-libidinal properties should be informed by a documented, individualised risk assessment that includes the risk of harm to self and/or others from this strategy.
- 3) Where the prescription of a medication with anti-libidinal properties (SSRI antidepressant medication or hormonal treatment) is 'off-label', it should be documented that it has been explained to the patient that the medication is being used outside the restricted terms of its product licence and the anticipated patient-specific benefits and potential risks have been discussed.
- 4) Treatment with any medication with anti-libidinal properties (SSRI antidepressant medication or hormonal treatment) should be part of a personalised and psychologically-informed treatment programme.
- 5) Where a hormonal medication is prescribed:
 - a. The pre-treatment assessment should include appropriate physical health assessments and investigations.
 - b. There should be on-going review of side-effects including appropriate physical health assessments and investigations.
- 6) Continuing treatment with a medication with anti-libidinal properties should be reviewed at least annually, assessing the response of the target symptoms/behaviours, and risks.