



## Aims & Background

### Aims

- To assess whether the prescribing of new antipsychotic depot medication for a sample of inpatients within BSMHFT is **in line with BNF recommendations (table 1)** in terms of test doses, dosing intervals and titration of doses.
- To examine the use of **documentation** and justifications used in cases where BNF guidance has not been followed for new antipsychotic depot prescriptions.
- To explore and compare the prevalence of **side effects** in cases where BNF guidance has been followed vs. not being followed.

### Background

- British Association for Psychopharmacology recommend initial antipsychotic dosage regimen should follow BNF guidelines<sup>1</sup>.
- There is **no evidence that higher doses are more effective**, but significant evidence that they **increase risk of adverse effects (AEs)**.<sup>2</sup>
- In line with the large-scale national audit in 2012 conducted by the Prescribing Observatory for Mental Health<sup>3</sup>, we hypothesized that a significant proportion of patients would be prescribed antipsychotics above BNF recommended doses.

## Methods

- Data for all inpatients initiated on a new antipsychotic depot in June 2020 was collected and filtered using our inclusion criteria.
- Data on test doses, dose titration and dosing intervals was collected from electronic prescriptions. This was compared to BNF recommendations.
- For non-compliant cases, clinical notes were examined for documentation.
- We reviewed notes and prescriptions for evidence of AEs and used a chi-squared test to test association between non-BNF compliant prescribing and AEs.

## BNF Guidelines (table 1)<sup>4</sup>

Antipsychotic depot	Test dose	Initial therapeutic dose	Titration	Max dose
Zuclopentixol (clopixol)	100mg	200-500mg >7 days after test dose	200-500mg every 1-4 weeks	600mg weekly
Fluclopetixol (depixol)	20mg	20-40mg >7 days after test dose	20-40mg every 2-4 weeks	400mg weekly
Paliperidone (Xelion syringes)	150mg on day 1	100mg on day 8	Initially 75mg monthly, then 25-150mg monthly following second dose	150mg monthly
Apripirazole (Abilify)	Not specified	400mg monthly	400mg >26 days after initial dose	400mg every 26 days

## Results

### Patient demographics

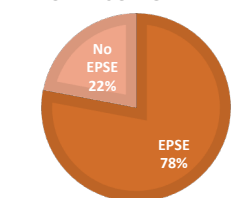
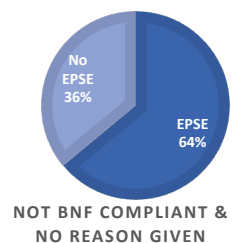
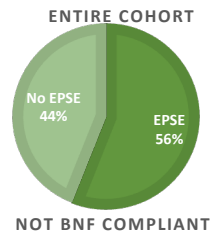
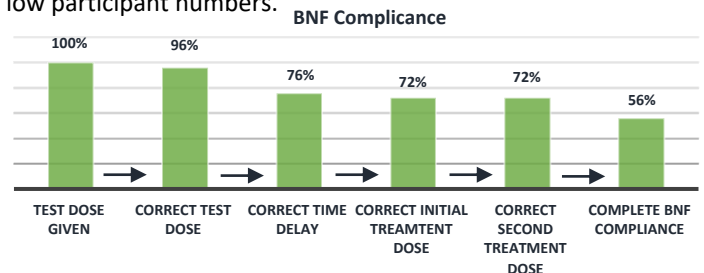
- N=25, 48% female (N=12), 52% Male (N=13)
- Age range 19-68. Mean age 41

### Compliance with BNF recommendations

- 5 patients** were give treatment dose **prematurely** (3 of these were within 3 days of test dose)
- Only **56%** of antipsychotic depot prescriptions were **BNF compliant**.
- Deviation from BNF guidelines was only justified in **<20% of cases**.
- 71% of prescriptions that were not compliant were for **Fluclopetixol**.

### Side effects

- Rates of documented AEs in the entire cohort were 56%, but 78% in the non-BNF compliant where no justification was given.
- Results of Pearson's Chi-squared test was p=0.1. This was likely under-powered due to low participant numbers.



## Conclusion & next steps

- Prescribers **should follow BNF recommendations** when initiating patients on new antipsychotic depot medications
- Where BNF recommendations are not followed, prescribers should **document** their reasons for not following standard guidance.
- Increased prescriber **education** surrounding BNF recommendations
- Exploring the use of **automated/pre-designed templates** on electronic prescribing platforms to help encourage prescribers to follow BNF recommendations when initiating patients on antipsychotic depot medications

## Limitations

**Sample size** – Only 25 patients, sounder powered stats tests and reflective of the practices of a very limited number of prescribers.  
**Narrow population** - The generalisability is further limited by the fact that only acute adult inpatient wards were examined in one geographical area. The data cannot be extrapolated to other areas or other types of psychiatric settings.  
**Unmeasured consequences** - This study has not been able to capture other negative consequence of initial high doses prescriptions such as causing patient distrust or disinclination for future depot treatment

### References:

- Evidence-based guidelines for the pharmacological treatment of schizophrenia (2019) British Association for Psychopharmacology.
- Davis JM and Chen N (2004) Dose response and dose equivalence of antipsychotics.
- Royal College of Psychiatrists (2014). Consensus statement on high-dose antipsychotic medication
- British National Formulary (2022)