

An Audit into the Use of Psychotropic Medications in Patients with Autism Spectrum Disorder in a High Security Psychiatric Hospital

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BACKGROUND

Autism Spectrum Disorder (ASD) is a common neurodevelopmental disorder associated with difficulties in social communication and language development, preoccupations, a need for routine, sensory sensitivities and emotional dysregulation. People with autism who have violently offended may be prescribed with psychotropic medications to treat comorbidities, or off-label to manage aggressive or challenging behaviours. However, the evidence base of their use remains scarce.

AIMS & OBJECTIVES: This audit aimed to assess prescribing patterns of psychotropic medications for patients with ASD in a high secure psychiatric hospital and adherence with the recommendations outlined in the NICE clinical guidelines CG142 entitled “Autism spectrum disorder in adults: diagnosis and management”.

METHODS

This was a retrospective audit in a high security forensic psychiatry hospital in the United Kingdom, into the safe and appropriate prescribing of psychotropic medicines in autistic patients compared to guidance from the National Institute of Clinical Excellence (CG142). A total of 17 participants were included in cycle 1 (undertaken in 2020) and 15 participants included in cycle 2 (undertaken in 2023) with a confirmed diagnosis of ASD. Approval for this project was obtained from Broadmoor Hospital, West London NHS Foundation Trust.

RESULTS

No patients were prescribed psychotropic medicines for the core symptoms of ASD in either cycle. In addition, the clinical indications were well documented and the efficacy and tolerability reviewed at regular intervals. This audit also characterised the demographics of autistic patients in high security including the prevalence of comorbid mental disorders.

TABLE 1: Patient demographics

	Cycle 1 (n=)	Cycle 2 (n=)
Confirmed diagnosis of ASD	17	15
Age, years (mean ± SD)	36 ± 15.9	33 ± 12.8
Duration of admission (days)	1904 ± 1767	2373 ± 3138
Mental Health Act status		
• Section 3	0	1
• Section 37	4	2
• Section 37/41	8	5
• Section 47/49	4	3
• Section 48/49	1	3
• Section 45A	0	1
Patients with ASD only	3	0
Comorbid ICD-10 diagnoses		
• Paranoid schizophrenia	4	8
• Personality disorder	6	5
• Obsessive compulsive disorder	2	3
• Bipolar affective disorder	2	1
• Recurrent depressive disorder	3	4
• Other neurodevelopmental disorder	3	3
• Unspecified psychotic disorder	0	1
Patients on antipsychotic medications off license	3	1
Indication for antipsychotic (in the absence of comorbid mental illness)		
• “Paranoid thoughts”	1	0
• “Aggression”	2	0
• No indication documented	0	1
Number of patients on dual antipsychotic treatment		
• Total	5	2
• Comorbid mental illness	5	2
Number of patients on above BNF maximum doses of antipsychotics		
• Total	4	2
• Comorbid mental illness	3	2

CONCLUSIONS: Dual diagnoses of ASD with comorbid psychotic disorders and personality disorder are likely to be over-represented at Broadmoor compared to the general population. In addition, these patients are an imminent risk to the safety of others. This raises the question of whether broad national guidance such as the standards used in this audit, can indeed be applied to the risks entailed with managing patients in a high security setting or whether catered guidelines need to exist for the management of such patients.

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CONFLICT OF INTEREST: We declare no conflict of interest