

PHYSICAL HEALTH MONITORING IN ADULTS WITH INTELLECTUAL DISABILITY PRESCRIBED ANTIPSYCHOTIC MEDICATION IN COMMUNITY SERVICES

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INTRODUCTION

Individuals with learning disabilities experience significant health inequalities and higher rates of physical comorbidity. Notably, systemic barriers in accessing healthcare such as communication difficulties, lack of accessible information and diagnostic overshadowing, as well as genetic vulnerability, social disadvantages, lifestyle factors and gaps in preventative care, all lead to poorer health outcomes. Antipsychotic medications are commonly prescribed in this population, often for behaviour that challenges. These medications carry well-established risks, including metabolic syndrome, cardiovascular disease, and extra-pyramidal side effects. National guidance^(1,2) (NICE, Maudsley Prescribing Guidelines, Royal College of Psychiatrists) emphasises regular physical health monitoring, yet audits consistently show incomplete monitoring in community settings. This audit aims to assess local compliance and identify areas for improvement.

AIMS

To assess whether adults with intellectual disability prescribed antipsychotic medication in a community psychiatry service receive appropriate physical health monitoring in line with national standards

METHODOLOGY

Retrospective case-note audit using electronic health records (Rio, WebV, clinic letters) from community learning disability caseload in East Lincolnshire. Parameters measured included demographics (age, biological sex, level of ID), medication detail (antipsychotic prescribed, indication and duration of the prescription), and physical health monitoring, which included weight, routine blood tests (FBC, LFTs, U&Es), HbA1c or glucose, lipid profile and prolactin, and finally, side-effects documented: sedation, weight gain, constipation, examination for EPSEs and pulse.

RESULTS I

The study was conducted using Dr Speight's case load, of whom, 54 patients were prescribed long-term antipsychotic medications.

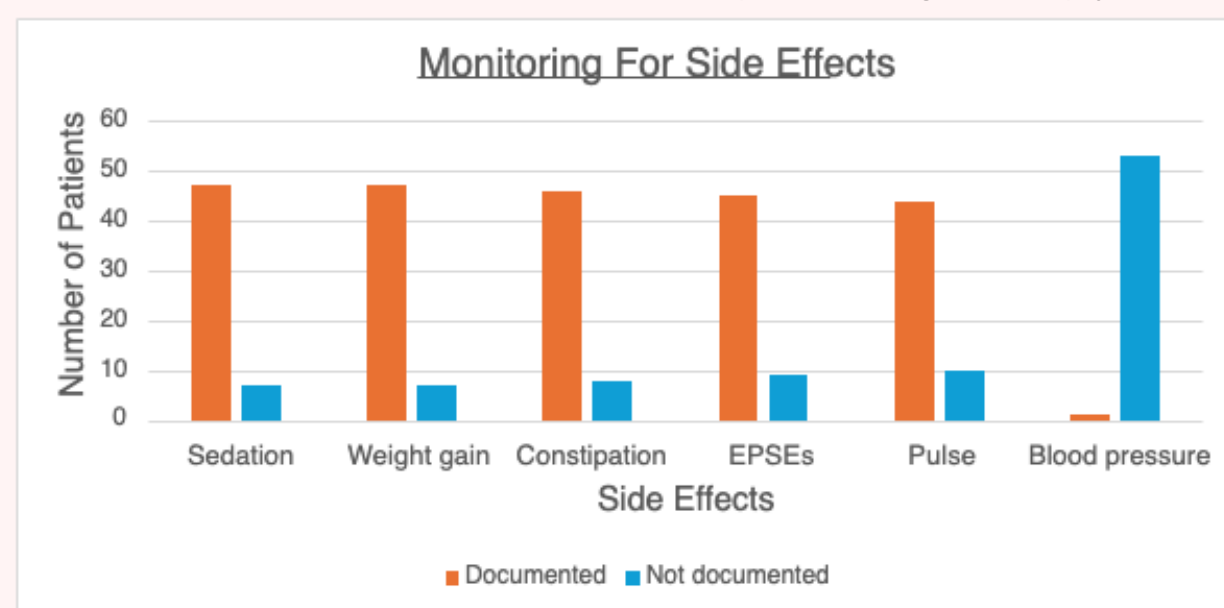


Figure 1. Bar chart depicting different side effects which were documented and not documented in patient population (n=54)

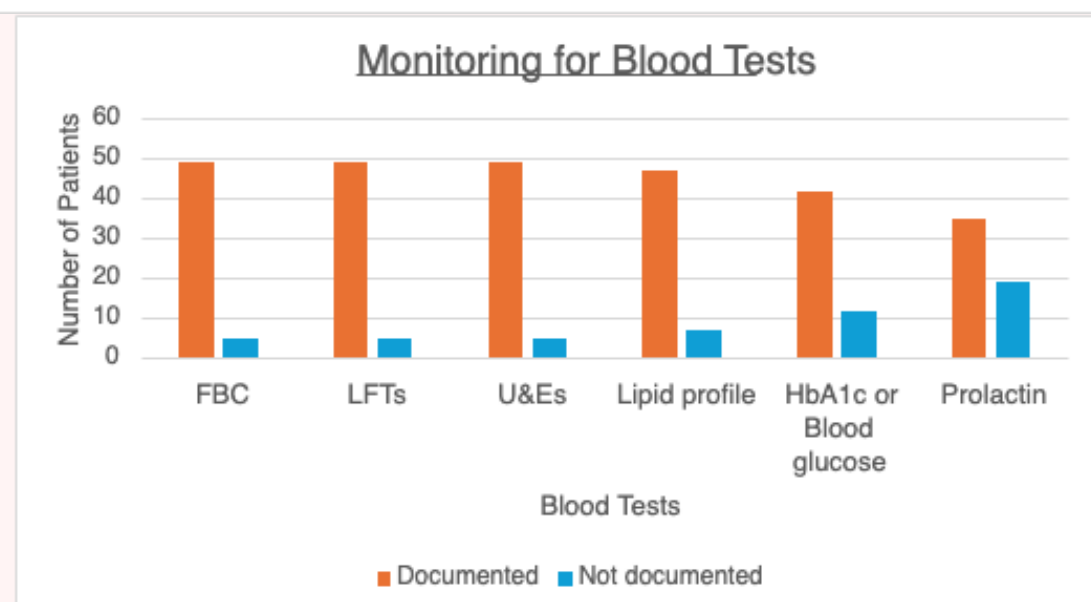


Figure 2. Bar chart highlighting different types of blood tests that were documented and not documented in patient population. (n=54)

RESULTS II

Sex	No. of patients
Male	33
Female	21

Table 1. Table showing the biological sex of the patient population used to conduct the study

Level of ID	No. of patients
Mild	22
Moderate	20
Severe	9
Not stated	3

Table 2. Table showing the level of intellectual disability in the patient population

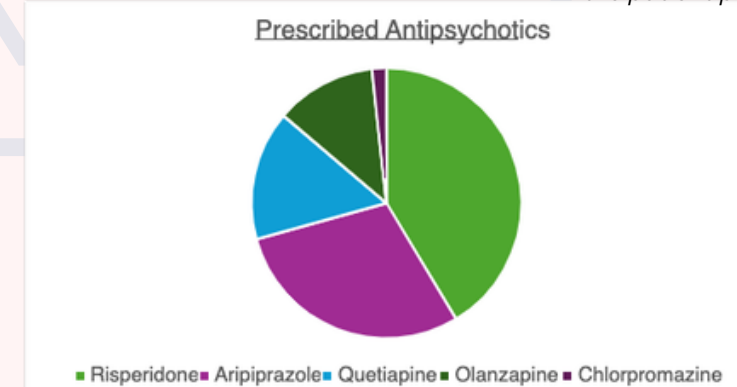


Figure 3. Pie chart highlighting which types of antipsychotic medications were prescribed in the patient population

DISCUSSION

The compliance with all recommended parameters was found to be variable. Routine blood tests (including FBC, LFTs and U&Es) had the highest compliance rates, meeting the set audit criteria standards. Monitoring of prolactin levels was particularly inconsistent, however, it is important to realise that prolactin monitoring is not required for aripiprazole, clozapine, quetiapine or less than 20mg of olanzapine unless symptoms of hyperprolactinaemia are present. Blood pressure monitoring was only documented as being recorded one time, but it was requested in clinic letters to be done by the GP 94% of the time. It may be that blood pressure was monitored in primary care settings, but not documented in secondary care records.

CONCLUSION

Physical health monitoring for adults with ID prescribed antipsychotic medication in LD East community psychiatry services is not consistently meeting national guideline standards. Although there is high compliance overall, documentation and completion of the full set of recommended parameters within the appropriate timeframes are inconsistent. Enhanced coordination between specialist services and primary care providers, along with improved clinical documentation and monitoring systems, will be necessary to achieve full compliance with guideline standards.

RECOMMENDATIONS FOR CHANGE

- Introduce a standardised physical health monitoring checklist or template within clinical records
- Implement regular reminders / alerts within electronic health record systems to prompt clinicians when monitoring is due
- Improve communication with primary care services to ensure physical health checks conducted in primary care are shared and documented within secondary care records
- Plan a re-audit within 12–18 months to evaluate whether these interventions improve compliance with national standards.

References:

1. Taylor DM, Barnes TR, Young AH. The Maudsley prescribing guidelines in psychiatry. John Wiley & Sons; 2025 Jun 11. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/9781119870203.mpg016>
2. National Institute for Care and Excellence [NICE], Psychosis and schizophrenia: What monitoring is required?, 2025. Available from: <https://cks.nice.org.uk/topics/psychosis-schizophrenia/prescribing-information/monitoring/>