

Re-Audit of Antipsychotic Prescribing in North and Mid Devon

Community LD Team

(Ref. No.: D26-008 – Audit Approved By DPT QI Team)



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Introduction

Our service works with a vulnerable population group, many of whom lack the capacity to consent to treatment. Antipsychotic medications carry significant risks.

NICE recommends prescribing antipsychotics for people with a learning disability to manage distressed behaviours only when absolutely necessary¹:

- When there is a significant risk to oneself or others
- After attempting non-pharmacological interventions
- After treating co-existing mental and physical health problems
- Using monotherapy at the minimum effective dose for a limited time.
- To review regularly, monitor side effects and stop if risks outweigh benefits.
- All patients on antipsychotics require physical health monitoring and blood tests before and during treatment².

The NICE recommendations link in with LeDeR where the focus is on learning from the lives and deaths of people with a learning disability and autistic people to improve local service and healthcare provision³.

Aims and Objectives

Primary outcome: Reviewing our clinical practice to see if we our adhering to NICE guidelines for antipsychotic prescription:

A) Initiation workup and routinely monitoring², including blood tests, physical health checks and side effects from antipsychotic use – this is strongly linked to patient safety, ensuring safe prescribing practices and appreciating the impact on quality of life for patients from antipsychotic use, showing consistent appraisal of benefits/risks ratio, especially given the vulnerable patient cohort.

B) Capacity assessment for consent to treatment⁴ – this ties in with least restrictive practice and patient autonomy, recognising that patients with LD might still retain capacity to consent to treatment and should therefore be always involved in their treatment planning, while best interest decisions are followed for those lacking this capacity due to their mental health difficulties and learning disability

Secondary outcome: To analyse antipsychotic prescribing trends to inform future clinical decisions and quality improvement.

Given the GP collective action, we were interested to compile data on our antipsychotic prescribing.

Methodology

- Caseload from Mid and North on 24th April 2026.
- Set timelines from 1st April 2025 to 31st March 2026.
- Developed a data collection proforma considering NICE guidelines.
- Sources of data collection: clinic letters, summary care record and other SystmOne entries using the tabbed journal.

Results

❑ Sample: *n*: 95, (59 males, 36 females)(**b**) with 46.32% of patients in the age group of 41-65 years(**c**), and 70.53% of the total caseload on antipsychotics(**a**).

❑ Capacity assessment was documented for 88.42% off the patients(**d1**), with only 14.23% of this cohort deemed to have capacity to consent to treatment(**d2**).

❑ Monitoring was absent in 1.49% of cases (only 1/67), and 95.52% of the patients had started taking the antipsychotic medication prior to the audit review period, thus their documentation of initiation checks was not looked at during this re-audit. However, of the three patients that were initiated on an antipsychotic during the review period, initiation work-up was recorded at 100%. The indications mentioned were psychosis, bipolar disorder, anxiety/agitation, challenging behaviour, and aggression. Some letters lacked a clear indication(**e**).

❑ In many letters, monitoring was only referenced in non-specific terms such as ‘annual health check’; for this audit, these were counted as evidence of monitoring.

❑ Risperidone was the most prescribed (43.28%) antipsychotic(**f**).

❑ The indications mentioned were psychosis, bipolar disorder, anxiety/agitation, challenging behaviours, and aggression. Some letters lacked a clear indication.

❑ 11.94% of people were on two antipsychotic medications concurrently, with remainder on only one antipsychotic medication. In one case from the latter, the patient was cross-titrated from Risperidone to Aripiprazole and was thus only briefly on two antipsychotics, so not counted with those on two prescribed antipsychotics(**g**).

❑ 85/95 patients were on psychotropic medications other than antipsychotics, with 28.24% of these not taking any antipsychotic medication(**h**).



Audit Re-Audit Comparison

Aspect	Previous Audit	Current Audit	Reflection
Total patients audited	82	95	A larger sample size improves result reliability and reflects an increased caseload.
Antipsychotic prescribing	63.4%	70.5%	Increasing use of antipsychotic medications.
Most commonly used antipsychotic	Aripiprazole (40%)	Risperidone (43.2%)	Potential shift in prescribing preferences, which may be due to caseload handovers from other areas
Blood Test Monitoring	91%	98.5%	Improved monitoring and documentation of routine blood tests and physical health checks
Polypharmacy	11% on >1 antipsychotic	11.9% on >1 antipsychotic	No significant change between the two audit periods - ?reasons for polypharmacy

Discussion and Conclusion

- Best practice demands NICE guidelines to be followed in all cases with 100% completion of the following:
 - Indication
 - Side effect discussion
 - Routine monitoring of blood tests and other physical health checks
 - Capacity assessment (not looked at in the first audit)

This re-audit shows that the above is completed in most cases. However, documentation could be improved - this information should be clearly recorded in clinic letters at every psychiatric review.

- For the patients who did not have/require any psychiatric input within the audit period, to consider need for remaining on active psychiatry caseload.
- The cohort of patients on recalls and not on active psychiatry caseload were excluded from the audit and including them might skew the data.
- Reviewing the patients on multiple psychotropic medications for potential STOMP work.

❑ Recommendations

- Review patients without documented capacity assessment over the past year to assess and document their capacity to consent to treatment.
- Continue the completion of antipsychotic initiation workup as per the NICE guidelines.
- Continue documentation of routine monitoring of physical health parameters and side effects for patients on antipsychotic medications as per the NICE guidelines.
- Review patients not currently prescribed psychotropic medications to assess their need for psychiatric input and determine if they can be safely discharged from the psychiatry caseload.
- Continue STOMP work where appropriate to address polypharmacy.

Ideas for future audits:

- Focus on STOMP, looking at all types and doses of psychotropics used
- Review the caseload in 4-6 months to analyse the outcomes of this audit

We Support STOMP

- ❑ Stopping Overmedication of people with learning disability and/or Autistic people (STOMP) is a National NHS England programme to stop the inappropriate prescription of psychotropic medication⁵

References

¹ NICE. (2015, May 29). Overview | Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges | Guidance | NICE. <https://www.nice.org.uk/guidance/ng11>
² NICE. Monitoring | Prescribing information | Psychosis and schizophrenia. <https://cks.nice.org.uk/topics/psychosis-schizophrenia/prescribing-information/monitoring/>
³ LeDeR - <https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-lives-and-deaths/rd>
⁴ NICE. (2018, October 3). Overview | Decision-making and mental capacity | Guidance | NICE. <https://www.nice.org.uk/guidance/ng108>
⁵ Branford D et al. Stopping over-medication of people with an intellectual disability, Autism or both (STOMP) Part 1 – history and background of STOMP. AMHID 2018;13:31–40.