Audit of olanzapine prescribing in patients with anorexia nervosa in CAMHS Grampian.

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Introduction

Eating disorders, and anorexia nervosa in particular, carry a considerable risk of mortality and serious physical morbidity (1). To date there are a limited number of randomized controlled trials that are used to guide treatment using psychopharmacology for anorexia nervosa; and therefore the evidence is limited for the use of psychotropic medicine in both the adult and children and adolescents (1,2) .

Restoration of weight adopting a family based treatment (FBT) approach in children and adolescents is the gold standard intervention at this time (1). Drugs can be used to treat co-morbid conditions (particularly anxiety, depression and obsessive compulsive disorder) but have limited role in weight restoration (2).

Olanzapine is currently the only drug suggested to have any effect on weight restoration in anorexia nervosa and is considered a promising, albeit unlicensed treatment (3,4). Olanzapine is often used to try to reduce the high levels of distress associated with anorexic cognitions (1). It has been shown to reduce levels of agitation in case reports and retrospective studies (5,6).

Methodology

Referral data for patients referred to Eating Disorder Team in CAMHS Grampian between 2014 and 2020 were analysed. Referred patients who had been offered olanzapine but declined this as part of their treatment; or patients who were offered and accepted olanzapine as part of their treatment were included in the audit.

Data was analysed through retrospective electronic case review.

Results

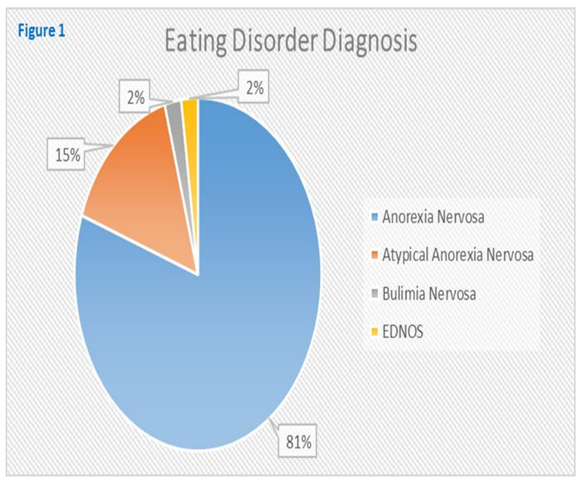
Table 1 provides a breakdown of the number of Eating disorder cases allocated for treatment within the CAMHS Specialist Eating Disorder team work stream between the years 2014 to 2020 and the number and % of patients who were offered and/or accepted olanzapine.

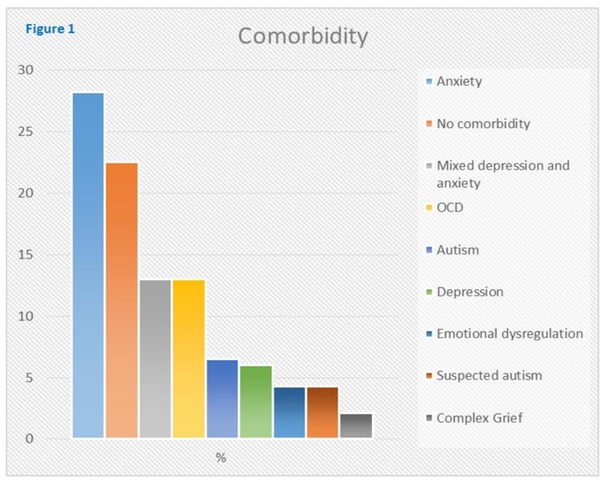
Table1

YEAR	2014	2015	2016	2017	2018	2019	2020
REFERRALS	23	41	38	25	30	13	48
OLANZAPINE (%)	1 (4%)	5 (12.1%)	6 (15.7%)	7 (28.0%)	9 (30.0%)	8 (61.5%)	10 (20.8%)

The % of patients receiving olanzapine varied considerably between 2014 to 2020. Although a direct comparison cannot be made, a survey of child and adolescent eating disorder services across England conducted in 2017, estimated that under 10% of patients with AN received psychotropic medication of any class (7).

Figures 1 and 2 provide a breakdown of the eating disorder diagnoses and psychiatric comorbidities respectively based on ICD-10 diagnostic criteria.



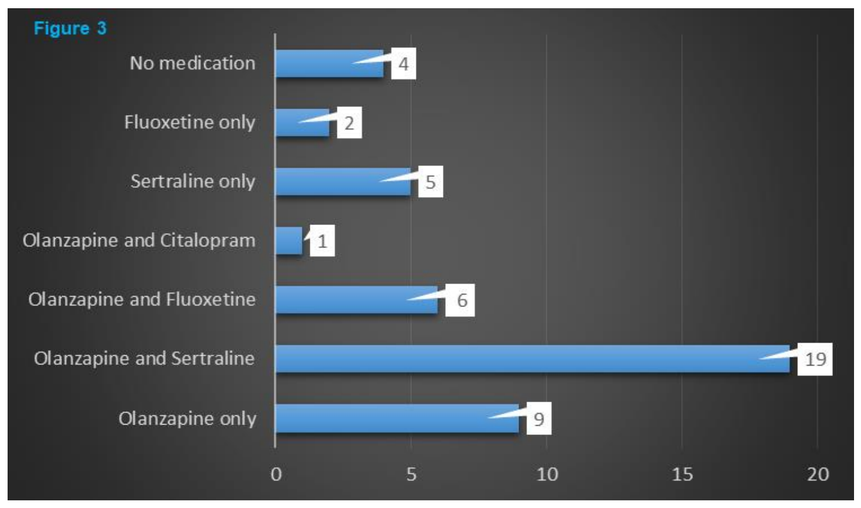


Additional expertise based on need:

33 of the 46 patients were offered adjunctive therapies to FBT during the course of their treatment. Therapies included physiotherapy, dietetics, psychology, family therapy, occupational therapy, art therapy and social work services (17 patients = 1 adjunctive therapy, 15 patients = 2 adjunctive therapies, 1 patient = declined offer of adjunctive therapy).

Medication:

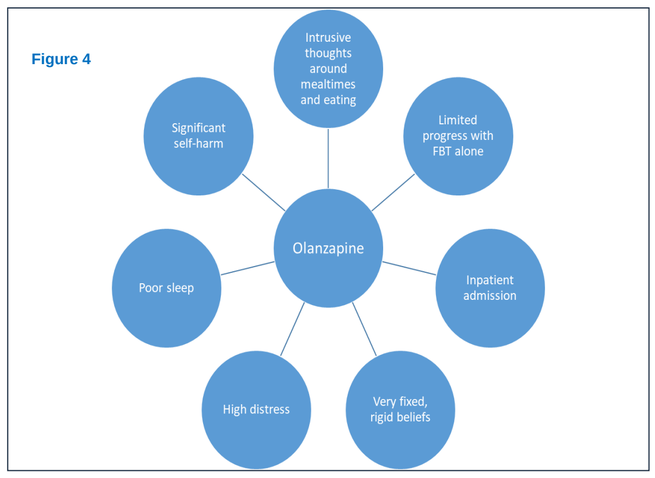
Many of the patients who were either offered and/or taking olanzapine were also prescribed a selective serotonin reuptake inhibitors (see Figure 3 below)



The time frame from starting FBT to being offered olanzapine was on average 7.8 weeks (range 1 to 49 weeks).

Clinical indications for olanzapine:

Case note review revealed a number of factors that influenced clinician's decisions to consider olanzapine as part of a patient's treatment as detailed below in Figure 4.



The average length of time a patient remained on the olanzapine was 30.3 weeks (range 4 to 88 weeks). 72.2% reported benefits to taking the medication and 61.1% reported no side effects.

Physical recovery:

The average %WFH at initial assessment was 81% (range 64.86% to 107.40%). At 6 months of treatment the average %WFH was 90% (range 70.70% to 112.38%).

Recommendations

- Patient and family interviews to be conducted to ascertain their views on olanzapine as part of their treatment journey.
- Patient information leaflet on the use of Olanzapine in treatment to aid collaborative decision making.
- Sharing of audit report, summary and recommendations at a regional and national level to benchmark practice, and gain views of olanzapine prescribing in other CAMHS services across the country.
- Standardisation of the monitoring of patients on olanzapine based on the evidence and best practice.
- Review of olanzapine prescribing practice within CAMHS Grampian in 5 years.

References and Acknowledgments

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