

January 2021

Introduction

- NHS Lothian policy requires physical health monitoring for patients prescribed High Dose Antipsychotic Therapy (HDAT).
- ECG, observations (blood pressure, temperature, pulse) and blood tests (Full Blood Count, Urea & Electrolytes, Liver Function Tests) are required prior to treatment, within the first week, three monthly for the first year, and annually thereafter. The Maudsley Prescribing Guidelines suggest frequent additional monitoring: weight, blood lipids, plasma glucose, prolactin and creatinine kinase.
- Despite the above, these monitoring requirements are often not completed. This can have a negative impact on the physical health of patients.

Aims

- The aims of the project were to: (i) record the number of patients currently prescribed high dose antipsychotic therapy (HDAT) within The Orchard Clinic (an inpatient medium-secure forensic psychiatric clinic), (ii) assess completeness of physical health monitoring requirements for HDAT.

Methods

- In September 2021, patient records at The Orchard Clinic were analysed. Data was gathered on 37 inpatients. The percentage of total antipsychotic medication prescribed compared to maximum doses (as per the British National Formulary) were calculated. Physical health monitoring completeness was calculated.

Results

- Of 37 inpatients, 26 were prescribed HDAT (70%).
- Full monitoring requirements were complete for 1 patient (4%).

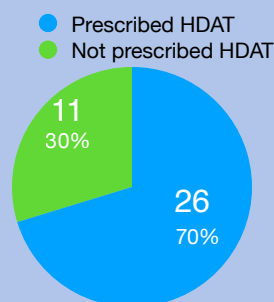


Figure 1: Patients prescribed HDAT at The Orchard Clinic

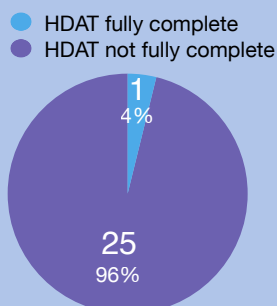


Figure 2: Patients prescribed HDAT with fully complete monitoring

Component of HDAT	% completeness
Weight	92%
Observations	88%
Glucose	73%
Lipids	69%
Prolactin	50%
FBC	38%
LFTs	35%
U+Es	35%
ECG	23%

Table 1: % completeness for each component of HDAT monitoring

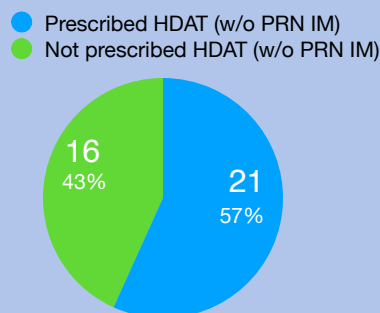


Figure 3: Patients prescribed HDAT at The Orchard Clinic if PRN IM antipsychotic removed

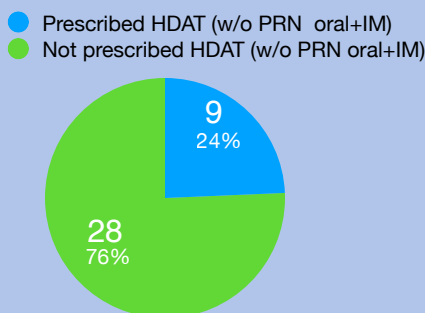


Figure 4: Patients prescribed HDAT at The Orchard Clinic if PRN IM+oral antipsychotic removed

7 patients
(27% of HDAT patients)
safe for de-prescription of oral PRN (not had in last 6 months)

5 patients
(19% of HDAT patients)
safe for de-prescription of IM PRN (not had in 6 months)

Figure 5: Patients deemed safe for de-prescription of oral or IM antipsychotic

Conclusions

- More robust monitoring for HDAT is required, as certain important tests are commonly missed.
- Retrospectively, it is challenging to pinpoint reasons for incomplete monitoring. In several cases, it is likely linked to non-compliance. Change ideas include more robust handover between junior doctors, and HDAT discussions in CTMs.
- A number of patients are prescribed oral and IM 'as required' medications which are not being given. Rationalising these would significantly reduce the number requiring high dose monitoring, improve feasibility of accurate monitoring, and prevent unnecessary testing.