

# Reducing long acting injectable antipsychotics (LAIs) frequency in response to COVID-19: a community mental health team's approach

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## AIM

The aim of this Quality Improvement Project (QIP) is:

- to reduce the **number of face-to-face contacts** in the depot clinic at the South Kensington and Chelsea Community Mental Health Team (SK&C CMHT)
- by 25%
- over a period of 3 months
- by reducing the frequency of LAIs where it is clinically indicated.

This is an effort to decrease the risk of SARS-CoV-2 transmission at the CMHT.

## BACKGROUND

Despite the push to minimise close contacts with patients during the pandemic, there has been little guidance on how to determine the clinical suitability of patients for reducing their LAIs frequency.

## METHODS

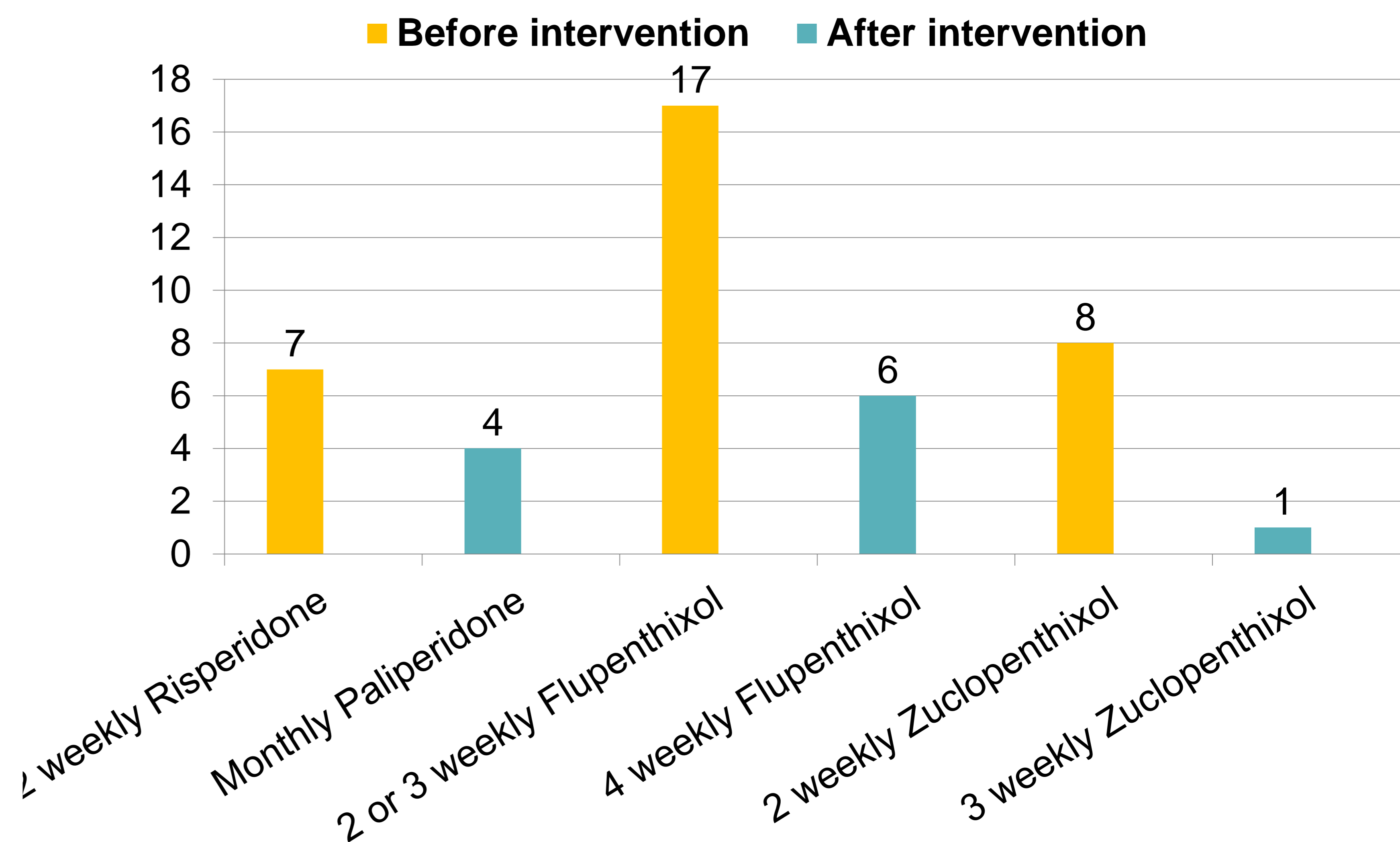
A criteria was devised to assess the clinical indication for reducing LAI frequency:

1. Stable mental state
2. Absence of side effects on the current dose of injection
3. Absence of breakthrough symptoms on the current regimen
4. Good engagement with the depot clinic
5. Maximum single dose not reached
6. Patient consent

- ✓ Patients on 2-weekly and 3-weekly injections were identified.
- ✓ Notes were systematically reviewed using the above criteria.
- ✓ Feedback was obtained from care-coordinators and the clinic nurses.
- ✓ The patients were consented.
- ✓ LAIs were switched to a higher injection dose and lower frequency, keeping the overall dose unchanged.
- ✓ Continue to monitor.

## RESULTS

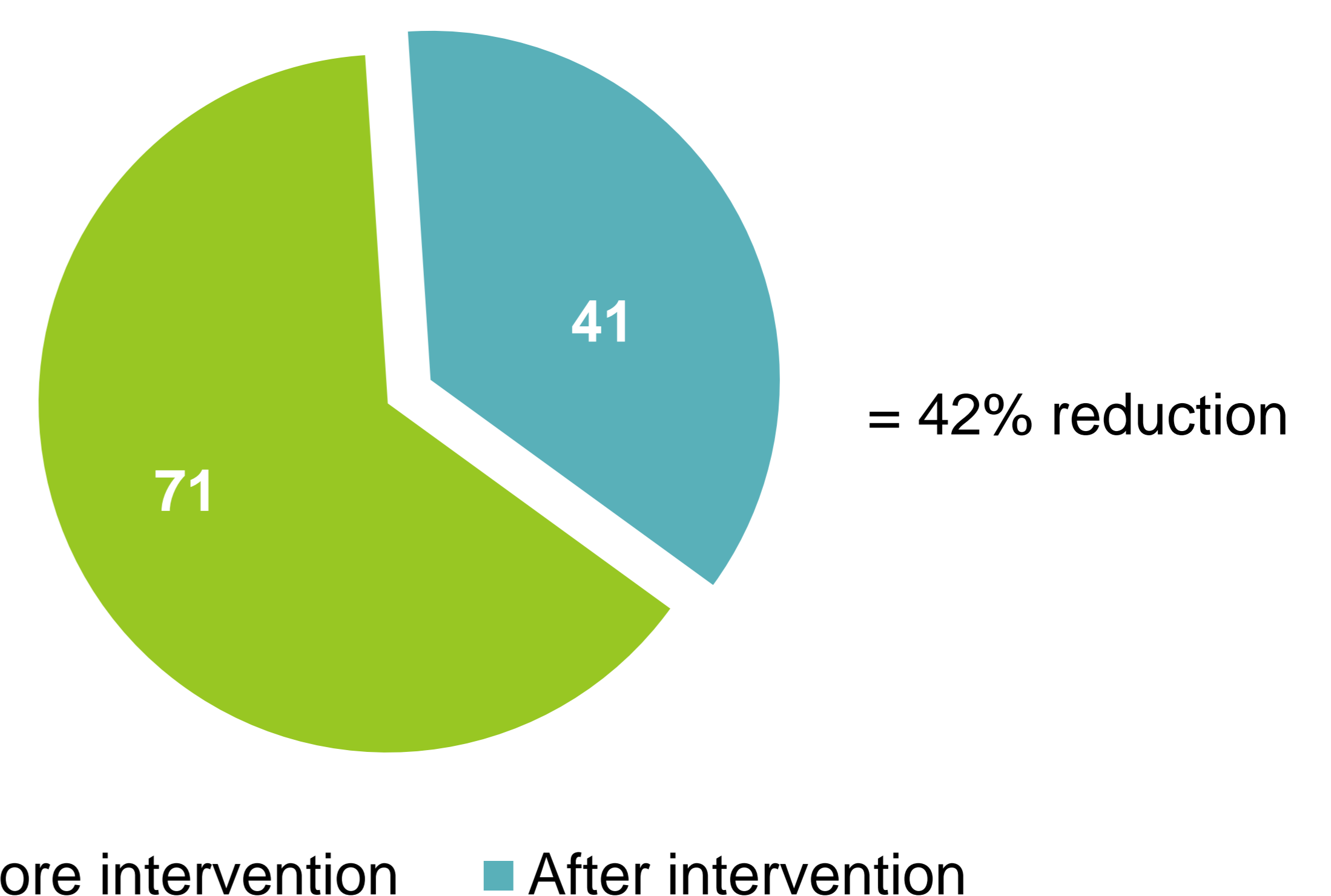
There was a total of 85 patients on LAIs at the CMHT. 35 of them were identified to be on 2-weekly or 3-weekly depot injections. 11 patients met the criteria and were switched to a lower frequency of depot injections.



Projections over 3 months for the participants:

- reduction of 30 (42%) in-person contacts in the depot clinic
- cost savings of £297.21

### No. of face-to-face contacts in depot clinic



## CONCLUSIONS

Using the robust criteria that was established during this project, this intervention is replicable in depot clinics based in other community teams in an attempt to minimise face-to-face contacts. There is also scope for the frequency of monthly Paliperidone injections to be further reduced to 3-monthly.