

Physical health monitoring of patients initiated on antipsychotic medication on acute adult wards

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Background and Objectives

Physical healthcare monitoring is vital in patients with severe mental illness (SMI) since they have higher mortality and morbidity rates contributed by SMI and use of antipsychotic drugs, which induce metabolic side effects [1].

The National Institute for Health and Care Excellence (NICE) outlined guidance of monitoring SMI patients' physical health, and the Trust and the National Clinical Audit of Psychosis (NCAP) have policies in meeting 100% compliance for all physical healthcare parameters using the LESTER Tool [2].

We aimed to audit the compliance to the LESTER Tool monitoring upon initiation of antipsychotics on our acute adult wards, but also action upon abnormal results and referral to specifically designed Trust-led LESTER Tool community clinics (Neighbourhood Physical Health Monitoring Clinics, PHMC).

Materials and Methods

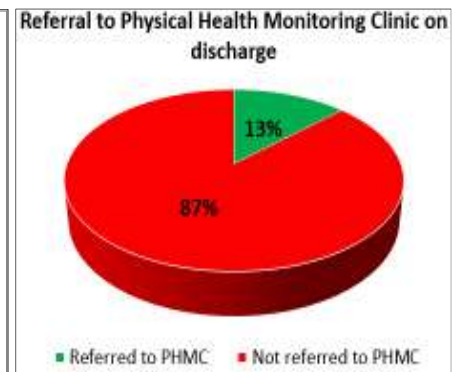
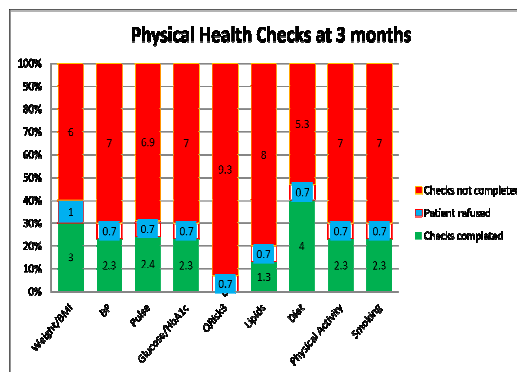
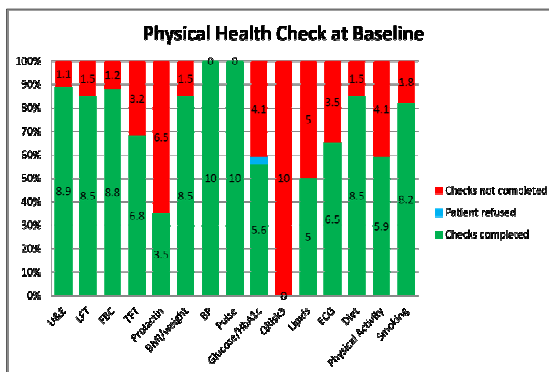
Standards: LESTER-Tool parameters should have 100% compliance at baseline, weekly for 6 weeks and 3 months. All abnormal results should have been acted upon to treat acute pathology and minimise the cardiovascular risk in the long-term. All consenting patients should have been referred to the community clinics for LESTER-Tool follow-up post discharge.

Data collection was carried out retrospectively using discharge prescriptions in the pharmacy to identify a cohort of inpatients initiated on an antipsychotic during their admission between April and August 2019.

Exclusion criteria: patients who made a capacitated decision to refuse physical health monitoring; patients on high-dose antipsychotic therapy and clozapine. Electronic patient records were reviewed to identify compliance with standards.

Results

35 scripts were identified from 6 acute adult wards. 30 patients were eligible when our exclusion criteria were applied



The compliance of baseline, weekly for 6 weeks and 3 monthly LESTER Tool checks was poor. QRisk and weekly weight for 6 weeks performed the worst at 0% compliance. BP & Pulse achieved 100% compliance. Although acutely abnormal blood results and ECGs were acted upon promptly with compliance ranging between 65%-100%, performance was worse in terms of interventions targeting abnormal lipid profile (0% compliance) and actively promoting a healthy lifestyle (compliance ranging from 0%-62.5%). Comparing baseline, weekly for the first 6 weeks and 3 monthly checks, compliance for the later was poorer than baseline. Only 13% of the discharged patients were referred to the Trust's LESTER-Tool community clinics.

Conclusion and Recommendations

Overall, the poor results were expected. It is a prominent issue within mental health that physical health checks are not reinforced, possibly due to impracticality and clinical cultural stigma. We identified that there was a shift of responsibility of maintaining physical health in SMI patients from hospital clinicians to the GP. The difficulty of holistic continuity of care was contributed by barriers such as differences in expertise, IT, equipment, time restraints on staff, etc. Therefore, this leaves a considerable room for improvement by the Trust's multidisciplinary team and physical healthcare committee. The following measures will be put in place, aiming to implement and re-audit in 12 months:

- Monthly LESTER tool training targeting dietitians, specialist nurses, doctors and ward-based clinicians.
- Masterclass on the management of metabolic syndrome to be organised and delivered to all doctors in the Trust. Consideration to include this to ESR mandatory training.
- E-learning platform on physical healthcare monitoring in SMI patients to launch in 2020 for community pharmacists and CCG based clinicians in Derbyshire.
- Incorporation of the Bradford template and the QRISK-3 calculator to our electronic patient records system.
- Reinforce referral to neighbourhood's PHMC.
- Presentation of this audit to the Trust's academic meetings as part of the junior doctors' training, with emphasis on doctors' responsibility to acknowledge, but also act upon abnormal results.
- Presentation of this audit to the Medicines Management and Physical Health Care and Infection Control Committee of the Trust and further discussion about further activities/recommendations.

References

1. Brown S et al. Twenty-five year mortality of a community cohort with schizophrenia. *Br J Psychiatry* 2010;196(2):116-21
2. NHS England. Improving physical healthcare for people living with severe mental illness (SMI) in primary care - Guidance for CCGs. 2018, NHS England: Leeds.