

Audit of antipsychotic physical health monitoring in a primary mental health care setting.

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Introduction

Metabolic syndrome is relatively common in patients on long term antipsychotic medication¹. It is associated with an increased risk of cardiovascular disease and all-cause mortality. All components of metabolic syndrome are potentially reversible¹, therefore this is an area of significant morbidity and mortality which can potentially be avoided.

The NICE guidance for first episode psychosis stipulates that it is the responsibility of the secondary care team to monitor service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. It outlines the baseline and monitoring investigations recommended when commencing a patient on an antipsychotic.

Aim

To assess the current level of physical health monitoring within a primary mental health care (PMHC) setting, against the NICE standard.

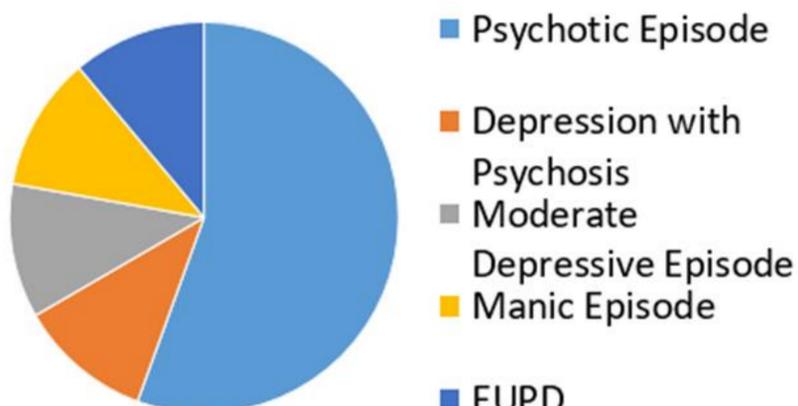
Methods

A sample of 9 patients, who are:

1. currently open to the PMHC team
 2. prescribed a therapeutic dose of an antipsychotic medication
- were included in the audit.

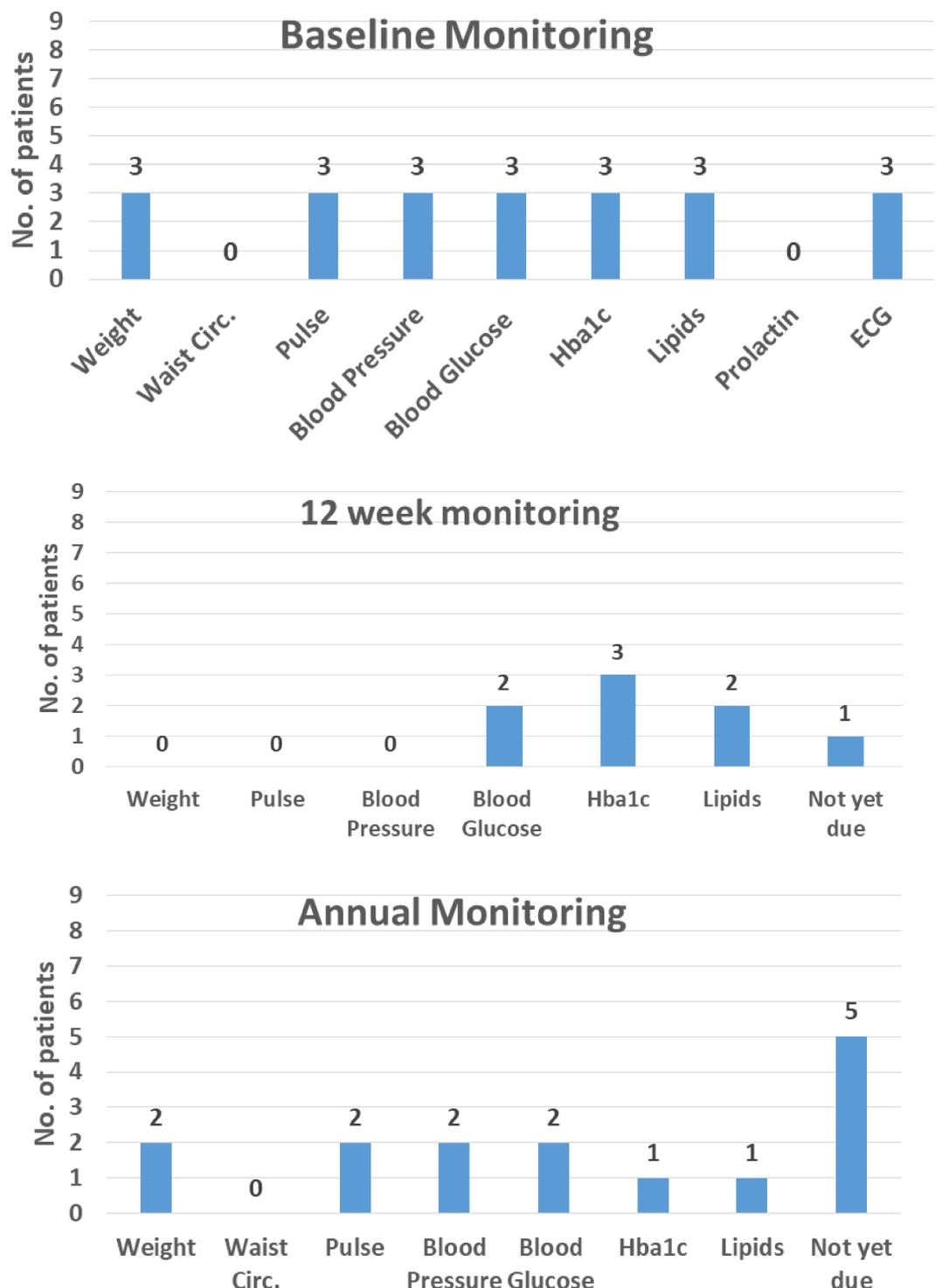
Sample Demographics:

Diagnoses



Their physical health parameters were reviewed against the NICE standards at three different timeframes; baseline, 12 week and annual monitoring.

Results



Conclusions

This audit revealed that the current approach to antipsychotic physical health monitoring within the PMHC team, is not meeting the NICE guidance standards. We have developed an improvement plan, including the use of an agreed pathway with a local physical health monitoring clinic. The results of this intervention will be re-audited against the same NICE guidelines.