

Off-label Prescribing of Quetiapine in South Locality Crisis Teams

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Background

Quetiapine is associated with various side effects including metabolic syndrome, and QTc interval prolongation. Given these risks, patients should be fully informed of the expected risks and benefits of treatment, and the limited evidence base for off-label prescribing. The reason for this audit on Off- label prescribing, has been highlighted by a serious Incident, and also in response to issues faced across the transfer of prescribing across the interface with primary care.

Aims

This audit will determine the frequency of off- label prescribing of Quetiapine and compliance with agreed standards within Trust Policy (UHM PGN 02 PPT PGN 08) – Physical Health Monitoring of Patients Prescribed Antipsychotics and other Psychotropic Medicines. NICE CG178, General Medical Council Ethical Standards, Royal College of Psychiatrists – College Report CR210.

The main objectives of the audit were to determine if:

- Patients have been appropriately informed of off-label status and consent given/recorded.
- Alternative licensed treatment used first/ruled out.
- Appropriate communication on transfer of care where indicated.
- Appropriate physical health monitoring completed.

Method

- The sample consisted of 50 consecutive patients from the crisis team caseload.
- Data reviewed in this audit was taken from a six- month period.
- Records audited were obtained from RiO(electronic records) and prescription charts.
- Data analysis began in December 2018 and completed in March 2019.
- The audit tool was a dichotomous scale questionnaire based on NICE guidelines.

Result

- 4 patients from the sample (8%) were prescribed off- label quetiapine.
- 100%(4) of patients had physical health monitoring completed as per Trust policy.
- 100 % (4)of patients had off-label indication clearly documented in notes.
- 100 % (4)of patients had documented consent to treatment.
- 100 % (4)of patients had medication reviewed in the previous 6 months.
- 75% (3)of patients had licensed medication used or ruled out before considering off-label quetiapine use
- 25% (1)of patients had risks/benefits of treatment documented as part of a patient discussion.
- 25 % (1)of patients had documented evidence that alternative treatment options were discussed.
- 25% (1)of patients had documented evidence of Community consultant/GP consent/agreement obtained before transfer of prescribing.
- 75% (3)of patients had a documented plan for review of quetiapine for treatment efficacy and side effects.
- 50% (2)of patients had a documented plan in place for ongoing physical health monitoring.



Conclusion

•Based on the audit, there are relatively low rates of off-label Quetiapine prescribing. Where off-label prescribing has occurred, there is generally good documentation around indication and consent, as well as good compliance with baseline physical health monitoring. There are however some areas of poor compliance, particularly around communication and consent when transferring prescribing. Improvements are also required in the patient discussion, particularly around the risks/benefits of treatment and consideration of alternative treatment options.

•It is acknowledged however that patient numbers are very small and it is therefore difficult to draw meaningful conclusions from this data. It is therefore suggested a wider audit may be required with greater patient numbers and which specifically filters for patients prescribed quetiapine.

•Audit result has been shared with Crisis team members, Medicines Optimisation Committee and South Locality Quality Standards Committee