

What can we learn about psychiatric prescribing from a 16 month audit of CMHT prescriptions?



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Background, aims and methods

Various models of community psychiatric prescribing exist. In our busy inner London borough patients' GPs are supported to prescribe on-going medication, particularly antidepressants, mood stabilisers and long-term antipsychotic medication to ensure continuity of care. However, 'FP10' outpatient prescriptions are used on occasion, particularly in cases of clinical urgency or when initiating antipsychotic medication (in line with shared care agreement in most London boroughs). National guidance exists on the prescribing of controlled medications including benzodiazepines and hypnotics in the community psychiatry patient group. We aimed to conduct an open audit into the community prescribing of our CMHT in order to 1. evaluate our prescriptions of benzodiazepines specifically, and 2. identify patterns of prescribing which could be addressed towards optimising GP/regular care provider-led prescribing. Paper charts co-recording FP10 dispensing over the 16 month period between August 2019 and the date of audit in November 2020 were reviewed by three authors. The medication(s), length of prescription, grade of prescriber, were recorded along with the date of prescription.

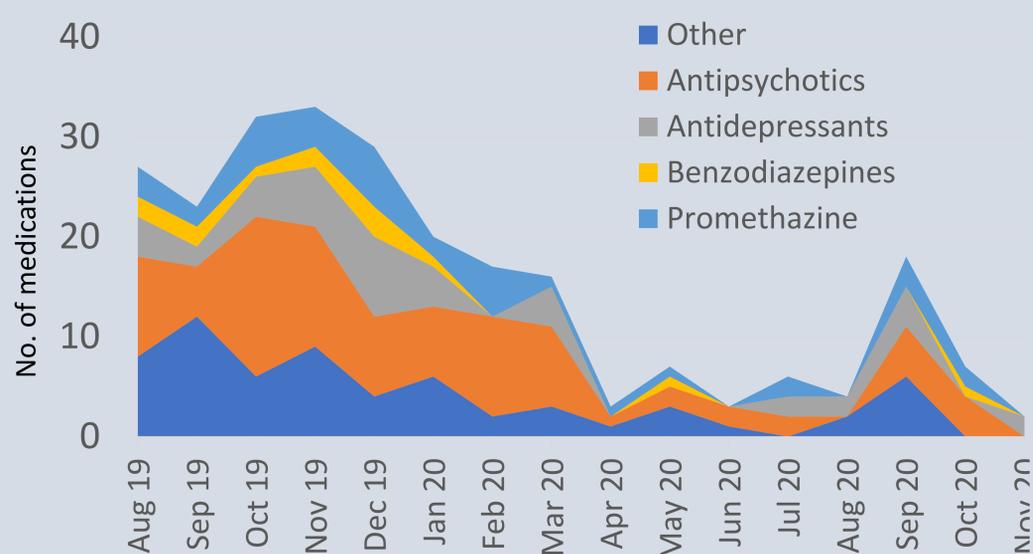
Results

There were a total of 219 FP10s issued over the 16 months audited, representing 253 prescriptions of individual medications. The mean number of medications prescribed per FP10 was 1.15 ($\sigma = 0.53$), with one FP10 containing 6 medications. There was notable variance in the number of prescriptions by month, mean = 14.5, $\sigma = 10.9$. Twenty-nine (29) different medications were prescribed, the most common of which were promethazine ($n=39$), olanzapine ($n=36$), and zopiclone ($n=22$). Total prescriptions of benzodiazepines were 16, chiefly clonazepam ($n=12$). Antipsychotics were by far the most commonly prescribed class of medications ($n=95$), followed by antidepressants ($n=42$), promethazine ($n=39$), hypnotics ($n=22$), and mood stabilisers ($n=17$). There were three (3) non-psychiatric medications prescribed. The number of prescriptions by grade; SHO, SpR, consultant or prescribing pharmacist, varied (91, 75, 39, and 6 respectively).

Table 1: Which medications were prescribed most?

Medication	No. prescribed
Promethazine	39
Olanzapine	36
Zopiclone	22
Aripiprazole	17
Quetiapine	17
Risperidone	17
Sertraline	15
Clonazepam	12
Mirtazapine	9
Procyklidine	9
Venlafaxine	9
Lamotrigine	8
Sodium Valproate (Epilim and Depakote)	5
Not legible	5
Fluoxetine	4
Lithium (Priadel)	4
Diazepam	3
Propranolol	3
Zuclopenthixol tabs	3
Amisulpride	2
Citalopram	2
Flupenthixol tabs	2
Amitriptyline	1
Haloperidol	1
Hyoscine (butylbromide)	1
Lorazepam	1
Melatonin	1
Trazadone	1
Vortioxetine	1
EMLA numbing cream	1
Anisol cream	1
Movicol	1
Total	253

Graph 1: Breakdown of medication classes by month prescribed



Discussion

Graph 1 demonstrates notable reductions in the total number of FP10 prescriptions made over the 16 month review period. The 'Other' category most represents mood stabilising medications, hypnotics and non-psychiatric medications. Several factors are likely to have influenced the overall decline, including reductions of the number of in-person reviews conducted during the initial coronavirus pandemic lockdown period, changes in junior doctor contingent on a 6 monthly basis, and some effort from a joining consultant to reduce the number of benzodiazepine prescriptions. There was an encouraging reduction in benzodiazepines prescriptions, and while initially there may have been an associated reflexive increase in promethazine prescriptions (Feb 2020) this pattern was not maintained.

We were surprised that promethazine was the single most prescribed medication, and further qualitative work would be indicated to explore the role that psychiatrists see promethazine playing in the treatment of their patients in the context for its current evidence base.

Results were discussed between team doctors, and we were encouraged by results on the whole. Within our trust's model of community prescribing GPs could be further supported to prescribe cross-titration regimes, particularly of antidepressants, which appeared to constitute a large proportion of these prescriptions. We plan to continue our monitoring of prescriptions