

Review of Stability on Depot Antipsychotics and Involving Primary Health Care Providers

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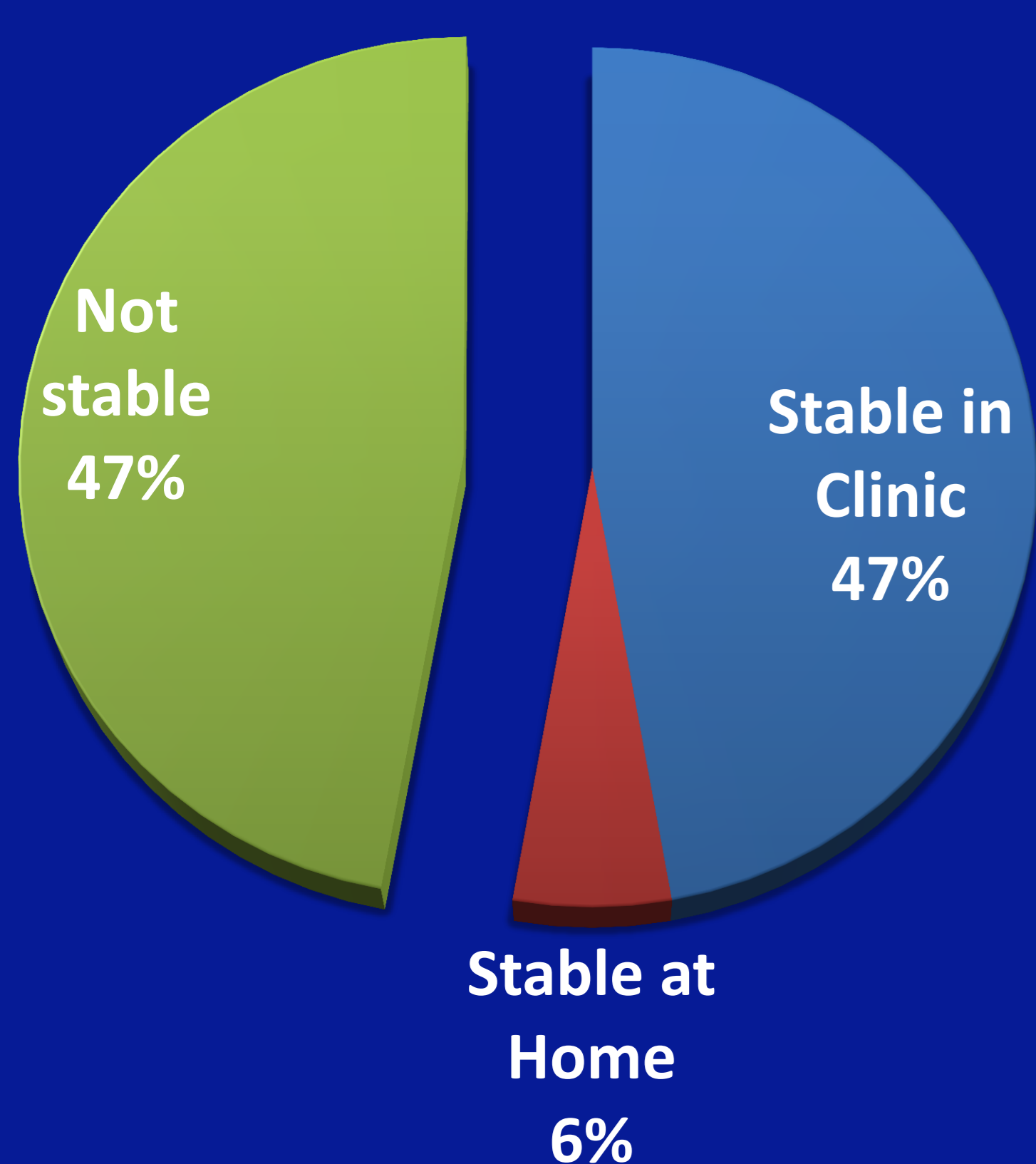
Aims: This review was done to identify patients registered with depot clinic who were maintaining stability and to liaise with their General Practitioner Practices for a possible continuation of care in primary setting.

Background: Depot antipsychotic injections are an invaluable tool in affording improved adherence and stability to patients diagnosed with psychoses. Additionally, they have been shown to be held in positive light by patients and professionals administering them¹. For a majority of patients however, being on depot means having to travel regularly to a depot clinic, usually at the community mental health team base. Studies found that treating psychiatrists consider only a minority of patients on long-acting injection antipsychotics as suitable for discharge to primary care². It has also been found that there are advantages for patients to receive depot medication from primary care³.

The Bexley Intensive Case Management for Psychoses (ICMP) is a community based mental health team providing comprehensive services to patients diagnosed with psychoses or bipolar disorder. The depot clinic monitors serves about 124 patients who are on various antipsychotic depots. The injections are also administered at home based on their needs

Methods: Review of clinical notes was done to identify patients on depot and maintaining stability (defined as well controlled symptoms, no inpatient spell in last 12 months, on medications that GP can prescribe and with sufficient insight and consenting to stay adherent). The patients were then classified into three groups (i) stable and receiving depot in clinic, (ii) stable and receiving depot at home, and, (iii) not stable.

Results : More than half of the patients (52%) were identified as stable and a majority of these (47% of total) are receiving depot in depot clinics at team base, with only a minority being administered in their home settings.



Discussion: Primary care has been identified to have the potential to offer an accessible, non-stigmatizing service, as well as continuity of care³. However, the number of patients who receive depots in primary care, and the arrangements for how the medication is administered vary between practices⁴.

A review of four West London GP practices found that patients receiving depot antipsychotic medication from primary care were similar in terms of their global functioning to patients receiving their medication from specialist mental health, and were receiving a similar amount of medication³.

Our own discussions with the respective GP surgeries have been variable, with some surgeries expressing interest in taking over the care, while others expressing reluctance to do so.

It has been suggested that that practice staff may lack confidence or training in administering depot medication⁵. Therefore, it has been suggested that it is important that primary care services receive back-up from secondary mental health services in the form of training, regular liaison and immediate support, as per their needs³. As this is an on-going work, Our team will continue to work collaboratively with respective GPs within our locality on identifying the barriers they face in taking on stable patients on depot, as outlined in shared care protocols.

Conclusion : Primary care setting provides a potential opportunity to offer easily accessible depot injectables to patients who are maintaining well on it and thus reduce the need for patients to have to travel to depot clinics, consequently, offering benefits in patient satisfaction and dependence on secondary services. The practice however, needs to be supported by the secondary mental health services in form of regular liaison with primary care and swift intervention by secondary services in case of any changes in status of the patients. We as a service are working with GPs in our locality to explore options to ,continue this process.

References

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