NHS Greater Manchester Mental Health NHS Foundation Trust

# Audit on High Dose Antipsychotic Medication use on GMMH Rehabilitation wards

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## Background

High doses of antipsychotic medications are often prescribed in secondary mental health services. There are number of side effects that are dose related within the limit of licensed doses. It is important to evaluate whether the guidelines are followed appropriately to enhance patient care. An initial audit was completed in 2018 (for Braeburn House Rehab unit only). This is a re-audit to complete the audit loop and encompasses all GMMH rehab wards.

## Aim & Objectives

To identify all patients in Rehabilitation division who are prescribed high dose antipsychotic medication between 01/09/2018 and 01/09/2019 and to assess whether trust guidelines regarding monitoring and documentation was followed.

## Gold Standards

Audit standards were based on GMMH trust guidelines for the use of high dose antipsychotic therapy. POMH-UK Antipsychotic ready reckoner version 6 was used to calculate the dose of antipsychotic medication.

## Methodology

This is a retrospective case note audit. Sample: All patients in GMMH Rehabilitation dividion who were on antipsychotic medication between 01/09/2018 and 01/09/2019 were included in the audit=130.Patients newly commenced HDAT and those already on HDAT were identified. Evidence of information was taken from electronic patient data (PARIS) and MDT meetings etc. It was recorded on audit proforma.

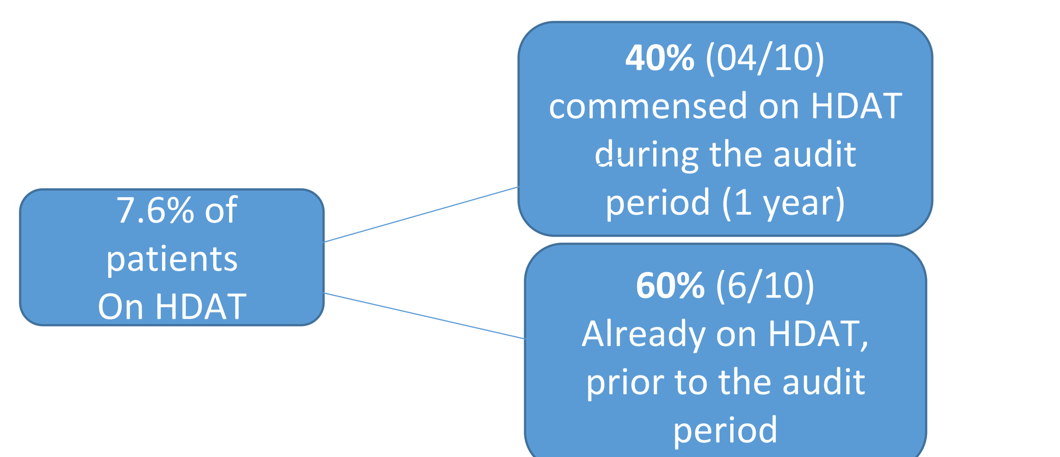
## Monitoring:

- ECG within a month prior to initiation of HDAT
- U&E baseline
- Repeat ECG after 7 days of initiation of HDAT
- ECG repeated when clinically indicated
- U&E every 3/12 months
- BMI every 6/12 months
- Lipids every 6/12 months
- Glucose every 6/12 months
- Side Effects monitored 6/12 months

## Results

| **For patients with initiation of HDAT during the audit period:** | |
|---|---|
| Statement in the careplan that high dose antipsychotic was prescribed. | **25%** |
| Evidence of discussion on HDAT with patient | **0%** |
| Assessment of MSE at least 3 monthly to monitor response. | 100% |
| Evidence of indication of HDAT on the prescription chart. | 100% |
| Evidence of contraindications recorded in the records? | **0%** |
| Evidence of aims/target symptoms recorded? | **25%** |
| Evidence of statement regarding capacity to consent (T2/T3) to HDAT | 75% |
| Evidence of SOAD request/certificate on paris | 100% |
| Consent forms include regular and PRN (if applicable) antipsychotic medication. | 75% |

| **For patients with initiation of HDAT prior to audit period:** | |
|---|---|
| Statement in the careplan that high dose antipsychotic was prescribed | 50% |
| Evidence of discussion with patient in records | 16.6% |
| Assessment of MSE at least 3 monthly to monitor response | 100% |
| Evidence of indication of HDAT on the prescription chart. | 83.33% |
| Evidence in the records of review of HDAT at 6 months? | 83.33% |
| Evidence of statement regarding capacity to consent (T2/T3) to HDAT | 100% |
| Evidence of HDAT monitoring forms completed in the records? | 50% |
| Evidence of SOAD request/certificate on paris (electronic record system) | 100% |
| Consent forms include regular and PRN (if applicable) antipsychotic medication. | 100% |




## Monitoring

| | |
|---|---|
| ECG within a month prior to initiation of HDAT | 50% |
| U&E baseline | 80% |
| Repeat ECG after 7 days of initiation of HDAT | 10% |
| ECG repeated when clinically indicated | 70% |
| U&E every 3/12 months | 60% |
| BMI every 6/12 months | 50% |
| Lipids every 6/12 months | 50% |
| Glucose every 6/12 months | 50% |
| Side Effects monitored 6/12 months | 60% |

## Conclusions and Recommendations

- 7.6% (10/130) of SU were on HDAT, out of which 40% (04/10) were started on HDAT in the audit period.
- Documentation pertaining to commencement of HDAT requires improvement.
- Documentation about patients who were already on HDAT also requires improvement including discussion with patient, review of need to continue HDAT.
- 50% HDAT monitoring forms were completed on the records. For others, either it was not recorded at all or was incomplete. This needs to improve significantly.
- Several areas regarding monitoring (baseline investigations including bloods and ECG and thereafter) requires improvement. Especially early ECG after prescribing HDAT.

## Action Plan Arising From Clinical Audit:

- Dissemination of audit findings to educate staff about issues highlighted in the audit
- Improvement in documentation about HDAT. To be regularly discussed with service user, review of HDAT and rationale for continuing.
- HDAT monitoring forms and side effects scales. Staff to maintain a physical health diary with upcoming dates of investigations like bloods, ECG etc so that the investigations are not missed. Training will be given to staff either on 1:1 basis or as a group, on HDAT monitoring form, LUNCERS and GASS.

## References

- Royal College of Psychiatrists Consensus statement on high-dose antipsychotic medication, 2014.
- Maudsley Prescribing Guidelines in Psychiatry, 12th Edition.