

Prescribing in child and adolescent intellectual disability mental health services during COVID-19

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Aims and hypothesis

To review prescribing practices among CAMHS ID doctors during COVID 19 and explore reasons for these changes.

Introduction

There have been many changes during COVID-19. Surveys during and after the COVID-19 lockdown measures mainly pertain to patient management and prescribing in an adult psychiatric setting. This survey looks specifically at prescribing practices in CAMHS ID.

Methods

A questionnaire was designed to review changes in prescribing including which medications had been prescribed more and why. Participants were encouraged to give free text answers to explain changes in prescribing. Doctors working in CAMHS ID were invited to take part in the survey using 'SmartSurvey' through the Child and adolescent intellectual disability psychiatric network.

Results

22 people responded to the survey, the majority (19) working in outpatient settings. Prescribing had increased in 55% of cases.

There was an increase in the use of anti-depressants (58%), anti-psychotics (42%) and melatonin (37%). Anti-depressants were used for depression, anxiety, behaviour that challenges and sleep. Anti-psychotics were used for psychosis, anxiety and behaviour that challenges. Reasons for changes in prescribing were most commonly due to a change in a child/ young person's routine (86%) or lack of support from other agencies (77%).

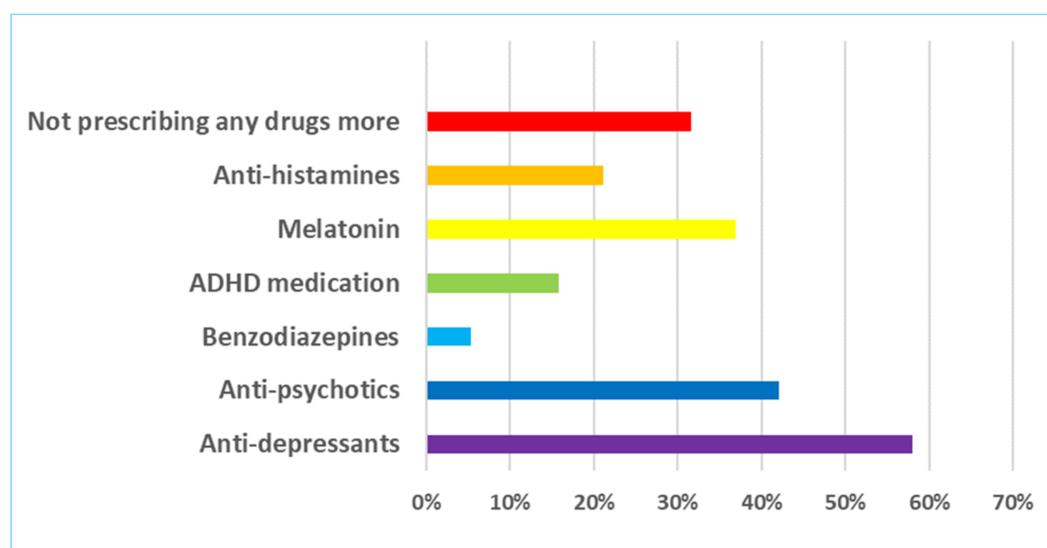


Fig 1: Types of drugs prescribed more during COVID -19

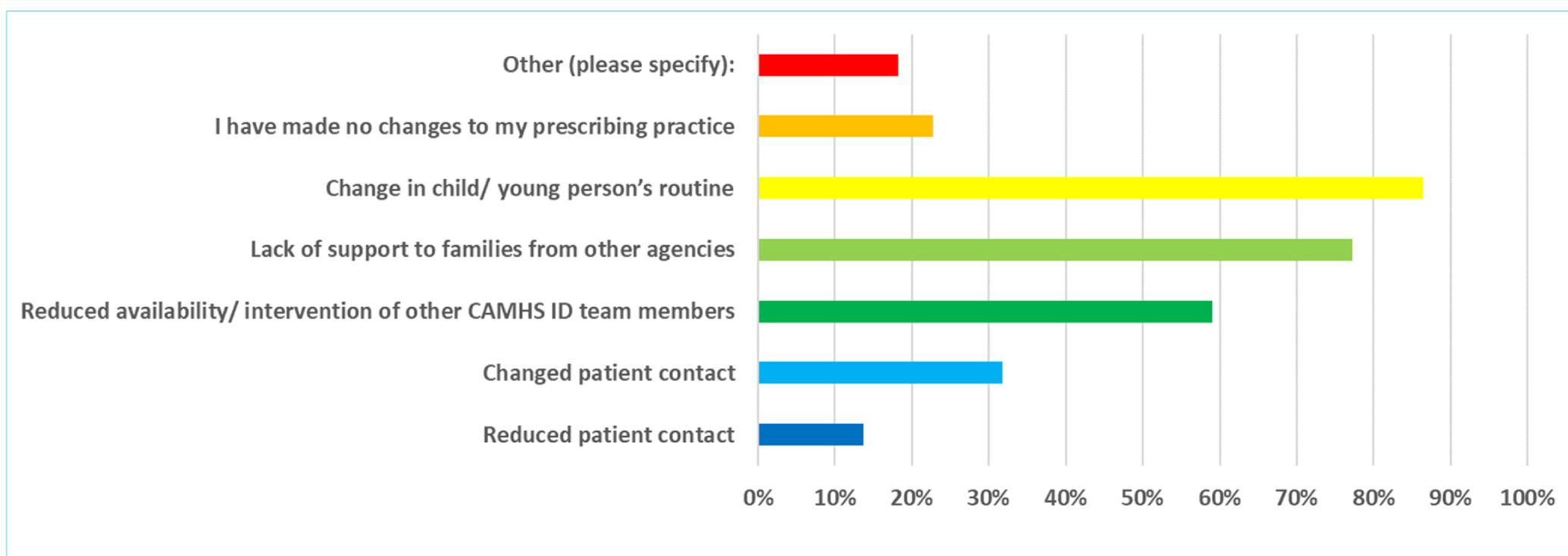


Fig 2: Reasons for changes in prescribing habits

Discussion

The study shows there has been an increase in prescribing with the majority of respondents feeling this is due to reduced routines for patients and reduced support services. This led to an increase in prescribing of anti-psychotics and ADHD medications which require baseline monitoring. This has only been achieved in 50% of cases. These results should be used to review how these medications can be prescribed safely with a lack of face to face patient contact. This survey shows the importance of support and routine for patients under the care of CAMHS ID services. We should use this information to think about how we can maintain services for our patients to avoid an increase in 'crisis prescribing'.