AUDIT ON MONITORING PHYSICAL HEALTH OF PATIENTS ON MOOD STABILISERS FOLLOWING NICE GUIDELINES

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ABSTRACT

Intellectual disability (ID) is a complex diagnostic entity, grouped within the mental disorders in ICD-10 (WHO 2007).

Patients with Intellectual disabilities and co-morbid mental illness are at increased risk of suffering from physical health problems.

Medications such as mood stabilisers can increase the risk further if the patient's physical health is not monitored regularly. This can lead to compromised quality of life for the patient and in some cases increased morbidity.

By completing the audit we can look at our current practice against NICE standards.

The outcome of the audit will determine the necessary changes we need to make to our current practice to provide quality service to the patients.

We sought to explore this in a sample of people with Intellectual disability and test the extent to which prescribing practice was consistent with good practice guidelines.

INTRODUCTION

People with ID constitute a heterogeneous population encompassing a broad range of communicative, cognitive-perceptual and social deficits.

Furthermore, mental illness, personality disorder and behavioural disorder requiring clinical intervention are over-represented in this population (Bernal & Hollins 2005).

As the severity of ID increases, mental illness becomes progressively more difficult to diagnose with certainty. One or more of a wide range of behaviours such as aggression, over-activity and self-injury are exhibited by up to 60% of people with ID (Harris 1993; Sigafoos et al. 1993; Branford 1994; Deb et al. 2001). These behaviours often have an unclear aetiology and clinicians use the term 'challenging behaviour' (CB) to describe them.

There are a number of people known to Intellectual Disability services taking mood stabilisers that includes people who have a clearly identifiable mood disorder and also those who don't have the clear features but mood instability contributing to this presentation(people with more significant ID)

Medications such as mood stabilisers can increase the risk further if the patient's physical health is not monitored regularly. This can lead to compromised quality of life for the patient and in some cases increased morbidity.

AIMS

The aim is to find out if the physical health monitoring is adhered to in accordance to NICE guidelines in individuals with Intellectual disability who are on mood stabilisers and known to LD services

The proforma is based on standards contained in NICE Guidelines, " Bipolar Disorder: Assessment and management (CG 185) published in September 2014 and NICE Guidelines, "Bipolar disorder- The management of bipolar disorder in adults, children and adolescents, in Primary and Secondary care" published in July 2006 (CG 38).

METHODS AND MATERIALS

We sought to explore if the physical health monitoring for prescribing mood stabilisers in a sample of people with ID was consistent with good practice guidelines.

Data were collected in following ways:

1. Reviewing the clinical records of individuals with ID who were under the care of mental health services in the CLDT- Wrexham, and prescribed a mood stabiliser drug.
2. Obtaining information from the patients carers who came to outpatients
3. Calling the GP surgery and enquiring the details
4. Accessing the Welsh clinical portal in order to assess the blood tests
5. Obtaining information from the residential homes/ nursing homes/ accommodation

THE INCLUSION CRITERIA:

1. Adult patient (>18 years old) known to ID services
2. On Mood stabilisers
3. Wrexham county residents only included

DATA COLLECTION

Data was collected by trainee doctors in Psychiatry. This was a retrospective audit, looking at data from Intellectual Disability psychiatry case load.
We identified about 16 patients on mood stabilisers.

RESULTS

ANTIPSYCHOTIC MONITORING	
BASELINE MONITORING	100%
3 MONTH MONITORING	100%
ANNUAL MONITORING	100%

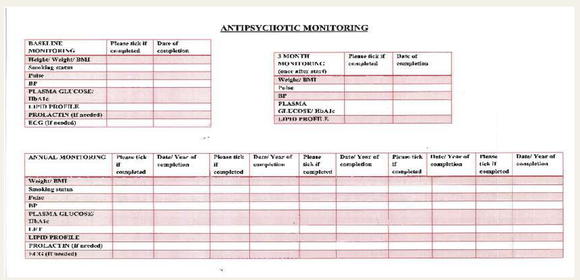
LITHIUM MONITORING	
BASELINE MONITORING	100%
3 MONTH MONITORING	100%
6 MONTHLY MONITORING	All except TFT 100%
ANNUAL MONITORING	100%

SODIUM VALPROATE MONITORING	
BASELINE MONITORING	100%
6 MONTH MONITORING	100%
ANNUAL MONITORING	100%

CARBAMAZAPINE MONITORING	
BASELINE MONITORING	100%
MONITORING AFTER 6 MONTHS	All except Serum Carbamazepine levels 100%
6 MONTHLY MONITORING	All except Serum Carbamazepine levels 100%
ANNUAL MONITORING	100%

LAMOTRIGINE MONITORING	
BASELINE MONITORING	100%
ANNUAL MONITORING	100%

PROFORMA

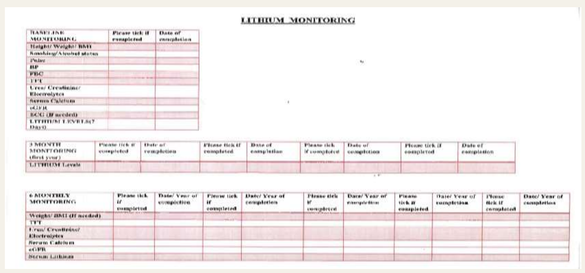

ANTIPSYCHOTIC MONITORING

BASELINE MONITORING	Please tick if completed	Date of completion
Height/ Weight/ BMI		
Smoking status		
Pulse		
BP		
PLASMA GLUCOSE/ HbA1c		
LIPID PROFILE		
PROLACTIN (if needed)		
ECG (if needed)		

3 MONTH MONITORING (once after start)	Please tick if completed	Date of completion
Weight/ BMI		
Pulse		
BP		
PLASMA GLUCOSE/ HbA1c		
LIPID PROFILE		

ANNUAL MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI										
Smoking status										
Pulse/ BP										
BP										
PLASMA GLUCOSE/ HbA1c										
LIPID PROFILE										
PROLACTIN (if needed)										
ECG (if needed)										

PROFORMA


LITHIUM MONITORING

BASELINE MONITORING	Please tick if completed	Date of completion
Height/ Weight/ BMI		
Smoking status/ Alcohol intake		
Pulse		
BP		
FBC		
LFT		
Urea/ Creatinine/ Electrolytes		
Serum Calcium		
eGFR		
ECG (if needed)		
LITHIUM LEVELS? Day 5		

3 MONTH MONITORING (first year)	Please tick if completed	Date of completion	Please tick if completed	Date of completion	Please tick if completed	Date of completion	Please tick if completed	Date of completion
LITHIUM Levels								

6 MONTHLY MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI (if needed)										
TFT										
Urea/ Creatinine/ Electrolytes										
Serum Calcium										
eGFR										
Serum Lithium										

ANNUAL MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI										
Smoking status										
Pulse/ BP										
BP										
FBC										
PLASMA GLUCOSE/HbA1c										
Lipid profile >40 years										
ECG(if needed)										

3 MONTH MONITORING(if needed only)	Please tick if completed	Date of completion	Please tick if completed	Date of completion	Please tick if completed	Date of completion	Please tick if completed	Date of completion	Please tick if completed	Date of completion
LITHIUM Levels										

6 MONTHLY MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI (if needed)										
TFT										
Urea/ Creatinine/ Electrolytes										
Serum Calcium										
eGFR										
Serum Lithium										

SODIUM VALPROATE MONITORING

BASELINE MONITORING	Please tick if completed	Date of completion	PLEASE FILL THE FOLLOWING FORM:
Height/ Weight/ BMI			Annual Risk Acknowledgement Form , VALPROATE HAS RISKS IN PREGNANCY
Smoking status			https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794114/Valp-ARAF-March-2019.pdf
Pulse			More information can also be found online at www.medicines.org.uk by entering "valproate" in the search box and then clicking on "Risk Materials" next to any of the medicines that appear.
BP			
FBC			
LFT			

6 MONTHLY MONITORING(after the first year only)	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI (if needed)				
FBC				
LFT				

ANNUAL MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI										
Smoking status										
Pulse/ BP										
LFT										
FBC										
PLASMA GLUCOSE/HbA1c										
Lipid profile >40 years										

CARBAMAZEPINE MONITORING

BASELINE MONITORING	Please tick if completed	Date of completion
Height/ Weight/ BMI		
Smoking status		
Pulse/ BP		
FBC		
LFT		
LIVER		
Serum Carbamazepine levels		

MONITORING AFTER 6 MONTHS (if UTD)	Please tick if completed	Date of completion
Height/ Weight/ BMI		
Pulse/ BP		
FBC		
LFT		
LIVER		
Serum Carbamazepine levels		

6 MONTHLY MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI (if needed)										
Smoking										
Pulse/ BP										
TSH										
LFTs										
Serum Carbamazepine levels										

ANNUAL MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI										
Smoking status										
Pulse/ BP										
LFTs										
PLASMA GLUCOSE/ HbA1c										
LIPID PROFILE >40 years										

LAMOTRIGINE MONITORING

BASELINE MONITORING	Please tick if completed	Date of completion
FBC		
LFT		
U&Es		
If rash develops➔medical attention would be needed		
If prescribed to women taking Contraception, review needed		

ANNUAL MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI								
Smoking status								
Pulse/ BP								
Smoking/ Alcohol status								
PLASMA GLUCOSE/ HbA1c								
LIPID PROFILE >40 years								

ANNUAL MONITORING	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion	Please tick if completed	Date/ Year of completion
Weight/ BMI								
Smoking status								
Pulse/ BP								
Smoking/ Alcohol status								
PLASMA GLUCOSE/ HbA1c								
LIPID PROFILE >40 years								

DISCUSSION/CONCLUSION

Physical health monitoring for prescribing mood stabilisers in a sample of people with ID was almost consistent with good practice guidelines. This has shown that majority of the monitoring has been complied.

There are few lacunae, such as TFT not being monitored every 6 months for patients on Lithium, Serum Carbamazepine levels not being monitored as per guidelines

Moreover the details are not readily available for the Consultant/ team when needed, thus making it very tedious for them to search/ contact the GP, etc.

Hence we have come up with a proforma that can be attached to patient case notes. This is to ensure a continuity of care for the patients.

REFERENCES

1. NICE clinical guideline 38, Bipolar disorder, The management of bipolar disorder in adults, children and adolescents, in primary and secondary care.
2. NICE Clinical guideline [CG185]. Bipolar disorder: assessment and management, Published date: September 2014 Last updated: April 2018
3. South London & Maudsley NHS Foundation Trust Prescribing Guidelines 13th edition, Wiley Blackwell.
4. Psychotropic Drug Directory 2018
5. Summary of Product Characteristics for Individual Drugs, sodium valproate (Epilim).
6. BNF on-line, Current edition.

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