

Managing Long acting Antipsychotic Depots During COVID-19

Long acting antipsychotic depots (Depots) are used commonly in both inpatient and outpatient settings and have frequently been shown to improve adherence and reduce relapse rates leading to fewer readmissions.

Patients either attend clinics for a depot or have them administered in their own homes. Depots are administered at frequencies between weekly and monthly. In NELFT the majority of staff administering depots are nurses from community mental health teams. A small number of patients may have their depot administered via their GP.

Options for improving capacity of depot clinics

As it is envisaged that capacity to administer depots may be reduced consideration should be given to options which may reduce the amount of depot administrations that are required. This could be done by increasing the interval between depots

Depot	Depot half life*	Maximum interval	Maximum dose per injection	Potential options
Flupentixol	3-7 days	4 weeks	400mg	For patients on more frequent dosing consider increasing the interval between doses and adjusting the dose
Haloperidol	3- 4 weeks	4 weeks	300mg	For patients on more frequent dosing consider increasing the interval between doses and adjusting the dose
Zuclopenthixol	7 days	4 weeks	600mg	For patients on more frequent dosing consider increasing the interval between doses and adjusting the dose
Aripiprazole	4-7 weeks	Monthly	400mg	Aripiprazole can be given at an interval of up to 6 weeks in stable patients and due to its long half-life this is likely to have minimal impact
Paliperidone (Xeplion®)	4 – 7 weeks	Monthly	150mg	Is licensed to be given 6 weeks apart at the same dose in stable patients and due to long half-life this is likely to have minimal impact Consider Paliperidone 3 monthly (Trevicta®) as an alternative for patients who are stable and have had 6 months of paliperidone
Risperidone	3-4 weeks	2 weeks	50mg	Consider paliperidone as an alternative

* Depot half life gives an estimate of how long a depot will remain in the body should it be delayed or stopped. The longer the half life the longer the depot will remain in the body after a medicine is stopped.

Initiation forms would normally be required to be approved before switching to paliperidone 1 monthly or 3 monthly injections however these would not require to be completed.

Examples where changes in frequency of a depot may be considered

- Patient has zuclopenthixol 300mg weekly, consider 600mg every two weeks
- Patient on haloperidol 100mg every 2 weeks, consider 200mg every 4 weeks

Examples where changes in frequency may not be appropriate

- Patient is on zuclopenthixol 400mg weekly, equivalent dose of 800mg every 2 weeks is above the licensed maximum dose for a single injection, unlicensed use could be considered
- Patient starts to deteriorate around the time that depots are due, increasing the dose interval may exacerbate this effect as a bigger single dose will be given at one time
- Patient has tried higher doses before but this lead to side effects

Whilst the above switches are generally well tolerated, it is important to review the patient after the change to ensure that they have tolerated the switch. This could be done over the phone.

Switching from risperidone long acting injection to Paliperidone

Patients who have a GFR less than 50ml/min should not be switched to paliperidone

When switching patients from risperidone long acting injection, initiate paliperidone therapy in place of the next scheduled injection. Paliperidone should then be continued at monthly intervals. The one-week initiation dosing regimen including the intramuscular injections (day 1 and 8, respectively) is not required. Patients previously stabilised on different doses of risperidone long acting injection can attain similar paliperidone steady-state exposure during maintenance treatment with paliperidone monthly doses according to the following:

Doses of risperidone long acting injection and Xeplion needed to attain similar paliperidone exposure at steady-state	
Previous risperidone long acting injection dose	Paliperidone injection
25 mg every 2 weeks	50 mg monthly
37.5 mg every 2 weeks	75 mg monthly
50 mg every 2 weeks	100 mg monthly

Switching from Paliperidone 1monthly injection (Xeplion®) to Paliperidone 3 monthly injection (Trevicta®)

Patients who are adequately treated with 1-monthly paliperidone injection for at least 6 months and do not require dose adjustment may be switched to 3-monthly paliperidone injection.

Trevicta® should be initiated in place of the next scheduled dose of 1-monthly paliperidone palmitate injectable (± 7 days). The Trevicta® dose should be based on the previous 1-monthly paliperidone dose using a 3.5-fold higher dose shown in the following table

TREVICTA doses for patients adequately treated with 1-monthly paliperidone palmitate injectable	
If the last dose of 1-monthly paliperidone palmitate injectable is	Initiate TREVICTA at the following dose
50 mg	175 mg
75 mg	263 mg
100 mg	350 mg
150 mg	525 mg

Switching from a depot to oral antipsychotic

In some cases it may be appropriate to switch a patient from a depot antipsychotic to an oral equivalent however it is important to consider what the risks are should the patient become non-adherent to the oral antipsychotic.

Risks Associated with depot to oral Antipsychotic Switches:

- Relapse or destabilisation, should the dose of oral medication be too low or if the patient has reduced adherence to the oral medicine.
- Exacerbation of condition due to stress and anxiety from the switch
- Potential medication errors during the cross over,
- Difficulties in working out equivalent doses requiring periods of dose adjustments and more frequent contact
- Combined adverse drug reactions (ADRs) during the period of crossover or ADRs due to the oral dose equivalent being too high

Considerations should be given to the above factors and the risks of individual patients before determining whether a switch from a depot to an oral antipsychotic is appropriate

How to switch from a depot antipsychotic to the equivalent oral antipsychotic

Depot	Frequency	How to switch to oral
Fupentixol or zuclopenthixol	Weekly, 2 weekly	Stop depot, Start oral dose on the day the next depot is due at 50% of the equivalent for a week then and then the full equivalent dose
	4 weekly	Stop depot, Start oral dose on the day the next depot is due at the full equivalent dose

haloperidol	2 weekly	Stop depot, Start oral dose on the day the next depot is due at 25% of the equivalent for a week then 50% for two weeks and then the full equivalent dose
	4 weekly	Stop depot, Start oral dose on the day the next depot is due at 50% of the equivalent for a week then and then the full equivalent dose
Aripiprazole	Monthly	Stop depot, start oral at 5-10mg daily when the next depot would be due then increase after 7 days as necessary
Risperidone	2 weekly	Stop depot Levels continue to release until about 6 weeks after the final injection, start oral risperidone at 1-2mg and increase to weekly until equivalent dose is reached
Paliperidone	Monthly	Stop depot Start oral Risperidone at 1-2mg daily but increase slowly as the depot takes a long time to be completely removed from the system

Reference – Psychotropic Drug Directory 2018

Antipsychotic equivalent doses (wider range - less uncertainty)

The following table gives examples of equivalent oral to depot doses for the main antipsychotic depots. Note that for each antipsychotic there is a range of equivalent doses in the literature. The wider that range is indicates that there is less certainty in the equivalent doses and therefore caution should be advised and the patient should be closely monitored.

Extra care should be taken when calculating equivalents at either the top or bottom of the dosage range.

Each patient should be considered individually bearing in mind any adverse effects, physical frailty, other medication and the patient's risk of becoming unwell before deciding on an equivalent dose.

The pharmacy team can help advise on individual antipsychotic switches

Antipsychotic	Oral Dose per day	Range per day	Depot dose	Range
Flupentixol	2.5 mg	2-3mg	10mg per week	8-20mg per week
Haloperidol	2.5 mg	1-5mg	15mg per week	5-25mg per week
Zuclopenthixol	25mg	25-60mg	100mg per week	40-100mg per week

Aripiprazole	15mg	10-20mg	400mg per month	
Risperidone	2mg	0.5-3mg	25mg per 2 weeks	
Paliperidone	2mg	0.5-3mg	50mg per month	

Reference – Psychotropic Drug Directory 2018, The Maudsley prescribing guidelines in psychiatry 13th Edition

Managing the closure of a depot clinic

In the event of a depot clinic no longer being operational, the team should arrange for patients to attend other clinics or attend a patient’s home to administer the depot. Pharmacy staff will assist clinics in relocating where necessary.

Monitoring switches

Where patients are switched they should be reviewed at least one week after a switch has taken place to monitor for any problems that may be occurring. Further reviews should be carried out weekly during any period of cross titration for oral medicines, and at the next administration for depot switches. Patients should also be advised to contact their team should any problems occur in between reviews.

Patients should be checked for any adverse effects, any signs of emerging symptoms or relapse and any problems they may have with adherence to their new regimen (particularly for switches to oral medicines). Doses may need adjusting during this period.

Reviews can be carried out over the phone where appropriate.

Administration of long acting antipsychotic depots to patients who are isolated or have suspected COVID-19

Where a patient is isolated or has confirmed COVID-19 staff can attend to administer the depot at a patient’s home using full PPE in line with the Trust’s infection control policy. Due to the long acting nature of depot antipsychotics in some cases a clinical decision may be made to delay the depot, particularly if the patient is physically unwell. Where patient’s have missed or delayed a depot pharmacy staff can assist in providing advice on how to continue the depot.