Prescribing in first episode psychosis - use of depot antipsychotics

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Outline

• First episode psychosis (FEP) patient group and challenges in treatment

• Matching patient to medication choice

• Rationale for (early) depot antipsychotics (LAI) in FEP

• Why its still under-utilised

• Efforts to improve depot/LAI antipsychotic prescribing in our own service
Who are we prescribing for?
Challenges in treatment of FEP

- Good response and remission rates
  - 82% over 2 years (Robinson et al 2004; Malla et al 2006)

BUT

- High rates of disengagement
  - 20-40% (Doyle et al 2014)

- High rates of non-adherence (and partial) – strong predictor for relapse
  - Overall over 50% with highest risk of stopping in first 3-6 months (Abdel-Baki et al 2012; Whale et al 2016)

- High risk of relapse
  - Up to 80% in 12 months (Zipursky et al 2014; Di Capite et al 2018)
Barriers to adherence

Peuskens 2011
Effects of non-adherence

Effect on treatment and services
- Increased: Hospitalization, Out-patient appointments, Crisis attendances
- Unrecognized nonadherence: Unnecessary medication changes, Incorrect diagnosis of treatment resistance

Relapse

Nonadherence

Persistent symptoms

Effect on patients
- Impaired functioning
- Decreased QoL
- Self-neglect
- Self-harm
- Aggression
- Substance misuse
- Vulnerability

Haddad et al 2014
Matching patient to prescribing choice (whole person approach)

- **Efficacy**
- **Tolerability**
  - Factors likely to enhance adherence and practical/convenience fitting in with the person’s life
  - Patient preference/choice (shared decision-making)
  - Cost of relapse and individual circumstances (employment, driving etc.)

Prescribing choice that’s the least amount of medication, most likely to enhance adherence, most effective, and not adding problems.
Rationale for depot antipsychotics (LAIs) in FEP

Depot antipsychotic prescribing

- Lower medication discontinuation and reduced relapse rates (Brissos et al 2014; Heres et al 2014)
- Improved functioning, quality of life and patient satisfaction (Kaplan et al 2013)
- LAI antipsychotics effective in FEP (Stevens et al 2016)
- Convenience and practical ease (shift working; education; forgetting tablets) and patient choice
- Safety issues (prescribing oral would be unsafe, stop start, not taking responsibly)
- First 3 months after treatment initiation highest risk for discontinuation – move towards early choice (Whale et al 2016)
Why it's still under-utilised

- **Clinician lack of experience with using LAIs** (Kenicer et al 2016)
  - Clinician beliefs and attitudes (Kirschner et al 2013)
    - ‘negative and conservative attitude of clinicians towards depot antipsychotics in FEPs’
    - only between 10-28% FEP patients ever offered LAIs
    - belief that LAI only for chronic (and most stigmatised) non-adherent patients
    - belief that patients will not prefer /choose— this is wrong!! (Caroli et al 2011)

- **Patients lack of information/option given with misperceptions uncorrected** (Parrellada & Bioque 2016)

- **Environmental/practical difficulties**
Efforts to improve LAI prescribing (NSTEP)

- Early involvement in patient journey with agreed treatment plans from the start (shared decision-making)
- Options of depot considered from the very start
- Working closely with acute services for early initiation of LAI
- Changing our own and patient perceptions/misconceptions, language use, through education
NSTEP depot antipsychotic use

Percentage patients prescribed LAI

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<th>Month</th>
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Early use of LAIs is one part of a multi-faceted therapeutic intervention and support programme and whole person approach aimed at improving outcomes.

Examples of NSTEP outcomes

**NSTEP percentage patients employed and in education**

**NSTEP acute 12 month re-admissions (excluding planned for clozapine)**
Ultimately

- There is a need for earlier use of LAI antipsychotics in FEP patients

- There is a need for change of attitude and language used around LAI antipsychotics

- The choice of LAI antipsychotic should be part of the first and on-going shared-decision making discussions

- Choice of medication and route of delivery can
  - Improve ability for the person to engage in other areas of recovery including psychological, occupational and social
  - Overall improve patient outcomes
Any questions?