

Shared Care Guidance

Antipsychotic Medications (Excluding Clozapine) in the treatment of patients with psychosis, schizophrenia, bipolar disorder and challenging behavior and learning difficulties.

New patients initiated on antipsychotic medication (oral or long acting injections) under the care of a Somerset specialist in psychiatry can have a request for the prescribing of their medication transferred to their GP when the psychiatrist considers the patients' condition to be stable enough (between 6 – 12 weeks) and they are on an effective dose. The patients' GP should consider accepting responsibility for prescribing thereafter under this shared care agreement. If a GP chooses not to accept clinical responsibility for this drug under a shared care agreement, the GP should notify the specialist as soon as is practical.

Responsibilities of the Psychiatric Service

- To make a diagnosis and decision to initiate treatment.
- To perform baseline physical monitoring checks including ECG and blood tests (there may be exceptional circumstances where GP practices will be asked to help in provision of baseline checks)
- Advise on initiation and titration to a stable dose. Confirmation that the patient has demonstrated benefit and lack of adverse effects.
- Provide the patient with written patient information about the medication.
- Undertake physical monitoring for initial 12 month period or until the patients' condition has stabilized (whichever is longer), with specific reference to weight, cardiovascular and metabolic indicators of morbidity. Monitoring should be in line with [NICE guidance \(CG178\)](#) for patients with schizophrenia/ psychosis or, [NICE guidance \(CG 185\)](#) in the case of bipolar disorder or <https://www.nice.org.uk/guidance/ng11> for patients with challenging behavior and learning difficulties.

The psychiatric service should communicate the results to the GP (refer to table below: **Monitoring** of physical health and antipsychotics in patients with psychosis, schizophrenia, bipolar disorder and challenging behavior and learning difficulties).

- Stop or modify the dosage as appropriate.
- Notify the GP promptly and in writing of any changes in medication regime.
- Provide sufficient information about the medication to allow the GP to prescribe. This should include advice on recommended monitoring requirements and likely duration of treatment.
- Provide contact information should further assistance be needed.
- Be available to discuss any problems with the GP and other team members and to review the patient if side effects emerge or there is a deterioration in mental health.
- To review antipsychotic medication where metabolic problems do occur, to ensure that a dose/ drug change is considered where appropriate.
- Review the patient as clinically indicated and determine when a patient could be managed in primary care and only be referred back to the consultant if further problems arise.

Monitoring of physical health and antipsychotics in patients with psychosis, schizophrenia, bipolar disorder and challenging behavior and learning difficulties:

Monitoring Requirement	at baseline	at 3 months	at 12 months and annually
Patient and Family Medical History: <ul style="list-style-type: none"> • Cardiovascular risk • Diabetic risk • Respiratory risk 	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
Pulse and BP	✓	✓	✓
BMI	Weekly for first 6/52	✓	✓
Waist measurement	✓		✓
Blood tests (ideally fasting): <ul style="list-style-type: none"> • FBC • Glucose • Lipid profile • U and E's • LFT's • GGT • TFT's • HbA1C 	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓
Annual Prolactin levels indicated for most antipsychotics unless postmenopausal. Raised Prolactin levels can cause amenorrhoea in women and impotence in men as well as breast swelling/tenderness and galactorrhoea. Seek advice from mental health services if found to be raised.	✓	✓	NOT indicated with Aripiprazole, Quetiapine, Clozapine or Olanzapine (unless dose of Olanzapine exceeds 20mg).
Extrapyramidal side effects (Glasgow Side Effect Scale recommended)	✓	✓	✓
Smoking status and offer of intervention to stop smoking (in keeping with NICE guidance) Cigarette smoking has a significant impact on the increased metabolism of antipsychotics, most notably Olanzapine and Clozapine	✓	✓	✓
Healthy eating/physical activity programme offered	✓	✓	✓
ECG: <ul style="list-style-type: none"> • Baseline • Treatment stabilization • Annually or as clinically indicated • Annually for high dose antipsychotics • Annually when more than one antipsychotic prescribed 	✓	✓	✓ ✓ ✓

General Practitioner responsibilities

- Referral back to the psychiatric service if any problems arise related to antipsychotic medication or the patients psychiatric condition, for a review of medication and consideration of change where indicated.
- Issue prescriptions as advised by the psychiatrist.
- Start appropriate treatment, in accordance with relevant NICE guidance when cardiometabolic disorders are detected by the psychiatric service or GP practice such as the initiation of statins or metformin
- After the initial 6-12 week period and if the patient's condition has stabilized enough, take over prescribing. After 12 months take over annual physical monitoring as outlined in the table above. This should pay attention to endocrine disorders such as diabetes, hyperprolactinaemia, weight, cardiovascular risk factors (blood pressure, lipids) medication side effects and lifestyle factors such as smoking advice with referral to SmokeFreeLife Somerset. Treatment of metabolic disorders should be in accordance with NICE Guidance for specific conditions. GPs may find the Lester UK adaptation of the Positive Cardiometabolic Health Resource a useful tool to support them in monitoring for cardiometabolic side effects in patients who are taking antipsychotics (reference 8).
- Where abnormalities arise in patients under shared care of the GP it may be appropriate to liaise with psychiatric services to determine whether there is a need for a review of the appropriateness of the antipsychotic medication in the context of the patients' physical and mental health.
- Contact the psychiatric service for management advice as required.
- Report suspected adverse events to the psychiatrist, care co-ordinator and to the [MHRA](#).

Patient/carer responsibilities

- To attend appointments with the Somerset Partnership service for monitoring of medication and possible side effects.
- To report any significant signs or symptoms relating to their condition, including side effects, to the GP or member of the community mental health team.
- To inform the Somerset Partnership service or GP if they have stopped taking their medication.

If a GP chooses not to accept clinical responsibility for this drug under a shared care agreement, the GP should notify the specialist as soon as is practical.

Shared Care Guidance

Antipsychotic Medications (excluding Clozapine) in the treatment of patients with psychosis, schizophrenia, bipolar disorder and challenging behavior and learning difficulties.

*This shared care guidance (SCG) sets out details for the sharing of care for **patients who are prescribed antipsychotics**; it should be read in conjunction with the Summary of Products Characteristics (SPC, available at www.emc.medicines.org.uk)*

As outlined in NHS Circular 1992 (Gen 11), when a consultant considers a patients' condition is stable he/she may seek the agreement of the patients' GP to "share" the patients' care. This document provides information on drug treatment for the shared commitment between the consultant and GP concerned. GPs are invited to participate. If the GP is not confident to undertake these roles, then they are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. The doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

Introduction

Antipsychotic drugs are effective in the treatment of schizophrenia and other psychotic disorders. Typically, they can be given as oral medication or in the form of long acting injections according to patient preference. Second generation antipsychotics are less likely to cause extrapyramidal side effects and are often used in preference to first generation antipsychotics. They are however more likely to cause weight gain. Many patients will require long term treatment with these drugs, and detection and management of side effects will be very important in promoting mental and physical wellbeing. This guideline sets out standards for physical monitoring.

Licensed indication and Contra-indications

- Please see individual Summary of Product Characteristics (SPC).

Special warnings and precautions

- **Pregnancy planning or pregnancy** – as a general principle, refer back to Psychiatric Services and use only if potential benefit outweighs risk. The UK Teratology Information Service can be contacted on Tel: 0844 892 0909 for specific advice relating to medicines prescribed in pregnancy. Infants exposed to antipsychotics during the third trimester of pregnancy may be at risk of adverse reactions including extrapyramidal and/or withdrawal symptoms that may vary in severity and duration following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, or feeding disorder. Consequently, newborns should be monitored carefully.

- **Breast feeding** – as a general principle, refer back to Psychiatric Services for advice.
- **Hepatic and renal impairment** – refer to individual SPCs.
- **Cardiovascular disease** - antipsychotics can have variable effects on the QTc interval and caution is advised when prescribing to patients with known cardiovascular disease or alongside medication known to prolong QT interval. Atypical antipsychotics are also a risk factor in the development of the Metabolic Syndrome, predisposing to obesity, abnormal lipid profiles, hypertension and impaired glucose tolerance.
- **Parkinson disease** - Physicians should weigh the risks versus the benefits when prescribing antipsychotics to patients with Parkinson's Disease or Dementia with Lewy Bodies (DLB) since both groups may be at increased risk of Neuroleptic Malignant Syndrome as well as having an increased sensitivity to antipsychotics. Manifestation of this increased sensitivity can include confusion, obtundation, postural instability with frequent falls, in addition to extrapyramidal symptoms.
- **Epilepsy** - antipsychotics may lower seizure threshold, use with caution.
- **Adolescents younger than 18 years of age** - some antipsychotics are licensed for use in this group but there may be special monitoring requirements. Please refer to individual SPCs.
- **Patients with dementia** – antipsychotics are not recommended for the management of behavioural disturbance in dementia. Risperidone is the only antipsychotic medication licensed in this group for a maximum treatment period of 6 weeks.
- **Elderly patients** are particularly susceptible to postural hypotension, and to hyper- and hypothermia in hot or cold weather.
- May interfere with activities requiring mental alertness. Patients should be advised not to drive or operate machinery until their individual susceptibility is known.

Drug interactions

There are many theoretical interactions which may or may not be clinically relevant (see individual SPC's). Caution is advised when prescribing antipsychotics with centrally acting drugs e.g. alcohol due to additive depressant effects, and with drugs known to prolong the QT interval. Antipsychotics may antagonise the effect of levodopa/ dopamine agonists in patients with Parkinson's disease.

Adverse effects

<http://www.evidence.nhs.uk/formulary/bnf/current/4-central-nervous-system/42-drugs-used-in-psychoses-and-related-disorders/421-antipsychotic-drugs>

These fall into two main groups:

- extra-pyramidal symptoms (EPS): Atypical antipsychotics are associated with lower EPS than the typical antipsychotics. The incidence of EPS is often dose related. Tardive dyskinesia may occur on long term administration.

- weight gain: atypical antipsychotics are more likely to promote weight gain than typical. Olanzapine requires particular care with reference to weight monitoring.

Individual atypical antipsychotics have different side effect profiles. In general other side effects worth noting are:

- orthostatic hypotension (especially during initiation of treatment). May lead to syncope or reflex tachycardia.
- symptoms of hyperprolactinaemia including galactorrhoea (not relevant for Quetiapine or Aripiprazole), menstrual disturbances, gynaecomastia.
- hyperglycaemia and sometimes diabetes may occur.
- neuroleptic malignant syndrome.

Further support

Further support can be accessed via the patient's consultant psychiatrist or the local Community Mental Health Team.

Version:	Reviewed by:	Date
Version 1.1	Dr Rosemary Brook, Chair of SomPar Drugs and Therapeutics Group Jill Leppard, Lead Nurse For Medicines Management (Mental Health)	June 2014
Version 1.2	Amendments agreed by Somerset CCG prescribing and Medicines Management Committee	Oct 2014
Version 1.3	Amendments agreed by Somerset CCG prescribing and Medicines Management Committee following meeting with Somerset Partnership Representatives	April 2015
Version 1.4	Amendments made by Somerset CCG Prescribing and Medicines Management Committee following further discussion with Somerset Partnership	June 2015
Version 1.5	Representatives Minor amendments made by Somerset CCG Prescribing and Medicines Management Committee following further discussion with Somerset Partnership Representatives	July 2015
Version 1.6	Minor amendments in line with CQUIN target	Feb 2018
Version 1.7	Amendments to include regular FBC and HBA1c monitoring , clarification on prolactin monitoring and hyperlink to GASS scale	June 2018
Approved by:	The Somerset Prescribing Forum	June 2018
	Somerset CCG Prescribing and Medicines Management Group (PAMM)	June 2018

References:

1. Summary of Product Characteristics <http://www.medicines.org.uk/EMC>
2. BNF No 69 March 2015 www.medicinescomplete.com
3. Choice and medication patient information leaflet <http://www.choiceandmedication.org/somerset>
4. [NICE clinical guideline 178](#) Psychosis and schizophrenia in adults: treatment and management. Issued: February 2014 last modified: March 2014
5. [NICE clinical guideline 185](#) Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care. Issued September 2014.
6. [Glasgow Antipsychotic Side-effect Scale \(GLASGO\)](#)
7. Waddell L *et al.* A new self-rating scale for detecting atypical or second generation antipsychotic side effects. *J Psychopharmacology* 2008; **22**: 238-243
8. Lester UK adaptation of the Positive Cardiometabolic Health Resource: http://www.rcpsych.ac.uk/pdf/RCP_11049_Positive%20Cardiometabolic%20Health%20chart-%20website.pdf
9. <https://www.nice.org.uk/guidance/ng11> Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behavior challenges.

