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Audit of High Dose Antipsychotic Therapy (HDAT) Prescribing Among Inpatients in East Suffolk

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Aims. High doses of antipsychotic therapy (HDAT) are often prescribed in secondary mental health services and has been the subject of many audits and service improvements. This interest is largely due to the increased morbidity and mortality related to HDAT, and strong advocacy for clear rationales to guide this decision. There is a need for continuous review and monitoring to prevent unnecessary prescribing.

Our audit was used to determine the prevalence of HDAT in East Suffolk inpatient settings and assess whether review planning and monitoring of HDAT was practiced.

Standards for antipsychotic dosage were established using British National Formulary and Maudsley Prescribing Guidelines for Psychiatry.

Methods. Retrospective data was collected using electronic records of patients 18 years and above who were discharged from inpatient psychiatric wards located in East Suffolk between 1st July and 31st December 2021.

Data available included discharge medication letters, discharge summaries and inpatient clinical notes.

Results. A total of 256 patients were discharged from East Suffolk wards in the 6-month period between 1st July and 31st December 2021.

Majority of the patients (80%) were above 65 years of age with more than half of patients being male 114 (56.3%).

Ninety-seven (37.9%) patients had a diagnosis of schizophrenia or schizophrenia-like and delusional disorders, while approximately 25% of the audited population had a mood disorder.

9% had a singular diagnosis of personality disorder.

One hundred and sixty-six (64.6%) patients were on antipsychotic medications and two (1.2%) patients were discharged on HDAT.

Conclusion. High dose antipsychotic prescribing was not as prevalent as initially assumed. This audit noted only one of the two patients on HDAT did not have the appropriate monitoring form completed.

Good clinical practice recommends the need for the completion of a high dose antipsychotic therapy (HDAT) form for each patient, which would allow proper monitoring.

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The Prescribing and Physical Health Monitoring of Antipsychotic Medication for Patients With Dementia in a Community Treatment Team (CTT)

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Aims. The aim of the audit was to assess compliance with prescribing standards for antipsychotics in patients with BPSD as outlined within NICE guidance and with trust policy, Physical Health Monitoring of Patients Prescribed Antipsychotics.

Background. The Bannerjee report published in 2009 highlighted the problem of inappropriate use of antipsychotic medication in the treatment of patients with behavioral & psychological symptoms of dementia (BPSD).

When antipsychotic use is considered appropriate, good practice is imperative to minimize risk and ensure optimal outcomes for patients. This audit looked to assess whether the use of antipsychotics in patients within CTT with a diagnosis of dementia adhered to best practice standards as outlined by the Bannerjee report and NICE guideline. The audit looked to assess adherence to physical health monitoring requirements as per trust policy for patients prescribed antipsychotics. Currently, there is limited guidance around monitoring of antipsychotics for use in BPSD as they are not licensed in the longer term.

Methods. A retrospective audit was undertaken for patients under the care of CTT between September 2020 and September 2021. 49 patients were prescribed an antipsychotic for BPSD.

Results. Within the sample, 84% of patients were prescribed an antipsychotic at 12 months, 94% at 6 months and 98% at 3 months.

Compliance with the Audit standards showed: 82% of the patients had capacity assessed and documented prior to initiation of an antipsychotic.

98% of patients and/or carers had adverse effects of antipsychotics reviewed.

The risks and benefits of antipsychotics are discussed with the patient and/or carer(s) prior to antipsychotic initiation (94%). In 92% of patients, non-pharmacological interventions are tried prior to initiation of an antipsychotic. Clinical indications (target symptoms) are clearly documented (100%).

Conclusion. Although good prescribing practice was demonstrated, there was an area of concern due to a lack of compliance with physical health monitoring requirements. Most patients were prescribed an antipsychotic for longer than the licensed treatment period.

Agreed Actions:

Discussion with all professionals to emphasise the necessity for effective communication and a documented care plan for antipsychotic monitoring and review.

Present and disseminate audit findings within locality groups and wider teams.

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Audit of Annual Blood Tests for Patients on Antipsychotic Medications in the Recovery Team

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