

Use of Antipsychotics in the PICU setting – Ensuring good practice

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Disclaimer

- n Previously a clinical and medical director
- n MBA (Warwick)
- n Consultant Psychiatrist, Hadley Unit (PICU), Worcester
- n Personal views
- n Paper submitted to Psychiatric Bulletin

Guidelines - multiple antipsychotics

- n NICE
- n Maudsley (Taylor et al 2005) advise against the routine prescribing of more than one antipsychotic

Guidelines - high dose antipsychotics

- n Royal College of Psychiatrists, 1993, 1997; 2006;
- n American Psychiatric Association, 1997;
- n RANZCP 2003;
- n Working Group for the Canadian Psychiatric Association and the Canadian Alliance for Research on Schizophrenia, 1998
- n New Zealand Ministry of Health, 1996; advise against the use of high doses other than in exceptional circumstances.

Standards

- n High-dose prescribing: the clinical indications should be documented in the patient's notes
- n The decision is the responsibility of consultant or the specialist registrar
- n Patients should be informed
- n Review at 3 months to document outcome

Standards

- n Two or more antipsychotic drugs should only be given concurrently as part of a considered treatment plan.
- n Indications include: (a) when a single antipsychotic has failed to control symptoms; (b) while switching a patient between different antipsychotics; (c) covering a period of acute exacerbation

Method

Data collected from patients' case notes

Patients discharged from PICU between

n a) February 2005 - October 2005

n b) February 2006 - October 2006

Method

n Eligible patients

- On PICU

- Prescribed one or more antipsychotic

§ Data collected for each patient

- Basic demographic

- Basic clinical(Diagnosis, MHA status)

- Clinical team's reasons for prescribing combined antipsychotic

Exclusions

- n Patients admitted for less than 3 days
- n Inappropriate referral
- n Patients admitted as a place of safety

Results:
increased throughput, better practice



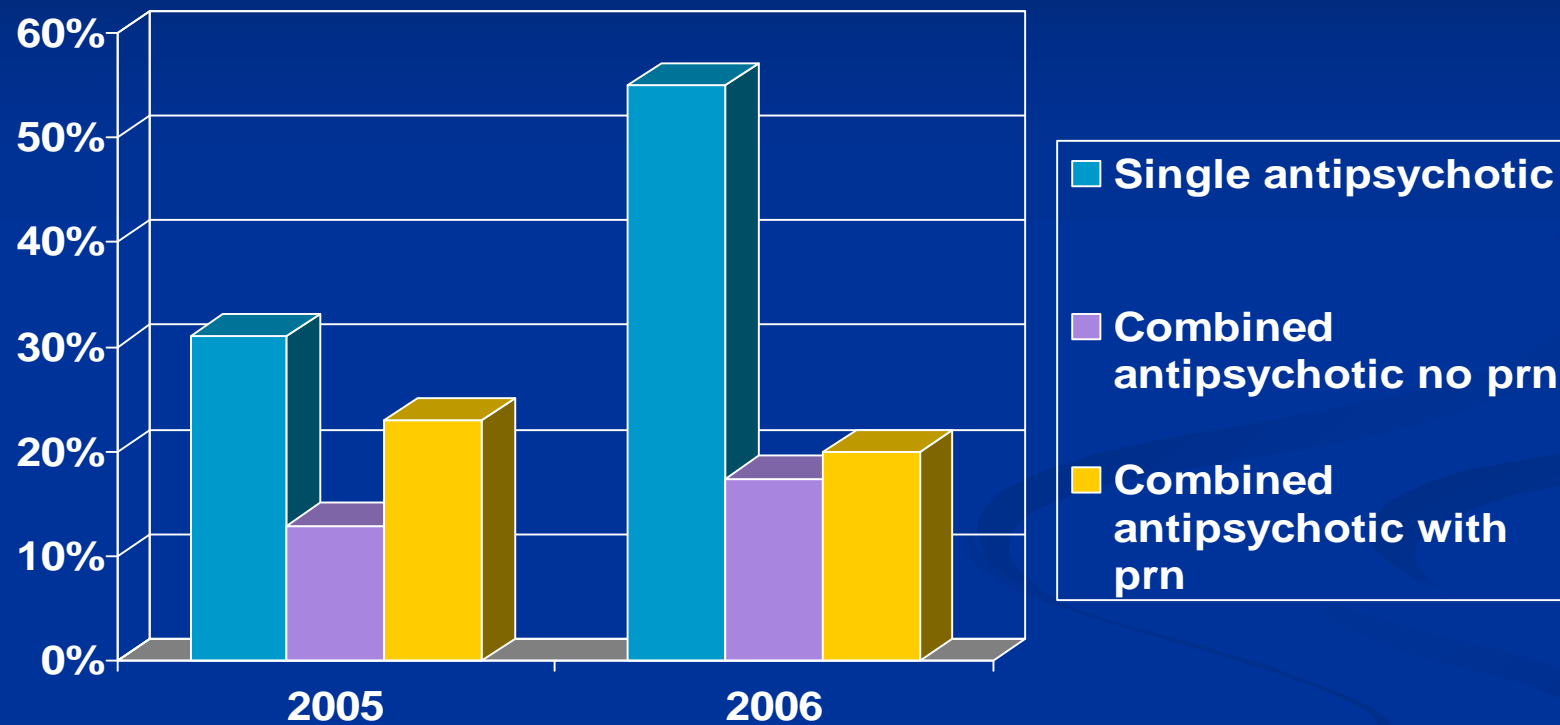
Table (1) Dose and regimen of anti psychotic prescriptions in Feb 2005- October 2005 (n=30)

	Dose within BNF limits	High dose	Total
Drug regimen	N (%)	N (%)	N (%)
Single antipsychotic	9 (31%)	3 (10%)	12(40%)
Combined antipsychotic no p r n	4 (13%)	3 (10%)	7 (23%)
Combined antipsychotic with p r n	7 (23%)	4 (13%)	11 (37%)
Total	20 (67%)	10 (33%)	30(100%)

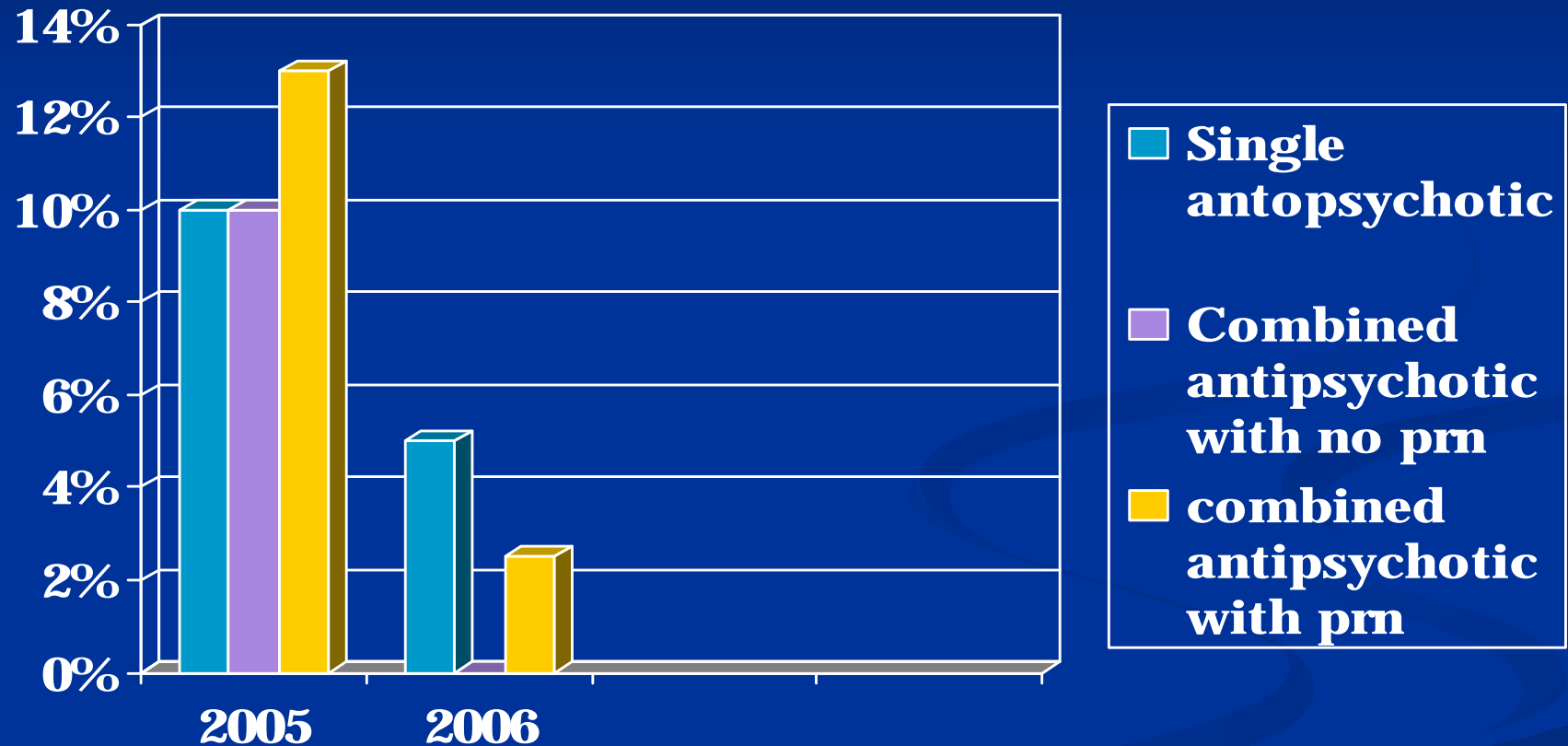
**Table (2) Dose and regimen of anti psychotic prescriptions in Feb 2006-
October 2006 (n=40)**

	Dose within BNF limits	High dose	Total
Drug regimen	N (%)	N (%)	N (%)
Single antipsychotic	22 (55%)	2 (5%)	24 (60%)
Combined antipsychotic no p r n	7 (17.5%)	0	7 (17.5%)
Combined antipsychotic with p r n	8 (20%)	1 (2.5%)	9 (22.5%)
Total	37 (92.5%)	3 (7.5%)	40 (100%)

Dose and regimen within BNF limits



Dose and regimen above BNF limits



Potential reasons for prescribing combined antipsychotic

- n Cross-titration
- n Poor communication between services
- n Patient's /family's choice
- n Enhance therapeutic effect
- n Speed –up effect
- n Different target symptoms
- n Reduce adverse effects
- n Different route of administration

Reasons for prescribing combined antipsychotic on PICU

	2005	2006
Reasons	N(%)	N(%)
Control of disturbed behaviour	8 (44.5%)	9 (56%)
Poor response to monotherapy	-	3 (19%)
Acute psychotic symptoms	2 (11%)	2 (12%)
Switching from one to another	-	1 (6%)
Unclear	8 (44.5%)	1 (6%)
Total	18(100%)	16(100%)

Evidence base for high dose antipsychotics

- n Dose in BNF/SPCs are the best balance between efficacy and side effects and should be used as standard practice (*Royal college of psychiatrist 2006*)
- n Controlled studies comparing very high doses of first generation antipsychotics with standard dosage regimens for treatment resistant schizophrenia all failed to show a significant advantage for the high dosage (*Royal college of psychiatrists 2006*)
- n Side effects are increased

Potential concerns

Risks

- n Higher than necessary dosage
- n Increased side effects
- n Drug-drug interactions
- n Increased cost

Uncertainties

- n Increased risk of non adherence
- n Difficulty determining cause and effect
- n Lack of evidence

Recommendations

- n Clear documentation
- n Monitor vital signs.
- n Monitor clinical picture – review drug cards and take action – substitute mood stabilisers or benzodiazepines, watch PRN
- n Self belief
- n Sustained education
- n Team work

The future

- n Physical standards on a PICU
- n Formulary and Rapid tranquilisation for a PICU
- n Patient choice on a PICU (other consultant's choice)
- n Quality of nurse-patient interactions
- n Check list for ward reviews