Joint BAP NAPICU Educational Meeting

The Multidisciplinary Management of Acute Disturbance

Date: 20th & 21st March 2019

Peterhouse College, Cambridge, CB2 1RD

Organised by: Dr Faisil Sethi (NAPICU) and Dr Maxine Patel (BAP)

Abstract Book

Day 1, 20th March 2019

Opening Address & Welcome:

Dr Faisil Sethi, Consultant Psychiatrist & Service Director, Maudsley Hospital & Bethlem Royal Hospital, South London and Maudsley NHS Foundation Trust and NAPICU Executive Committee Member.

Biography

Dr Faisil Sethi is a Consultant Psychiatrist in Psychiatric Intensive Care at the Maudsley Hospital in London (South London and Maudsley NHS Foundation Trust). Faisil is on the Executive Committee of NAPICU and on the Editorial Board of the Journal of Psychiatric Intensive Care. His clinical, service development and research interests include: PICU clinical standards, women's PICU, rapid tranquilisation and the management of acute disturbance, personality disorder, mental health law and the criminal justice interface.

National & International Guidelines on Rapid Tranquillisation:

Dr Luiz Dratcu, Consultant Psychiatrist, Maudsley Hospital, South London and Maudsley NHS Foundation Trust.

Biography

Dr Luiz Dratcu MD PhD FRCPsych is a Consultant Psychiatrist at the Maudsley Hospital. He is also a clinical psychopharmacologist. He has a special interest in the management of treatment resistant mental illness and has published on the clinical and neurochemical dimensions of schizophrenia, affective disorders and anxiety disorders, and also on service development. He pioneered acute in-patient psychiatry as a specialty in the UK, separating acute mental health services from community care, a model that has been adopted by the Department of Health. His unit, developed at Guy's Hospital and now based at the Maudsley, celebrated its 20th Anniversary in 2017, has received multiple awards and been repeatedly Accredited with Excellence by the Royal College of Psychiatrists – AIMS. He has trained over 120 doctors and been nominated for Teaching Excellence by the students of King's College London School of Medicine.

Abstract

Rapid tranquillisation (RT) has been the subject of debate worldwide, with a range of professional bodies suggesting different guidelines. In the UK, the most prominent is the NICE guidance on the short-term management of violence and aggression. Guidelines have also been developed by the World Federation of Societies of Biological Psychiatry, as well as by European and US societies. The BAP and NAPICU developed a joint evidence-based guideline and an algorithm for the clinical management of acute disturbance. Fundamental overarching principles highlight the importance of treating the underlying disorder, with a focus on de-escalation, pharmacological intervention pre-RT and RT. Options available go beyond the standard choices of lorazepam, haloperidol and promethazine. Clinicians.

Therapeutic & Restrictive Interventions: A Patient's Perspective:

Mr Bernard Fox, Patient Representative and NAPICU Executive Member.

Biography

Mr Bernard J. Fox suffered his first major psychotic episode in 2004. Sectioned, he spent time both in PICU and Acute care. Over three main admissions Bernard has had direct experience of two PICUs and four Acute Wards. Since joining the NAPICU Executive Committee Bernard has visited numerous PICU Wards across the country, with NAPICU interests in mind. Bernard has also been involved in the collaboration of BAP and NAPICU and of the Design in Mental Health Network and NAPICU Collaboration Group. Bernard enjoys sharing his experiences with NAPICU Members. Still Dairy Farming, Bernard hopes to continue to draw on his broad experience from basic earthy common sense to great customer service at home and within the Executive Committee.

Dr Stephen Dye, *Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust.*

Biography

Dr Dye is a consultant in primary care psychiatry, access and assessment in Suffolk and a medical member for the First Tier Tribunal Service (Mental Health Review Tribunal Service). Up until March 2018 he was a PICU consultant and has spent most of his consultant career since 2001 working in PICUs. He sat on the NAPICU Executive Committee from 2002 until 2017 and was the Director of Research. He has jointly coordinated PICU Governance Networks, a Psychiatric Intensive Care Advisory Service, been the chair for the Royal College AIMS working age adult wards monitoring service and is an assistant editor of the Journal of Psychiatric Intensive Care.

Abstract

We can talk research, policy and guidelines until the cows come home. But what does this mean for clinicians and especially patients? How can it translate to the experience of being "bundled in a room and jabbed in the **** ?

This presentation consists of a patient who has had this experience and the psychiatrist who was his Responsible Clinician discussing his admissions and management of disturbed behaviour. Whilst a memory for them, it will be instructive and something that should not be forgotten for delegates over the forthcoming conference.

Overview of the Joint BAP NAPICU evidence-based consensus guidelines for the clinical management of acute disturbance: de-escalation and rapid tranquillisation:

Dr Maxine Patel, Consultant Psychiatrist, Oxleas NHS Foundation Trust, British Association for Psychopharmacology (BAP).

Biography

Dr Maxine Patel is a Consultant Psychiatrist at Oxleas NHS Foundation Trust and Honorary Clinical Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. Her main research interest is in

	pharmacoepidemiology for psychiatry and her work aims to assess antipsychotic effectiveness as seen in routine clinical practice and to examine reasons why this differs from the efficacy of antipsychotics seen in clinical trials. Thus she has examined the role of the drug formulation, the utility of drug plasma level monitoring, aspects of clinical trial and observational study methodology, and attitudes and preferences of both patients and health care professionals. Dr Patel is a co-author for the British Association for Psychopharmacology consensus guidelines on (i) schizophrenia and antipsychotic medication, (ii) the management of weight gain, metabolic disturbances and cardiovascular risk associated with psychosis and antipsychotic drug treatment. She is joint first author for the BAP-NAPICU consensus guidelines on the clinical management of acute disturbance (de-escalation and rapid tranquillisation). Previously she has been a member of Council and also the Honorary General Secretary for the BAP. In the past 3 years, Dr Patel has received consultancy fees and/or lecturing honoraria from Boehringer-Ingelheim, Janssen, Lundbeck, Otsuka, and Sunovion, and is currently working on clinical studies or trials for Lundbeck, Takeda and Alkermes. **Abstract** The British Association for Psychopharmacology (BAP) and the National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU) developed this joint evidence-based consensus guideline for the clinical management of acute disturbance. Recommendations are included for clinical practice together with an algorithm to guide treatment with various options outlined according to their route of administration and category of evidence. Fundamental overarching principles are also included and these highlight the importance of treating the underlying disorder. There is a focus on three key interventions: de-escalation, pharmacological interventions pre rapid tranquillisation, and rapid tranquillisation. We conclude that the variety of options available for the management of acute disturbance goes beyond the standard choices of lorazepam, haloperidol and promethazine and includes oral-inhaled loxapine, buccal midazolam, as well as a number of oral antipsychotics in addition to parenteral options of IM aripiprazole and IM droperidol and IM olanzapine. Intravenous options, for settings where resuscitation equipment and trained staff are available to manage medical emergencies, are also included.
	<u>Oral Medications:</u> **Mrs Caroline Parker,** Consultant Pharmacist for Adult Mental Health Services, Central and North West London NHS Foundation Trust and NAPICU Director of Operations **Biography** Mrs Caroline Parker is a Consultant Mental Health Pharmacist in Central and North West London NHS Foundation Trust; one of the largest mental health services in the UK. Her clinical role includes working as a member of a Psychiatric Intensive Care Unit team, and in a Community Mental Health team, where as a qualified Independent Non-medical Prescriber she runs a Medicines Management Review Clinic. Caroline has worked as a specialist mental health pharmacist for over 15 years in several central London hospitals across a wide range of psychiatric services delivering direct patient care. She is the Director of Operations for the National Association of Psychiatric Intensive Care Units (NAPICU) and has served on the

	NAPICU executive committee in a variety of roles since 2008. She is an accredited member and Fellow of the College of Mental Health Pharmacy (CMHP), an accredited Faculty Fellow of the Royal Pharmaceutical Society, a Fellow of the Royal Pharmaceutical Society, and is on the editorial board of the International Journal of Psychiatric Intensive Care. **Abstract** Although you may not consider the use of oral medicines to be Rapid Tranquillisation (RT) in this session we will briefly review the use of oral psychotropic medicines that are used to calm agitated patients. We will review the evidence supporting their use. In these BAP / NAPICU guidelines we refer to these treatments as "Pre-RT". National audit show that there is great variation in practice; if we are aiming to reduce the need for more restrictive interventions such as forced injections, then we need to ensure we optimise our earlier use of medicines.
	<u>Intramuscular Rapid Tranquillisation Medications:</u> **Mrs Julie Haste,** Principal Pharmacist (West Sussex), Sussex Partnership NHS Foundation Trust and NAPICU Executive Committee Member. **Biography** Mrs Julie Haste has worked in Mental Health since 1998 and as a pharmacist on the PICU and the other psychiatric wards in Brighton & Hove since 2000. She trained at the University of Brighton and qualified as a pharmacist in 1995. She is an accredited College of Mental Health Pharmacists (CMHP) member. Jules leads on the intramuscular Mental Health section of Medusa, the Injectable Medicines Guide (IMG). She is one of the main authors of her Trust's RT policy and has co-authored the RT on-line training program for her Trust as well as the Royal College of Psychiatrists CPD Online module on Rapid tranquilisation of the acutely disturbed patient. Jules believes that multidisciplinary working can ensure safe, effective and patient-centered care of patients. Her special interests include rapid tranquillisation, bipolar affective disorder and the use of psychotropic medication in pregnancy and lactation. **Abstract** Using the NAPICU/BAP guidance this session will explore the evidence base for intramuscular RT medications which is the main group of medication for RT. The session will examine monotherapy and combination RT treatments. The session will help support your clinical decision-making around choice of RT, including alternatives not explored in previous guidance.
	<u>Intravenous Rapid Tranquillisation Medications:</u> **Dr Sotiris Posporelis,** Institute of Psychiatry, Psychology and Neuroscience, King's College London & South London and Maudsley NHS Foundation Trust. **Biography** Dr Sotiris Posporelis is a Consultant Liaison Neuropsychiatrist in the NHS. He is employed by South London and Maudsley NHS Foundation Trust, His main workplace is King's College Hospital. Dr Posporelis specializes in treatment and management of the psychiatric complications (anxiety, depression, psychosis) of

	neurological disorders such as epilepsy, Parkinson's, Tourette's, dementia, as well as functional neurological disorders. In addition to my clinical role, Dr Posporelis holds an Honorary Senior Clinical Lectureship at the Institute of Psychiatry, Psychology and Neuroscience, King's College London, a world leader in Psychiatry research and education. Dr Posporelis completed his Psychiatry training at the Maudsley Training Programme, as well as an 18-month clinical research fellowship at Johns Hopkins University, Baltimore, USA. Dr Posporelis has been awarded Researcher Trainee of the year in 2014 at the Barbican. Dr Posporelis is currently setting up a Clinical Trial that looks into the beneficial cognitive effects of Deep Brain Stimulation for patients with Alzheimer's Dementia. Moreover, Dr Posporelis also co-authored the recently published joint BAP-NAPICU guidelines for the clinical management of acute disturbance. **Abstract** Using the NAPICU/BAP guidance this session will explore the evidence base for intravenous in psychiatric presentations. The session will help support your clinical decision-making around choice of RT intervention in settings with access to resuscitation facilities.
	<u>Special Topic 1: ECT for Challenging Behaviour – is there any evidence?:</u> **Dr Luiz Dratcu,** Consultant Psychiatrist, Maudsley Hospital, South London and Maudsley NHS Foundation Trust. **For Biography see page 1** **Abstract** ECT is not primarily a method for RT, yet ECT is a well-established, safe and effective treatment which is underutilised generally. Guidelines on the use of ECT may not take into account technological advances and current approaches to best practice. ECT should be considered when RT is repeatedly required to manage prolonged or severe behavioural disturbance associated with certain psychiatric disorders. When properly indicated, ECT can reduce the need for RT and the duration of acute disturbance, it is acceptable to patients and it may expedite patients' recovery. ECT can effectively augment pharmacological treatment in treatment-refractory mania and psychotic disorders, and it should be considered when disturbed behaviour is poorly responsive to pharmacological approaches in mania, mixed affective states, postpartum psychosis, and also in dementia.
	<u>Special Topic 2: Acute Behavioural Disturbance:</u> **Prof Keith JB Rix,** Honorary Consultant Forensic Psychiatrist, Norfolk and Suffolk NHS Foundation Trust, Visiting Professor of Medical Jurisprudence, University of Chester, Mental Health and Intellectual Disability Lead, Faculty of Forensic and Legal Medicine of the Royal College of Physicians. **Biography** Prof Keith Rix is Honorary Consultant Forensic Psychiatrist, Norfolk and Suffolk NHSFT, Visiting Professor of Medical Jurisprudence, University of Chester and Mental Health and Intellectual Disability Lead, Faculty of Forensic and Legal

	Medicine of the Royal College of Physicians (the FFLM). In his FFLM role a principal concern is the mental health care of detainees in police and other custodial settings. **Abstract** A 'hot topic' in these settings is the controversial condition known as 'excited delirium'. Not heard of it? It might be better known if Maurice Lipsedge had not persuaded Keith Rix to drop it as a possible MCQ question for the MRCPsych examination in the 1990's. Today it is part of the common parlance of coroners, pathologists, police officers, emergency department physicians and nurses, forensic physicians and nurses and paramedics. But still few psychiatrists have heard of it and those whose professional practice is ruled by the contents of the two tablets of stone delivered to the psychiatric profession in the form of DSM and ICD may have none of it – cos it ain't there. But something is there. What is it?
	<u>Hot Topics: Rapid Tranquillisation in Other Clinical Scenarios - T1: Pregnancy & Rapid Tranquillisation:</u> **Mrs Caroline Parker,** Consultant Pharmacist for Adult Mental Health Services, Central and North West London NHS Foundation Trust and NAPICU Director of Operations **For Biography see page 3** **Abstract** Generally it is recommended that medicines are not used during pregnancy. Clinicians may not often come across scenarios where a pregnant woman requires Rapid Tranquillisation. As it is generally unethical to test the effects of a medicine on a pregnant mother, many guidelines avoid giving any detailed recommendations for this scenario. So when presented with a several disturbed and agitated pregnant woman what do you do (and not do)? In this session we will review the available evidence and consider the options available to inform practice.
	<u>Hot Topics: Rapid Tranquillisation in Other Clinical Scenarios - T2: Intoxication & Rapid Tranquillisation:</u> **Dr Sophie Butler,** Specialist Registrar in General Adult Psychiatry, South London & Maudsley NHS Foundation Trust. **Biography** Dr Sophie Butler graduated from Cambridge University in 2010 and stayed in the region to complete her Foundation Years. She then moved to Australia combining work in Psychiatry with travel. On her return to the UK in 2014 she started psychiatry training at South London and the Maudsley NHS Foundation Trust and worked for a year as the SPR on the female PICU. She is currently taking a year out of clinical training to work as a Fellow in Medical Education. **Abstract** A frequent clinical dilemma is how the intoxication of a patient can complicate the clinical management of a situation where rapid tranquillisation is necessary. In this

	short session we will review the effect of patient intoxication on the pharmacology of rapid tranquilisation medications. We shall then consider the implication of intoxication on other steps of a rapid tranquilisation protocol. We will then bring these issues together to consider how this translates to alterations in clinical approach given the presence of intoxication in a patient.
	Hot Topics: Rapid Tranquillisation in Other Clinical Scenarios - T3: Intravenous Rapid Tranquillisation Medications in the General Hospital (Emergency Departments and the Medical Intensive Care Unit):14.30 - 15.30 **Dr Sotiris Posporelis,** Institute of Psychiatry, Psychology and Neuroscience, King's College London & South London and Maudsley NHS Foundation Trust. **See page 4 for Biography** **Abstract** Special clinical settings like the Emergency Department of a General Hospital or the Medical Intensive Care Unit allow for a broader range of pharmacological interventions to manage acute or prolonged disturbance in a safe manner, especially when standard options fail to produce the desirable effect. Dr Posporelis will provide an update on the current evidence for the use of non-standard psychotropic medications administered through the intravenous route, in highly specialist medical settings.
	Parallel 1: Alternative Interventional Strategies- S1:Non-conventional Medication Formulations: **Dr Matthew Hartley**, Psychiatrist, South London and Maudsley NHS Foundation Trust. **Biography** Dr Matthew Hartley trained at King's College London medical school and went on to start core psychiatric training in South London. His areas of interest include psychopharmacology, mental capacity, mental health law and ethics. **Abstract** Medication used to treat agitation is most commonly given via the oral route (PRN) and the intramuscular route (rapid tranquilisation). There are a number of non-conventional formulations, including orally disintegrating tablets, sublingual, buccal, intranasal and inhaled preparations, that may have certain advantages over traditional PRN oral medication. This session will give an introduction to pharmacokinetics then discuss the pharmacological profiles of these non-conventional formulations, the state of evidence, current guidelines and suggest how they might form part of an optimised strategy for managing acute disturbance.

Parallel 1: Alternative Interventional Strategies- S2: Sensory Rooms:

Mrs Rebecca Davies, PICU Occupational Therapist, ES1 PICU, Maudsley Hospital, South London and Maudsley NHS Foundation Trust.

Biography

Rebecca is the Senior Occupational Therapist on the female PICU at South London and Maudsley NHS Foundation Trust. Rebecca started her career in healthcare in 2005 as a Learning Disabilities support worker and subsequently trained as an Occupational Therapist in 2008. Since qualifying, she has worked in a variety of healthcare settings. As part of her role as a Specialist LD OT at Orchard Hill College, she was instrumental in setting up the OT Service and Challenging Behaviour Team within the college. Rebecca has a special interest in the use of sensory methods in mental health settings and has completed an MSc module in Sensory Integration. In her current role as a PICU OT she has created a sensory room on the ward as a space for de-escalation and relaxation for patients. Rebecca has also been involved in collaboration with arts and mental health charity Hospital Rooms who brought museum quality art work to the PICU to transform the therapeutic environment.

Abstract

This session will cover the use and potential benefits of sensory rooms in psychiatric settings, with a particular focus on their value as an alternative method to manage acute disturbance in a psychiatric intensive care environment. The Eileen Skellern 1 ward sensory room at the Maudsley Hospital will then be introduced, including photos of the room and insights into the process of designing and creating a therapeutic, robust and PICU appropriate space for patients to relax and de-escalate.

Parallel 1: Alternative Interventional Strategies- S3: Seclusion-

Dr Hamid Alhaj, Consultant Psychiatrist, Sheffield Health and Social Care NHS Foundation Trust and NAPICU Executive Committee Member (Research Lead).

Biography

Hamid is a consultant in Psychiatric Intensive Care on the multi-award winning Endcliffe Ward in Sheffield. He has extensive clinical academic experience and has been a strong advocate of evidence-based practice and high quality medical training. He has previously worked as a Foundation Training Programme Director (TPD) for Health Education England and is currently the Director of Postgraduate Medical Education at Sheffield Health and Social Care NHS Foundation Trust. His other roles include being an Honorary Senior Clinical Lecturer at the University of Sheffield. Hamid did his psychiatric training in the North East of England, where he obtained his PhD at Newcastle University. His research interests include understanding common and severe mental health problems. As NAPICU Executive Member and Director of Research, he has developed national collaboration to establish evidence-based guidelines for restrictive environments in the mental health setting.

Abstract

Seclusion is sometimes used in mental health settings to manage violence and aggression where other less restrictive interventions have not been successful in

	containing the behaviour of a severely disturbed patient. It involves a supervised confinement of the patient alone in a room that may be locked with the aim being protecting others from a significant harm. Seclusion can be associated with a traumatic experience and may lead to harm for the patient involved. It is therefore of paramount importance that certain practices, policies and procedures are followed to mitigate and minimise such risk. This workshop will succinctly discuss the current national guidance around the use of seclusion and address some of the legal, ethical and practical implications of this intervention.
	<u>Parallel 2: Physical Health & Safety Post Rapid Tranquillisation- S1: A General Overview of the Risks of Rapid Tranquillisation:</u> **Mr Lewys Beames,** Lead Nurse - Reducing Restrictive Practice, South London and Maudsley NHS Foundation Trust. **Biography** **Lewys Beames** is lead Nurse for Reducing Restrictive Practice at South London and Maudsley NHS Foundation Trust. Lewys is a Registered Mental Health Nurse with a clinical background in acute, psychiatric intensive care and crisis services. He has recently completed a Darzi Fellowship in Clinical Leadership and is currently undertaking a MSc in Psychiatric Research at the Institute of Psychiatry, Psychology and Neuroscience. **Abstract** Rapid tranquillisation is a potentially high risk intervention that should only be used where, on the balance of risk, it is a necessary and proportionate response. An overview of the risks associated with the use of rapid tranquillisation in the management of acute disturbance are presented including pre-rapid tranquillisation de-escalation and the use of oral medicines and intra-muscular rapid tranquillisation. Consideration will be given the layers of individual risk present in the use of such interventions and the cumulative impact of these.
	<u>Parallel 2: Physical Health & Safety Post Rapid Tranquillisation-S2: Physical Health Monitoring Post Rapid Tranquillisation:</u> **Mrs Julie Haste,** Principal Pharmacist (West Sussex), Sussex Partnership NHS Foundation Trust and NAPICU Executive Committee Member. **For Biography see page 4** **Abstract** The use of medication in acute disturbance must be considered with the evidence base in mind. Many of these medications have risks and adverse effects which can result in a poor outcome for patients. This session will explore the safety recommendations and conclude how physical health monitoring can be carried out in order to ensure the safety of our patients.

Parallel 2: Physical Health & Safety Post Rapid Tranquillisation-S3:Non-contact Monitoring of Physical Health:

Ms Laura Woods, Matron. The Hellingly Centre. Sussex Partnership NHS Foundation Trust and NAPICU Executive Committee Member.

Biography

Laura Woods is a NAPICU Executive Member. She is a mental health nurse with over ten years' experience working in PICUs, prisons and secure and forensic health care. During her time working within PICU she was an active member of the Positive and Safe network for the Department of Health with her ward being an early implementer for reducing restrictive practice. Laura has spoken nationally about reducing the use of seclusion and has a particular interest in how PICU teams can provide meaningful alternatives to restrictive interventions. After nearly nine years working in PICU, Laura managed a healthcare service within the prison estate. During this time, she gained a MSc in Clinical Forensic Psychiatry with her research looking at prison transfers to general adult PICUs. Laura is currently working as a Matron within Forensic Health Care services in Sussex where her work with reducing restrictive practices is now focused on forensic PICUs, Medium Secure Units and Low Secure Units. She remains passionate about mental health nursing and enjoys teaching junior colleagues and nursing students.

Abstract

This session will consider the landscape of non-contact physical health monitoring post rapid tranquillisation. Where are we currently in practice and what evidence base underpins current non-contact monitoring. Drawing upon the existing and emerging evidence base, the parameters for non-contact monitoring will be considered. What visual assessments support non-contact monitoring? Are they reliable in monitoring physical deterioration? How do we safely monitor patients in seclusion or who are non-compliant? There will be an opportunity to review samples of non-contact monitoring proformas and explore emerging technology which may contribute to the future of non-contact monitoring practices.

Parallel 3: Medical Updates Relevant to Rapid Tranquillisation-S1: Assessment & Management of Respiratory Depression:

Dr Andrew J Howe, Specialist Registrar in General Adult Psychiatry, South London and Maudsley Hospital NHS Foundation Trust, London.

Biography

Dr Andrew Howe is a higher trainee in general adult psychiatry working in South London and Maudsley NHS foundation trust. His areas of interest include depth psychology, which he is currently studying at MA level, personality disorders, acute psychiatry and psychotherapy. He has published two first authored papers with the NAPICU journal and contributed to another. He has an interest in the History of Psychiatry, being first author on two papers on the subject and holding a diploma in the history of medicine. He also manages the social media account of the History of Psychiatry special interest group for the Royal College of Psychiatrists.

Abstract

Respiratory complications following administration of rapid tranquillisation (RT) medications can be life threatening. Of all the medications involved in RT,

	benzodiazepines are most associated with these difficulties. It is essential that all professionals involved in RT are aware of these complications so that they can be effectively managed and reduce the risk to patients. In this session we will be reviewing the potential agents that can cause respiratory difficulties in an acute psychiatric setting with a particular focus on benzodiazepines. We will then discuss observations and signs that can indicate respiratory issues before considering management. A particular focus will be made on Flumazenil, which is a reversal agent for Benzodiazepines. The content of this session will be guided by the latest BAP guidelines on RT with relevance to respiratory complications.
	<u>Parallel 3: Medical Updates Relevant to Rapid Tranquillisation- S2: Assessment & Management of Cardiological Emergencies:</u> **Dr Sophie Butler,** Specialist Registrar in General Adult Psychiatry, South London & Maudsley NHS Foundation Trust. **For Biography see page 6** **Abstract** In this session major cardiology clinical questions will be explored with a focus on assessment and management in clinical practice. Cardiological consequences of rapid tranquilisation are serious and if not appropriately monitored, assessed and managed can result in morbidity and mortality. Despite its importance, it is an area of practice that can cause anxiety in clinicians of all disciplines. We will review the range of cardiovascular parameters that can be compromised by rapid tranquilisation including blood pressure and heart rate. The common scenario of QTc side effects and ECG monitoring will also be explored; considering the clinical utility and challenges of this investigation (ECG) in rapid tranquilisation situations. During the session we will bear in mind the specifics of a psychiatric setting and consider how the tools available influence our assessment and management.
	<u>Parallel 3: Medical Updates Relevant to Rapid Tranquillisation-S3: Assessment & Management of Neurological Emergencies:</u> **Dr Sotiris Posporelis,** Institute of Psychiatry, Psychology and Neuroscience, King's College London & South London and Maudsley NHS Foundation Trust. **See page 4 for Biography** **Abstract** Rapid tranquilisation is considered the last resort when dealing with difficult to manage otherwise, acute disturbance. Although safety and tolerability of all recommended options in these guidelines have been thoroughly researched and reviewed, side effects cannot be avoided at all times. Clinicians should be well equipped to not only recognise but also manage those adverse events, should the need arise. This short session will focus on the assessment and management on neurological emergencies that could potentially arise as a direct result of rapid tranquillisation.

Day 2, 21st March 2019

De-escalation:

Mr Mathew Page, Chief Operating Officer, Avon & Wiltshire Mental Health Partnership NHS Trust and NAPICU Executive Committee Member.

Biography

Mr Mathew Page is a NAPICU Executive Committee Member. Mathew qualified as a mental health nurse in 1999 and worked in PICU and acute environments before managing the Montpellier Secure Recovery Service in Gloucester for several years. As Service Director for the Children and Young People Service in Gloucestershire, Mathew developed an interest in inpatient services for Young People and has been leading NAPICU's programme to develop standards for young people's PICU provision. Mathew is now Deputy Director of Operations for Avon and Wiltshire Partnership Trust. Mathew has a range of academic interests having studied nursing practice, forensic psychiatry and more recently theology. His publication and speaking portfolio seeks to challenge existing thinking and promote positive change particularly in the area of health service leadership. Away from Mental Healthcare his list of interests includes woodwork and gardening. In 2009 he was ordained as an Anglican Priest in the Diocese of Gloucester.

Abstract

De-escalation is commonly practised in many mental health settings. Evidence shows that over half of mental health inpatients are subject to de-escalation in the first two weeks of their admission. Techniques include: establishing a working relationship; avoiding provocation; empathising and showing respect; assessing the situation; separating the patient; negotiating; distracting; non-confrontational limit-setting; self-regulatory procedures; proactive de-escalation planning (NICE, 2015b). Individualised plans should be developed in partnership with the patient, identifying their preferred approach. De-escalation is vital element of person centred – least restrictive care which should form a key element of the skill set of all staff working with people who are experiencing acute distress. This session will discuss and describe the current evidence base for de-escalation drawing on the presenters experience as an inpatient nurse and nurse leader.

Key Psychoanalytic Principles in Understanding Severe Disturbance:

Dr Oliver Dale, Consultant Psychiatrist, Hammersmith and Fulham Personality Disorder Service, Clinical Lead Personality Disorder Pathway, West London Mental Health Trust.

Biography

Dr Oliver Dale is a Consultant Psychiatrist in West London NHS Trust and a Jungian Analyst. He is the Clinical Lead for the personality disorder pathway in Hammersmith and Fulham Treatment and Recovery Team and is the Clinical Lead for the Cassel Hospital and the Managed Clinical Network. He is Co-President of the British & Irish Group for the study of Personality Disorder (BIGSPD) and an executive member of the General Adult Faculty (Royal College of Psychiatrists). His interests include training and consultation and service design for supporting those with difficulties associated with the diagnosis of personality disorder. He places an

	emphasis on developing opportunities for co-production in service development and delivery. **Abstract** This talk will describe some fundamental principles which can help us understand the challenging relational dynamics of working with those who are disturbed. Psychoanalytic theory and its many applications are critical to keeping the clinician orientated as they face the emotional and psychological pressures of their work. The talk will also describe the basic structures that make a service and its team more resilient in managing the tasks before them.
	<u>Special Topic 3: Short Term Prediction of Aggression in clinical Settings:</u> **Dr Stephen Dye,** *Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust.* **See page2 for Biography** **Abstract** Managing disturbed behaviour must not be solely reactive. Proactive measures can be helpful in reducing restrictive interventions. NICE guidance suggests that services should "consider using an actuarial prediction instrument such as the BVC (Brøset Violence Checklist) or the DASA-IV (Dynamic Appraisal of Situational Aggression – Inpatient Version)" as opposed to using solely clinical judgement in order to monitor and reduce disturbed behavioural episodes. This session will explore reasoning behind this statement as well as describe and inspect these tools. It will examine evidence for their efficacy and validity and demystify their use. Some pragmatic guidance will be proposed as well as highlighting how they can be incorporated into positive behavioural support plans that can lead to more appropriate management, giving benefits to both staff and patients.
	<u>Parallel 4: Alternative Interventional Strategies - S1: Non-conventional Medication Formulations:</u> **Dr Matthew Hartley**, Psychiatrist, South London and Maudsley NHS Foundation Trust. **See page7 for Biography** **Abstract** Medication used to treat agitation is most commonly given via the oral route (PRN) and the intramuscular route (rapid tranquilisation). There are a number of non-conventional formulations, including orally disintegrating tablets, sublingual, buccal, intranasal and inhaled preparations, that may have certain advantages over traditional PRN oral medication. This session will give an introduction to pharmacokinetics then discuss the pharmacological profiles of these non-conventional formulations, the state of evidence, current guidelines and suggest how they might form part of an optimised strategy for managing acute disturbance.

Parallel 4 : Alternative Interventional Strategies- S2: Sensory Rooms:

Mrs Rebecca Davies, PICU Occupational Therapist, ES1 PICU, Maudsley Hospital, South London and Maudsley NHS Foundation Trust.

For Biography see page 8

Abstract

This session will cover the use and potential benefits of sensory rooms in psychiatric settings, with a particular focus on their value as an alternative method to manage acute disturbance in a psychiatric intensive care environment. The Eileen Skellern 1 ward sensory room at the Maudsley Hospital will then be introduced, including photos of the room and insights into the process of designing and creating a therapeutic, robust and PICU appropriate space for patients to relax and de-escalate.

Parallel 4: Alternative Interventional Strategies- S3: Seclusion:

Dr Hamid Alhaj, Consultant Psychiatrist, Sheffield Health and Social Care NHS Foundation Trust and NAPICU Executive Committee Member (Research Lead).

For Biography see page 8

Abstract

Seclusion is sometimes used in mental health settings to manage violence and aggression where other less restrictive interventions have not been successful in containing the behaviour of a severely disturbed patient. It involves a supervised confinement of the patient alone in a room that may be locked with the aim being protecting others from a significant harm. Seclusion can be associated with a traumatic experience and may lead to harm for the patient involved. It is therefore of paramount importance that certain practices, policies and procedures are followed to mitigate and minimise such risk. This workshop will succinctly discuss the current national guidance around the use of seclusion and address some of the legal, ethical and practical implications of this intervention.

Parallel 5: Physical Health & Safety Post Rapid Tranquillisation- S1: A General Overview of the Risks of Rapid Tranquillisation:

Mr Lewys Beames, Lead Nurse - Reducing Restrictive Practice, South London and Maudsley NHS Foundation Trust.

See page9 for Biography

Abstract

Rapid tranquillisation is a potentially high risk intervention that should only be used where, on the balance of risk, it is a necessary and proportionate response. An overview of the risks associated with the use of rapid tranquillisation in the management of acute disturbance are presented including pre-rapid tranquillisation de-escalation and the use of oral medicines and intra-muscular rapid tranquillisation. Consideration will be given the layers of individual risk present in the use of such interventions and the cumulative impact of these.

Parallel 5: Physical Health & Safety Post Rapid Tranquillisation-S2: Physical Health Monitoring Post Rapid Tranquillisation:

Mrs Julie Haste, Principal Pharmacist (West Sussex), Sussex Partnership NHS Foundation Trust and NAPICU Executive Committee Member.

For Biography see page 4

Abstract

The use of medication in acute disturbance must be considered with the evidence base in mind. Many of these medications have risks and adverse effects which can result in a poor outcome for patients. This session will explore the safety recommendations and conclude how physical health monitoring can be carried out in order to ensure the safety of our patients.

Parallel 5: Physical Health & Safety Post Rapid Tranquillisation-S3:Non-contact Monitoring of Physical Health:

Ms Laura Woods, Matron. The Hellingly Centre. Sussex Partnership NHS Foundation Trust and NAPICU Executive Committee Member.

For Biography see page 10

Abstract

This session will consider the landscape of non-contact physical health monitoring post rapid tranquillisation. Where are we currently in practice and what evidence base underpins current non-contact monitoring. Drawing upon the existing and emerging evidence base, the parameters for non-contact monitoring will be considered. What visual assessments support non-contact monitoring? Are they reliable in monitoring physical deterioration? How do we safely monitor patients in seclusion or who are non-compliant? There will be an opportunity to review samples of non-contact monitoring proformas and explore emerging technology which may contribute to the future of non-contact monitoring practices.

Parallel 6: Medical Updates Relevant to Rapid Tranquillisation-S1: Assessment & Management of Respiratory Depression:

Dr Andrew J Howe, Specialist Registrar in General Adult Psychiatry, South London and Maudsley Hospital NHS Foundation Trust, London.

See page 10 for Biography

Abstract

Respiratory complications following administration of rapid tranquillisation (RT) medications can be life threatening. Of all the medications involved in RT, benzodiazepines are most associated with these difficulties. It is essential that all professionals involved in RT are aware of these complications so that they can be effectively managed and reduce the risk to patients. In this session we will be reviewing the potential agents that can cause respiratory difficulties in an acute psychiatric setting with a particular focus on benzodiazepines. We will then discuss observations and signs that can indicate respiratory issues before considering management. A particular focus will be made on Flumazenil, which is a reversal agent for Benzodiazepines. The content of this session will be guided by the latest BAP guidelines on RT with relevance to respiratory complications.

Parallel 6: Medical Updates Relevant to Rapid Tranquillisation- S2: Assessment & Management of Cardiological Emergencies:

Dr Sophie Butler, Specialist Registrar in General Adult Psychiatry, South London & Maudsley NHS Foundation Trust.

For Biography see page 6

Abstract

In this session major cardiology clinical questions will be explored with a focus on assessment and management in clinical practice. Cardiological consequences of rapid tranquilisation are serious and if not appropriately monitored, assessed and managed can result in morbidity and mortality. Despite its importance, it is an area of practice that can cause anxiety in clinicians of all disciplines.

We will review the range of cardiovascular parameters that can be compromised by rapid tranquilisation including blood pressure and heart rate. The common scenario of QTc side effects and ECG monitoring will also be explored; considering the clinical utility and challenges of this investigation (ECG) in rapid tranquilisation situations. During the session we will bear in mind the specifics of a psychiatric setting and consider how the tools available influence our assessment and management.

Parallel 6: Medical Updates Relevant to Rapid Tranquillisation-S3: Assessment & Management of Neurological Emergencies:

Dr Sotiris Posporelis, Institute of Psychiatry, Psychology and Neuroscience, King's College London & South London and Maudsley NHS Foundation Trust.

See page 4 for Biography

Abstract

Rapid tranquilisation is considered the last resort when dealing with difficult to manage otherwise, acute disturbance. Although safety and tolerability of all recommended options in these guidelines have been thoroughly researched and reviewed, side effects cannot be avoided at all times. Clinicians should be well equipped to not only recognise but also manage those adverse events, should the need arise. This short session will focus on the assessment and management on neurological emergencies that could potentially arise as a direct result of rapid tranquillisation.

Special Topic 4: Restraint – the Position in 2019:

Dr Aileen O'Brien, Reader in Psychiatry & Education and Honorary Consultant Psychiatrist (PICU), St. George's University of London and NAPICU Director of Educational Programmes.

Biography

Dr Aileen O'Brien is a Senior Lecturer at St. George's University of London. Aileen is the teaching lead for undergraduate psychiatry, and also works as a PICU Consultant at South West London and St. George's Mental Health NHS Trust, where

	she is one of the responsible clinicians for a 13 bed male PICU and a busy section 136 suite. Aileen is the director of educational programmes for NAPICU and is currently working on a continuing professional development module for the Royal College of Psychiatrists, as well as revising multiple choice continuing professional development questions for this website. **Abstract** The drive to reduce restraint in the UK has been well publicised, driven by individual campaigns after tragic cases, and by national initiatives. Arguably, the focus on reduction in one position (prone) has meant that more attention has been diverted towards reducing this one position than to the reduction of restraint more generally. In this session the recent and historical context, national picture and research into the different forms of restraint, and how to reduce their use, will be summarised and discussed.
	<u>Hot Topics: Pharmacologically Speaking! - T1: Clopixol Acuphase is not Rapid Tranquillisation; so what is it?:</u> **Mrs Allison Whyte,** Advanced Specialist Pharmacist (Training & Development), Camden and Islington NHS Foundation Trust **Biography** Allison trained at The Robert Gordon University and qualified as a pharmacist in 2004. She has always had a special interest in mental health and developed this through her foundation training in hospital pharmacy and working as a prescribing advisor in primary care. In 2011, Allison chose to specialise as a pharmacist in mental health. She has gained experience in many areas of psychiatry and has a keen interest in working on PICUs. Allison joined the female PICU team at Camden & Islington when it opened in 2017 and is working with the multidisciplinary team (MDT) to ensure safe, effective and patient-centred care. She is passionate about contributing to the training and development of both pharmacy professionals and the wider MDT, within mental health and has a special interest in the provision of medicines information for patients and carers. **Abstract** Clopixol Acuphase (zuclopenthixol acetate) is not recommended for use as rapid tranquilisation in the pharmacological management of acute disturbance. This session will explore the pharmacokinetics and evidence base behind this recommendation. The session will also review when the use of clopixol acuphase may be considered in practice and highlight the prescribing, administration and monitoring requirements to ensure safe, effective and appropriate use.
	<u>Hot Topics: Pharmacologically Speaking! - T2: Depot Pharmacokinetics & Loading – is it Relevant?:</u> **Mrs Julie Haste,** Principal Pharmacist (West Sussex), Sussex Partnership NHS Foundation Trust and NAPICU Executive Committee Member. **For Biography see page 4** **Abstract** Examining the effects pharmacokinetics can have can influence on our choice of

	formulation or medication. Using pharmacokinetics is a skill that can enable the optimum use of medication, and may reduce the time to a therapeutic (treatment) effect. Expediting therapeutic efficacy in a safe manner can unlock many potential benefits for patients. The session will also explore some of these concepts and strategies. The session will briefly consider depot antipsychotics, mood stabilisers and clozapine.
	Hot Topics: Pharmacologically Speaking!: T3 - **Dr Hamid Alhaj,** Consultant Psychiatrist, Sheffield Health and Social Care NHS Foundation Trust and NAPICU Executive Committee Member (Research Lead). **For Biography see page 8** **Abstract** Benzodiazepines are among the most widely used drugs in the world and their therapeutic benefits include managing conditions such as anxiety, insomnia, seizures and alcohol withdrawal. It is not uncommon for patients with severe mental illness to have been prescribed one or more benzodiazepine drugs to help reduce anxiety, agitation and manage side effects of other medications. However, their use remains a matter of controversy. While benzodiazepines have been shown to have beneficial tranquilising effects, concerns about their paradoxical effects (such as disinhibition or aggressive behaviour), cognitive impairment and risks of dependence continue to present a difficult conundrum for prescribers. This interactive session aims to discuss what every clinician should know about the different benzodiazepine drugs commonly used in psychiatry, for example rates of onset and durations of action. Further, we will briefly examine the current evidence-based guidance regarding benzodiazepines and clarify some of the several controversies about their use within psychiatric settings.
	Open Question Time: **With Dr Faisil Sethi; Dr Maxine Patel; Dr Aileen O'Brien; Dr Luiz Dratcu; Dr Sotiris Posporelis; Mrs Julie Haste; Ms Laura Woods.**
 	Closing remarks: **Dr Maxine Patel**, Consultant Psychiatrist, Oxleas NHS Foundation Trust, British Association for Psychopharmacology (BAP). ***And*** **Dr Faisil Sethi,** *Consultant Psychiatrist & Service Director, Maudsley Hospital & Bethlem Royal Hospital, South London and Maudsley NHS Foundation Trust and NAPICU Executive Committee Member.*