

Audit of Unlicensed Prescribing of Antipsychotics in Crisis Teams (CRHT)

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Summary

The notes were reviewed of all 75 patients, who had been prescribed antipsychotics by Sunderland/ South Tyneside CRHT, during Mar-Nov 2020. Only 27 (36%) of these 75 patients had been prescribed antipsychotics in a licensed manner, with reference indications as specified in manufacturers SPCs.

The unlicensed indications for which antipsychotics were used are detailed in Fig1.

Unlicensed Prescribing Analysis

- **64% of patients prescribed antipsychotics within CRHT, had received them in an unlicensed manner .**
- A discussion with the patient regarding antipsychotic use in general, was documented in 75% of cases.
- Risk vs benefits of antipsychotics were discussed with 31% (15) patients.
- Alternative medications were discussed with 23% (11) patients
- **However, only 1 patient (2%) was informed that the use was to be unlicensed, and this was also the only occurrence of recording of unlicensed prescribing in RIO electronic patient notes.**
- 'Capacity' (absence or presence) was documented within progress note text for (35) 73% patients

Physical Health Monitoring (PHM) of Unlicensed Prescribing

- Only 44% (21) patients prescribed unlicensed antipsychotics, had all baseline physical health monitoring completed.
- **For 56% (27) patients the PHM was incomplete, or, had been requested but showed no evidence on RIO that it had been carried out, or actioned**
- Notably, it was difficult to tell from RIO who was responsible, and who had actually carried out PHM – see Fig.2
- The rates of PHM parameters carried out are in Fig. 3.
- Some notable findings from the PHM data:
- Incidence of prolonged QTc of 526ms not being actioned by GP- CRHT pharmacist actioned.
- Incidence of PHM collated by CRHT pharmacist + communicated to psychiatrist, due to prolonged QTc on ECG.
- Prolonged QTc on antipsychotic added to existing methadone.

Transfer of Care of Unlicensed Antipsychotic Use

23% of unlicensed prescribing was not documented on RIO as transferred, leaving prescribing responsibility unclear.

e.g. one patient had already run out of meds due to prescribing not having been transferred Fig. 4 shows the range of ongoing prescribers of unlicensed antipsychotics.

Only 8% (4) of receiving prescribers were informed of the unlicensed status.

In one case, EIP stopped the antipsychotic, as they did not agree with psychosis diagnosis (patient was subsequently admitted to ward). 20% prescribers agreed to continue the antipsychotic (i.e. 80% were not consulted).

A clear plan for antipsychotic review was documented for only 17% (8) patients.

Only 35% had a clear plan documented for PHM i.e. next PHM appointment made.

Actions

- Medical director to re-circulate **prescribing responsibility** information to all on call/ duty psychiatrists
- CRHT are to develop a **proforma/ checklist** for RIO, to be completed each time a new antipsychotic is prescribed
- Emphasise **shared/ collaborative decision making with patients** + documentation of this
- CRHT weekly **prescribing meeting** to include actions + responsibilities for future treatment plan and ongoing PHM
- **Re-audit** to be carried out in 6-9 months' time, with a standard of '100% pts prescribed AP will have the proforma completed in RIO

Fig. 1 Unlicensed Indications of Antipsychotics

Indication	No. of patients	Antipsychotic Drugs Prescribed
First episode psychosis	11	Olanzapine, Aripiprazole, Risperidone, Quetiapine (MR, plain)
Non Organic Psychosis (unspecified)	10	Olanzapine, Amisulpride, Aripiprazole, Risperidone
EUPD / PTSD	4	Quetiapine, Aripiprazole
SMU	4	Risperidone, Quetiapine, Aripiprazole
Recurrent depressive disorder	4	Olanzapine, Amisulpride, Aripiprazole
Delusional disorder	3	Olanzapine, Aripiprazole
Schizoaffective disorder	3	Risperidone, Aripiprazole
Paraphrenia	2	Aripiprazole, Risperidone
GAD/anxiety	2	Aripiprazole, Quetiapine
HDAT	2	Aripiprazole depot + PO, Risperidone depot + Quetiapine PO
Alzheimer's dementia >6 weeks	1	Risperidone
Bipolar depression	1	Olanzapine, Quetiapine (MR)
Organic psychosis	1	Olanzapine

Fig. 2 Teams Involved in Physical Health Monitoring of Antipsychotics started by CRHTs

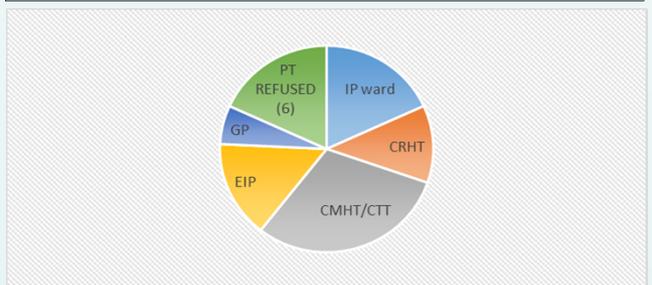


Fig.3 Percentages of Physical Health Monitoring Parameters Carried Out for Antipsychotics Commenced by CRHT

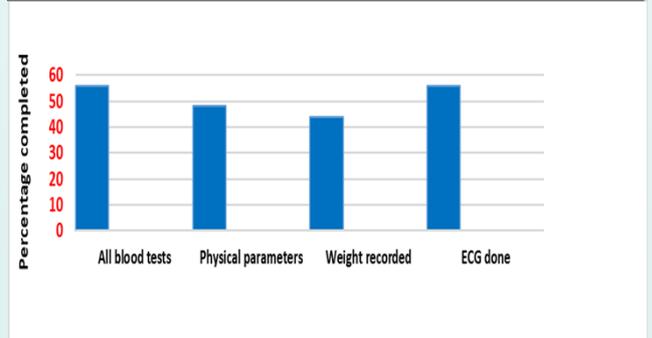


Fig. 4 Unlicensed Antipsychotics from CRHT were Transferred to the Following % of Prescribers:

