

SHARED CARE GUIDELINE FOR ANTIPSYCHOTIC DEPOT INJECTIONS (Adults)

THIS GUIDANCE DOES NOT INCLUDE SECOND GENERATION (ATYPICAL) ANTIPSYCHOTICS e.g. RISPERIDONE LAI, PALIPERIDONE, ARIPIPRAZOLE AND OLANZAPINE.

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Target audience:	General Practitioners, General Practitioners, Secondary Care Mental Health Practitioners, Consultant Psychiatrists, Practice managers

1.0 INTRODUCTION

This document is intended to be used when an antipsychotic has been prescribed for mental health uses, and treatment has been initiated by mental health services. If the antipsychotic is intended to be used for other purposes, this guideline is not appropriate.

Shared Care Guidelines are intended to provide clear guidance to General Practitioners (GPs) and hospital prescribers regarding the procedures to be adopted when clinical (and therefore prescribing and financial) responsibility for a service user's treatment is transferred from secondary to primary care. Consent from the GP to prescribe the desired antipsychotic should be sought by the specialist prior to the service user arriving at the surgery requesting a prescription. If a specialist asks a GP to prescribe these drugs, the GP should reply to this request as soon as practicable. The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequence of its use.

Long-acting depot injections are used for maintenance therapy especially when compliance with oral treatment is unreliable and practitioners should follow NICE guidance on schizophrenia.

This agreement should be read in conjunction with the NAViGO care programme approach (CPA) policy.

This guideline does not include the prescribing of second generation (atypical) antipsychotics e.g. risperidone LAI, paliperidone, aripiprazole and olanzapine.

2.0 Drugs covered by the guideline

This guideline covers the following formulary antipsychotic depot injections:

Flupentixol decanoate, fluphenazine decanoate, haloperidol and zuclopenthixol decanoate.

Please ensure the correct preparation is prescribed and administered as there have been errors resulting from patients being prescribed or supplied with the wrong medicine due to confusion between similarly named products.

Drugs excluded from this guideline are aripiprazole, olanzapine embonate, paliperidone and risperidone.

Drugs are only covered by this guideline when prescribed at dosages within current BNF limits. Full prescribing information can be found in the SPCs available from the eMC website at <http://www.medicines.org.uk/emc/>

This guideline does not cover combined antipsychotic medications or service users receiving medication under section 117. In these circumstances, provision of medication remains the responsibility of NAViGO.

Drug Class	Traffic light system classification (TLS)		
	Green^G	Amber^A	Red^R
Antipsychotic Depot injections		Flupentixol decanoate Fluphenazine decanoate Haloperidol(as decanoate) Zuclopenthixol decanoate Risperidone	Aripiprazole Paliperidone Olanzapine embonate

Amber (A) – Prescribing initiated by specialist and passed to primary care when dose effective and stable – monitoring shared as specified in SCP

Red (R) – Prescribing initiated and retained by specialist – Prescribing monitoring performed in secondary care.

3.0 Administration

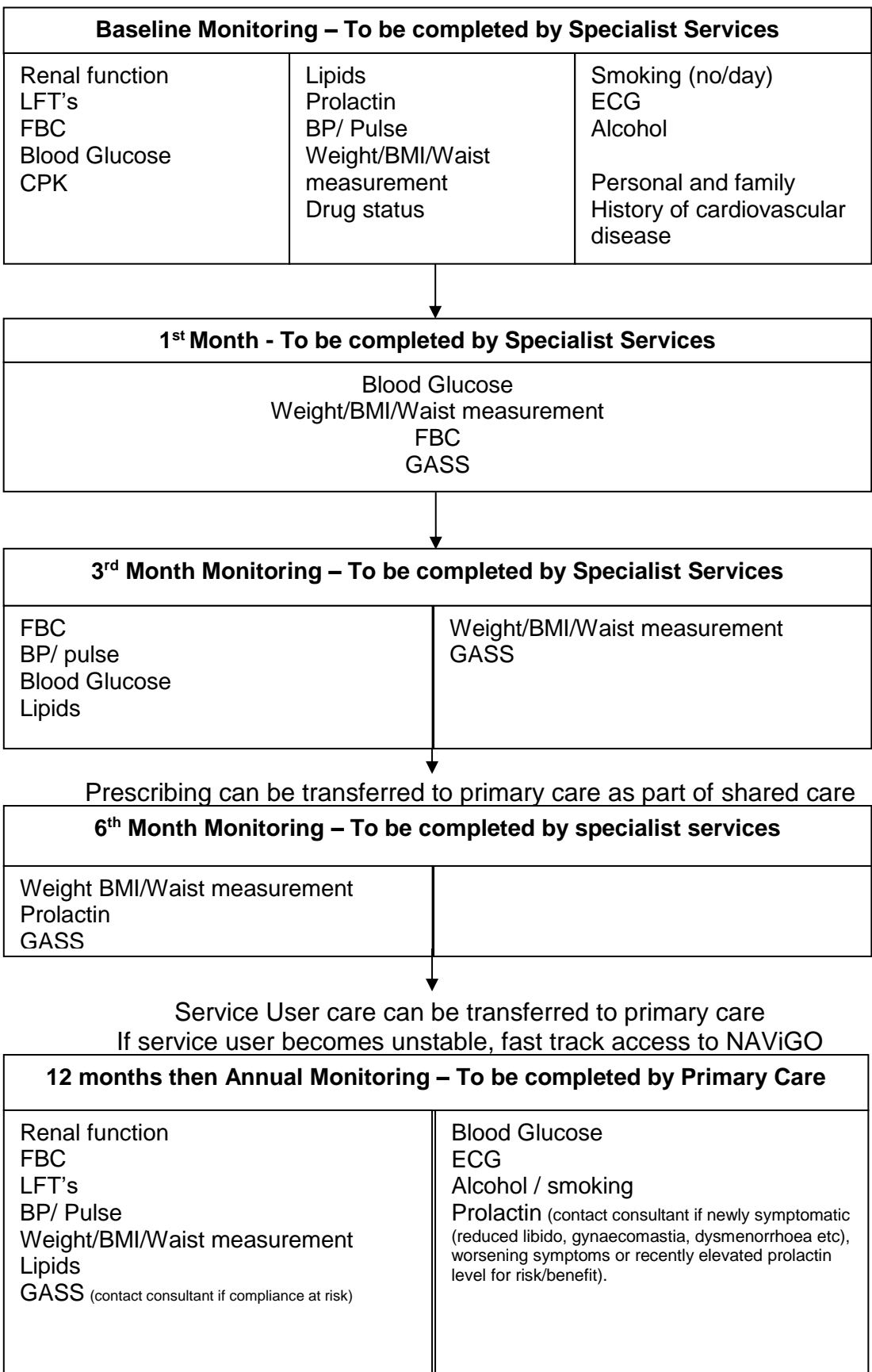
Depot antipsychotics are administered by deep intramuscular injection at intervals of 1 to 4 weeks. When initiating therapy with sustained-release preparations of conventional antipsychotics, service users should first be given a small test-dose as undesirable side-effects are prolonged. In general not more than 2–3 ml of oily injection should be administered at any one site; correct injection technique (including the use of z-track technique) and rotation of injection sites are essential. If the dose needs to be reduced to alleviate side-effects, it is important to recognise that the plasma-drug concentration may not fall for some time after reducing the dose; therefore it may be a month or longer before side-effects subside.

4.0 Secondary Care responsibility

- Diagnosis based on a timely and comprehensive assessment.
- Initiation and stabilisation of drug therapy for a minimum period of 3 months and until shared care is formally accepted by the service user's GP and primary care team.
- Service user / family education. Service users must receive written information about the use of antipsychotics and the effects of the prescribed medication. Service user Information Leaflets for individual drugs are available from NAViGOs Choice and Medication website <http://www.choiceandmedication.org/navigo/>
- Ensure service user is fully informed of potential benefits and side effects of treatment
- Ensure service user's parents/guardian/carer is fully informed of the treatment.
- Ensure that Trust policy regarding informed consent is followed
- Provide a comprehensive treatment package in addition to medications including appropriate information/monitoring sheet(s)
- Devise a CPA care plan in conjunction with the GP and support agencies/care manager
- Ensure that shared care arrangements are in place before transfer of treatment
 - That the service user/carer is clear what is being monitored and by whom
 - That the service user knows what significant adverse effects/events to report urgently and to whom they should report (specialist or GP)
- Write to the GP after every clinic visit detailing whether the medication regime should remain the same or be changed. Specify any products / dose or frequency changes and the results of any investigations.
- Ensure that the baseline monitoring recommendations in service users prescribed regular antipsychotics have been carried out before treatment initiation.
- Extra monitoring needed for dose changes will be organised by specialist team and conveyed to service user and GP
- Monitor side effects of medication - GASS scale should be used frequently during initiation period and as per monitoring table thereafter.
- Monitor service user's response to treatment
- Report adverse events to the CSM <http://www.mhra.gov.uk/Aboutus/index.htm>
- **If withdrawing antipsychotic medication, do this gradually. Regularly monitor for signs and symptoms of relapse for at least 2 years after withdrawal. (This is a post-acute period).**

5.0 Primary care responsibility

- Acknowledge and accept secondary care team request for shared care within 4 weeks of receipt of shared care request.
- Monitor treatment as stated in the shared care guidelines.
- Amend prescription as per requests from secondary care for dose changes in service users on established treatment
- Confirm with specialist which changes in these or other parameters should trigger urgent referral back to the specialist
- Seek specialist advice promptly as advised in the shared care guideline or if signs/symptoms of changes occur or possible drug interactions found.
- Seek advice from the secondary care team if the female service user becomes pregnant or is planning to start a family
- Report adverse events to the CSM <http://www.mhra.gov.uk/Aboutus/index.htm>
- If the drug has a black triangle status or is unlicensed, all events should be reported even if causal relationship is not known or if the adverse event is already known about
- Report adverse events to the consultant sharing the care of the service user
- Stop treatment on advice of specialist
- Seek urgent advice from the specialist if intolerable side effects occur
- Ensure arrangements are in place for the service user to be reviewed at appropriate intervals and receiving prescribed medication.
- Develop and use practice case registers to monitor the physical and mental health of service users.
- Document in the service user's record whether shared care has been accepted / declined using the read-codes specified on page 14.
- Staff administering antipsychotic depot injections should be competent in the correct injection technique (including the use of z-track technique).
- Inform the service users care co-ordinator if appointments are missed. The service user should be contacted initially and a new appointment made as soon as possible, however the care co-ordinator should be informed if the practice is not able to administer the depot injection within five days of the original administration date. If the care co-ordinator is unavailable, refer to the Single Point of Access (SPA) on 01472 256256 option 3.
- If the service user refuses an injection, the care co-ordinator should be contacted immediately.



Please note - ECG to also be completed at every dose change

6.0 Request for review by secondary care

Referral of all service users to Mental Health Services will be via the single point of access. GPs are requested to clearly state reason for review and urgency.

If a service user becomes unstable within 12 months of antipsychotic being initiated, service user can be referred to NAViGO via Single Point of Access - See appendix 3

After 12 months, consider re-referral to secondary care if there is:

- Poor treatment response
- Non-adherence to medication
- Intolerable side effect from medication
- Comorbid substance misuse
- Risk to the person or others

7.0 Information for service users

- Discuss potential benefits and side effects of treatment with the specialist and GP. Identify whether they have a clear picture of these from the specialist and to raise any outstanding queries
- Check that where possible the specialists have provided a service user-held record or information sheet for monitoring and/or to alert other clinical staff to the treatment they are receiving
- Share any concerns they have in relation to treatment with the medicine
- Report any adverse effects to their specialist or GP whilst taking the medicine
- Report to the specialist or GP if they do not have a clear understanding of their treatment
- Participate in the monitoring of therapy and the assessment of outcomes, to assist health professionals to provide safe, appropriate treatment

8.0 Special Considerations

It is generally accepted that there is a higher risk than in the general population of developing hypertension, cardiovascular disease, weight gain and diabetes, in service users with schizophrenia and / or those receiving atypical antipsychotics. It would therefore be important for prescribers to be aware of this risk and to provide regular health checks.

Depot injections of conventional antipsychotics may give rise to a higher incidence of extrapyramidal reactions than oral preparations; extrapyramidal reactions occur less frequently with second-generation antipsychotic depot preparations.

Rarely, atypical antipsychotics can produce neutropenia. It would be necessary to perform a Full Blood Count if there is unexplained infection or fever, and to encourage service users to report such symptoms.

Prolactin levels can be increased by several antipsychotics and cause gynaecomastia, galactorrhoea, sexual dysfunction and amenorrhoea. Sustained prolactin increase may lead to hypogonadism and decreased bone density / osteoporosis, and there is a reported link with breast cancer. Service users with symptoms (above) attributable to raised prolactin levels should

have their prolactin levels estimated and consideration of a switch to an antipsychotic less likely to raise prolactin.

It is also necessary for prescribers to be aware of the rare but potentially serious / fatal treatment complication of Neuroleptic Malignant Syndrome (NMS). The symptoms include:

- Hyperthermia
- Muscular rigidity
- Fluctuating consciousness and / or confusion
- Autonomic instability. For example, labile blood pressure, sweating, tachycardia
- Creatinine Phosphokinase (CPK) is always raised.

When NMS is suspected, service users should be referred immediately to the Accident & Emergency department for expert management.

9.0 PROCEDURE FOR ADOPTING SHARED CARE

Shared Care (Amber) classification

The specialist service will ensure the service user is fully established on treatment before requesting transfer to Primary Care. When requesting transfer of care, specialist services will send a letter to the GP explaining which shared care arrangements the request was being made under and provide any other guidance or direction relating to the drug and review process – see Appendix 2.

10.0 Contacts for support and advice

Consultant Psychiatrists	Base	Contact number
Dr Wojciech Gierynski	Harrison House, Grimsby	01472 252366
Dr Ana Tamas	Harrison House, Grimsby	01472 252366
Dr Aamer Sajjad	Harrison House, Grimsby	01472 252366
Dr Beata Tarczon-Nowicka	Rharian Fields, The Gardens, DPoW	01472 808450
Dr Kris Kielan	Weelsby View Health Centre, Grimsby	01472 806800
Dr Ragaei Zitoun	The Gardens DPoW	01472 808500
Dr Joji	Weelsby View Health Centre, Grimsby	01472 806800
Dr Aresh Lokesh	Community Older People's	01472 808500
Single Point of Access		01472 256256 option 3 or email NAV.MHSinglePointofAccess@nhs.net

11.0 REFERENCES

- NICE Clinical Guideline 178: Psychosis and Schizophrenia in adults: treatment and management February 2014 <https://www.nice.org.uk/guidance/cg178>
- Electronic medicines Compendium <http://www.medicines.org.uk/emc/>
- Service user information leaflets can be accessed through: <http://www.choiceandmedication.org/navigo>
- A new self-rating scale for detecting atypical or second-generation antipsychotic side effects - L. Waddell and M. Taylor *J Psychopharmacol* 2008; 22; 238 DOI: 10.1177/0269881107087976
- Making sense of antipsychotics booklet: MIND (<http://www.mind.org.uk>)
- Antipsychotics – Recommended Physical Monitoring: Health check results/outcomes to be shared between healthcare providers. Derbyshire PCT August 2009
- <http://www.nimh.nih.gov>
- <http://www.mentalhealth.org.uk>
- The Maudsley Prescribing Guidelines. 13th edition 2018
- Northern Lincolnshire APC formulary <http://www.apcni/formulary.nhs.uk/default.asp>

Appendix 1

Glasgow Antipsychotic Side-effect Scale (GASS)

Name: _____ Age: _____ Sex: M / F

Please list current medication and total daily doses below:

This questionnaire is about how you have been recently. It is being used to determine if you are suffering from excessive side effects from your antipsychotic medication.

Please place a tick in the column which best indicates the degree to which you have experienced the following side effects.

Also tick the end or last box if you found that the side effect was distressing for you.

<i>Over the past <u>week</u>:</i>	<i>Never</i>	<i>Once</i>	<i>A few times</i>	<i>Every day</i>	<i>Tick this box if distressing</i>
1. I felt sleepy during the day					
2. I felt drugged or like a zombie					
3. I felt dizzy when I stood up and/or have fainted					
4. I have felt my heart beating irregularly or unusually fast					
5. My muscles have been tense or jerky					
6. My hands or arms have been shaky					
7. My legs have felt restless and/or I couldn't sit still					
8. I have been drooling					
9. My movements or walking have been slower than usual					
10. I have had uncontrollable movements of my face or body					
11. My vision has been blurry					
12. My mouth has been dry					
13. I have had difficulty passing urine					
14. I have felt like I am going to be sick or have vomited					
15. I have wet the bed					
16. I have been very thirsty and/or passing urine frequently					
17. The areas around my nipples have been sore and swollen					
18. I have noticed fluid coming from my nipples					
19. I have had problems enjoying sex					
20. Men only: I have had problems getting an erection					

© Waddell & Taylor, 2007

<i>Tick yes or no for the last <u>three months</u></i>	<i>No</i>	<i>Yes</i>	<i>Tick this box if distressing</i>
21. Women only: I have noticed a change in my periods			
22. Men and women: I have been gaining weight			

Staff Information

1. Allow the service user to fill in the questionnaire themselves. All questions relate to the previous week.

2. Scoring

For questions 1-20 award 1 point for the answer “once”, 2 points for the answer “a few times” and 3 points for the answer “everyday”.

Please note zero points are awarded for an answer of “never”.

For questions 21 and 22 award 3 points for a “yes” answer and 0 points for a “no”.

Total for all questions=

3. For male and female service users a score of: 0-21 absent/mild side effects
22-42 moderate side effects
43-63 severe side effects

4. Side effects covered include: 1-2 sedation and CNS side effects
3-4 cardiovascular side effects
5-10 extra pyramidal side effects
11-13 anticholinergic side effects
14 gastro-intestinal side effects
15 genitourinary side effects
16 screening question for diabetes mellitus
17-21 prolactinaemic side effects
22 weight gain

The column relating to the distress experienced with a particular side effect is not scored, but is intended to inform the clinician of the service user’s views and condition.

Appendix 2

Page 1 of 3: REQUEST BY THE SPECIALIST CLINICIAN FOR THE SERVICE USER'S GP TO ENTER INTO THE SHARED CARE AGREEMENT

INSERT CLINIC ADDRESS

REF: Silverlink ID
NHS NO:

Tel No:
Fax no:

Date of Clinic:
Date Typed:

The contents of this letter are confidential and may not be disclosed without the consent of the writer

GP ADDRESS

Dear Dr

RE **JOE BLOGG, DOB ADDRESS**

Your service user has been attending **INSERT NAME OF CLINIC** and has been prescribed *medication / dose / frequency*. He/she has been stabilised on treatment. It is felt that he/she will benefit from continuing this medication under the terms of the attached shared care guideline.

Please use page two of this pro forma to indicate if you would like to participate in shared care. Additionally, can you inform me of any changes made to other medication prescribed by yourselves? (Especially when changes involve medicines that interact with *medication*).

I have enclosed the service user's most recent monitoring results and the service user's next tests are due in.....

Yours sincerely

Name

Consultant Psychiatrist

CC – Service user

PRIVATE & CONFIDENTIAL

Service user details	Date of request
NHS No.	GP Name
	Practice

Indication of treatment:	Secondary care prescriber:
Care co-ordinator:	Contact No:
Service user is stabilised on:	Dose and frequency:

Please contact the Care co-ordinator, or the out of hours crisis team on INSERT TEL. NUMBER HERE..... if you require advice or:

- Non-compliance or suspected non-compliance with treatment or monitoring
- Pregnancy or planning pregnancy
- Breast feeding
- Initiation of interacting medication
- Lack of or concern over efficacy
- Intermittent or poor adherence with treatment
- Service user functioning declines significantly
- Tolerability or side effect problems
- Service user request to discontinue treatment or review treatment
- Comorbid alcohol or drug misuse suspected
- Risk to the person or others

Monitoring results	Date	Result	Date next due
FBC			
Weight and BMI			
U & E			
LFT			
BP / Pulse			
GASS			
Lipids			
Blood Glucose			
Prolactin			
ECG			

Service user given 28 day prescription on: **INSERT DATE**
 Next prescription due on: **INSERT DATE**

Service user details
NHS No.

Date of request

GP Name

Practice

- Yes. I agree to accept shared care for this medication with this service user as set out in the 'Shared Care Guideline for the prescribing of antipsychotic depot injections'.
- I have concerns relating to the treatment or monitoring arrangements and would like to discuss these before accepting shared care for this medication with this service user.
- No. I would not like to accept shared care for this medication with service user as:

--

Even if you do not agree to accept shared care please record that the service user has been initiated on the medication identified above within your clinical system.

Please sign and return within 14 days to:

<u>Email back notification of acceptance to :</u> <u>NAV.MHSinglePointofAccess@nhs.net</u>

<u>Name:</u>

<u>Date:</u>

<u>GP / On behalf of GP</u>

Please also attach a copy to the service user's notes and add read codes as follows:

Shared care accepted

[System 1: Shared care consultant and GP – XE1TD.

EMIS: Shared care consultant and GP-66S2-1]

Shared care declined

[System 1: Shared care referred back to the hospital - XaKAm

EMIS Shared care prescribing sent back to hospital- 8BM7]

Appendix 3

REQUEST FOR REVIEW BY NAViGO

This service user has previously been seen but requires a review.

Service User Name:	Consultant Psychiatrist:
DOB:	Care Co-ordinator:
NHS Number:	GP Practice:
Tel No:	Referrer:
	Date:

Please put an 'X' in the boxes that apply

Urgency level	
Within 24 hours	
Within 48 hours	
Within 14 days	
Within 28 days	

PLEASE INDICATE WHY REVIEW IS NEEDED:

Please put an 'X' in the boxes that apply (not mandatory)

Diagnosis/Clinical Signs/Symptoms	
Mood Disorder (Depression)	
Anxiety Disorder	
Psychotic Disorder	
Bipolar Disorder	
Personality Disorder	
Somatoform Disorder	
Sleep Disorder	
History of Abuse/Trauma/PTSD	
Other	

Reason for review	
Service user functioning declines significantly	
Non-compliance or suspected non-compliance with treatment or monitoring	
Pregnancy or planning pregnancy	
Breast feeding	
Initiation of interacting medication	
Lack of or concern over Efficacy	
Intermittent or poor adherence with treatment	
Tolerability or side effect problems	
Service user request to discontinue treatment or review treatment	
Comorbid alcohol or drug misuse suspected	
Poor treatment response	
Risk to the person or others	

Please email to NAV.MHSinglePointofAccess@nhs.net