Antipsychotic (excluding Clozapine) Prescribing Support in Psychoses and Related Disorders in Adults

- Refer to ICB formulary for choice of antipsychotics in psychoses and related disorders.
- With the exception of low dose oral risperidone, all oral and long-acting injection antipsychotics on the formulary require specialist initiation.
- Monitor physical parameters in accordance with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Medicines Monitoring Guidelines.
- Annual monitoring of weight, blood pressure (BP), pulse, blood glucose and lipids in primary care.
- Monitor for adverse effects.

It may be clinically appropriate to retain monitoring responsibility within secondary care after transfer of prescribing responsibility for individual patients, this will be agreed with GPs individually as required.

NB Clozapine is classified as a secondary care only medicine in Cambridgeshire and Peterborough. It is excluded from this GP prescribing support document for that reason. Responsibility for ensuring the above monitoring takes place for clozapine lies with the specialist prescriber. It may take place in primary or secondary care but is agreed on an individual patient basis.

Licensed Indications and Prescribing Good Practice

First and second-generation antipsychotics are generally all licensed for the treatment of schizophrenia and other psychoses and will often require long term treatment. Other indications for individual antipsychotics include mania, bipolar depression, major depressive disorder and short-term treatment of severe anxiety and behavioural problems including violent or dangerously impulsive behaviour. Please refer to the ICB formulary for links to NICE and local guidance.

With the exception of oral risperidone, all antipsychotics on the ICB formulary should be initiated by a specialist. There is little to choose between the efficacy of each of the antipsychotics available (other than clozapine) and the response and tolerability to each varies between individuals. Choice is made on the basis of the patient's medication history and consideration of individual patient factors. Consult the latest edition of the British National Formulary for further information on the differences between the antipsychotics available.

Whenever possible the patient should be involved in the decision making of which antipsychotic to use and should be given information about the medication in order to make an informed choice. Printable leaflets including handy charts for comparing all the treatments available can be found at the CPFT choice and medication website. This information would normally be offered by the specialist when initiating treatment.

Unless the patient cannot tolerate side effects, treatment should be continued for 4 to 6 weeks at a therapeutic dose before efficacy can be fully assessed. Some patients may need to try several different antipsychotics before the most effective one is found. Prescribing of more than one antipsychotic at a time should be avoided except in exceptional circumstances (e.g., clozapine augmentation or when changing medication during dose titration).

Withdrawal of antipsychotic medication after long term therapy should be done gradually over a period of up to 4 weeks. The patient should be closely monitored to avoid the risk of acute withdrawal symptoms (e.g., headache, nausea and insomnia) or rapid relapse. Relapse can occur for up to 2 years following antipsychotic withdrawal and patients should be monitored throughout this period for signs and symptoms of relapse.

Dosage

Consult the latest edition of the British National Formulary or Summary of Product Characteristics (SPC) for full details.

Doses of antipsychotic medication should not normally exceed the BNF maximum recommended daily dose.

In the unlikely event of high dose antipsychotic prescribing in primary care, the advice of the Royal College of Psychiatrists on doses of antipsychotic drugs above the BNF upper limit for additional monitoring requirements should be followed. This can be found at the beginning of section 4.2 of the BNF or in the CPFT Medicines Monitoring Guidelines. The monitoring required for individual patients will be detailed in their care plan, including repeat ECGs, and agreed with their GP.

Contraindications and Cautions

Antipsychotics may be contra-indicated in comatose states, CNS depression and phaeochromocytoma. They should be used with caution in patients with cardiovascular disease, Parkinson's disease, epilepsy, depression, myasthenia gravis, prostatic hypertrophy, susceptibility to angle-closure glaucoma, severe respiratory disease and where there is a history of jaundice or blood dyscrasias.

Photosensitivity may occur with higher doses and susceptible patients should avoid direct sunlight. For further information please consult the latest edition of the British National Formulary or Summary of Product Characteristics (SPC) for full details.

Drug Interactions

Below are some general drug interactions with antipsychotics but prescribers **must** consult the Summary of Product characteristics for more detailed information on each specific drug. This is not an exhaustive list.

Drug/Therapeutic group	Interaction
Methadone and atomoxetine	Increased risk of ventricular arrhythmias when given with antipsychotics that prolong the QT interval.
Anti-arrhythmics that prolong the QT interval (eg amiodarone, disopyramide and flecainide)	Increased risk of ventricular arrhythmias when given with antipsychotics that prolong the QT interval.
Some antibacterials (eg clarithromycin, erythromycin, ciprofloxacin), antifungals (e.g. oral ketoconazole), antivirals (e.g. ritonavir) and antidepressants (e.g. fluvoxamine)	Increased plasma concentrations of some antipsychotics (inhibition of drug-metabolising enzymes).
Grapefruit/juice	May increase the plasma concentration of quetiapine (enzyme inhibition).
Antiepileptics	Some antipsychotics can antagonise the anticonvulsant effect. Also, plasma concentrations of either drug can be affected (increase or decrease).
Lithium	Increased risk of extrapyramidal side effects and neurotoxicity with some antipsychotics.
Smoking	Plasma concentrations of some antipsychotics reduced, notably olanzapine (and clozapine).

Adverse effects

Prescribers should consult the latest edition of the British National Formulary or Summary of Product Characteristics (SPC) for full details.

Adverse effect	Comments
Anticholinergic effects	Dry mouth, blurred vision, constipation and difficulty with micturition.
Sedation	Most common with phenothiazines (first-generation), olanzapine (and clozapine).
Extra-pyramidal side effects	Most common with first-generation antipsychotics.
Sexual dysfunction	Caused by more than one neuro-transmitter pathway. Consider reducing dose or switching to another antipsychotic.
Dyslipidaemia, impaired glucose tolerance and weight gain	Most commonly seen with second-generation antipsychotics. Can precipitate diabetes. Weight gain most likely with olanzapine (and clozapine).
Cardiac effects	Including tachycardia, arrhythmias, prolongation of QT interval, hypertension and postural hypotension.
Raised prolactin levels	Can result in reduced bone mineral density, menstrual disturbances, breast enlargement and galactorrhoea.
Photosensitivity	More likely to occur with higher doses. Susceptible patients should avoid direct sunlight and use sunscreen.

Monitoring

The following should be checked at baseline and in accordance with the CPFT Medicines Monitoring Guidelines until prescribing responsibility is transferred to primary care and then annually.

At baseline

- Specialist will monitor: Weight, pulse, BP, blood glucose and lipids.

Until prescribing responsibility transferred to primary care

- Specialist will monitor: Weight, pulse, BP, blood glucose and lipids at frequency detailed in medicines monitoring guidelines.

Annually

- GP will monitor: Weight, pulse, BP, blood glucose and lipids.

Results outside the local laboratory reference ranges or a high QRISK score should trigger contact with the specialist who may give advice or ask for referral back to secondary care. In individual cases, it may be agreed by the specialist and GP that the current prescribed antipsychotic cannot be changed so appropriate treatment to reduce cardiovascular risk or for diabetes should be commenced in primary care.

References

- Summary of Product Characteristics (SPC). Accessed 22/02/2016 via Electronic Medicines Compendium.
- British National Formulary (online) London: BMJ Group and Pharmaceutical Press; Sept 2015. Accessed 22/02/2016 via Medicines Complete.
- Stockley's Drug Interactions (online) Accessed 22/02/2016 via Medicines Complete.
- Taylor D et al The Maudsley Prescribing Guidelines in Psychiatry 12th Edition Wiley Blackwell.
- Bazire Stephen Psychotropic Drug Directory 2014 Lloyd-Reinhold Communications.
- Cambridgeshire and Peterborough Clinical Commissioning Group Formulary; Jan 2016. Accessed 22/02/2016 via ICB formulary.
- Cambridgeshire and Peterborough NHS Foundation Trust Medicines Monitoring Guidelines; January 2015. Accessed 22/02/2016 via CPFT Medicines Monitoring Guidelines.

Document Management – Process Approval

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