

## Mental Health Prescribing

### Antipsychotics

NICE Guidance advises consideration of antipsychotic medication to manage behaviour that challenges only if:

- ◆ psychological or other interventions alone do not produce change within an agreed time or
- ◆ treatment for any coexisting mental or physical health problem has not led to a reduction in the behaviour or
- ◆ the risk to the person or others is very severe (for example, because of violence, aggression or self-injury).
- ◆ Only offer antipsychotic medication in combination with psychological or other interventions.

Prescribers are reminded that, for every 100 adult patients treated with an antipsychotic agent for schizophrenia:

- 6 will develop movement disorder;
- 10 will develop anticholinergic effects;
- 5 will develop sedation; and
- 5 will develop weight gain.

Close links between the use of antipsychotics, stroke and mortality have been reported in patients with dementia. It is not clear to what extent to which we can extrapolate the findings of studies into side effects of antipsychotics in people with schizophrenia and people with dementia but they are not without risks and are likely to cause significant harm for some individuals with learning disability.

Elderly patients are particularly susceptible to postural hypotension and to hyper- and hypothermia in hot or cold weather.

It is recommended in the BNF that:

Initial doses of antipsychotic drugs in elderly patients should be reduced (to half the adult dose or less), taking into account factors such as the patient's weight, co-morbidity, and concomitant medication.

Treatment should be reviewed regularly.

time to change  
time to talk  
day 2016  
let's end mental health discrimination

1 in 4 people experience a mental health problem in any year.

We'll be supporting Time to Change this Time to Talk Day to help get the nation talking

www.time-to-change.org.uk/timetotalkday

Time to Talk Day is on 4th Feb

Time to Change is run by Mind and Rethink Mental Illness, and funded by the Department of Health, Comic Relief and the Big Lottery Fund.

### Adults with Learning Disabilities

Public Health England have published a report raising concerns about prescribing for individuals with learning disabilities; they concluded the following in respect of adults with learning disabilities;

- Strikingly high prevalence of prescribing of antipsychotics and antidepressants
- Antipsychotics and antidepressants frequently given in combination
- Often no recognised indication recorded for use
- Prevalence of prescribing is substantially higher than likely prevalence of relevant conditions
- Single prescriptions rare - prescribing is usually on-going
- Individuals with learning disabilities' often have other
- Co-morbidities increasing the risks associated with polypharmacy.

Dr Emma Tiffin (CCG Mental Health Lead) will be discussing prescribing for Adults with Learning Disabilities and the updated template at the CCG members event on March 1st at Wood Green.



# Think Medicines!

# Safety

## Preventing fatal overdoses of psychotropic medication in young people

CPFT previously shared their learning following a review of several serious incidents involving young people within our CCG. We would like to reiterate that shared learning as we focus on safety when prescribing for patients being treated for mental health disorders and 'Time to Talk' day.

It is clear that we need to be extremely careful about what we prescribe to young people who are depressed and anxious as they may well be at risk of self-harm or impulsive behaviour.

Sadly three young people died following fatal overdoses of medication during a two months period last year. Prescribers are reminded about the dangers of prescribing agents such as beta blockers or amitriptyline. As well as being highly toxic in overdose, their use for the treatment of adolescent mental health problems is also not recommended by NICE guidance.

It is also worth taking precautions when prescribing any psychotropic medication for young people:

- ⇒ Hand the prescription to parents rather than young people;
- ⇒ If in doubt, prescribe smaller amounts of tablets;
- ⇒ Review the medicine frequently;
- ⇒ Advise parents to keep medicines out of reach of children and young people (this also applies if medication, which is dangerous in overdose, is prescribed to a patient where children and young people reside or visit).

It is in CPFT's experience that young people are often surprisingly understanding or even appreciative of these simple precautions. There is in fact good evidence that restricting access to medications (and other methods of serious self-harm) does reduce the risk of completed suicide in young people.

A useful source of information is the 2012 National Suicide Prevention Strategy which can be found at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf).

If you are concerned about an individual patient and would like to talk through the issues, please phone our CAMHS Single Point of Access (SPA) on 01480 428115. They will be able to advise on how to access the appropriate level of support for your patient and, if needed, will put you in touch with a psychiatrist who can discuss prescribing issues with you.

## Antipsychotics - Key Points for prescribers

- On going need should be reviewed regularly.
- Risperidone is licensed for 6 weeks use when indicated to treat persistent aggression in patients with moderate to severe Alzheimer's dementia, unresponsive to non-pharmacological approaches, and when there is a risk of harm to self or others.
- Use lowest dose for shortest period of time.
- Avoid antipsychotic medication if possible in patients with high CV risk.
- Ensure discuss risks and side effects with patient and carer/family.
- Local antipsychotic monitoring guidelines have been recently revised in line with NICE guidance and the monitoring requirements have been reduced.

[Antipsychotic Prescribing Support Document](#)

## Local Resources

Learning Disabilities annual health checks template (SystemOne and EMISWeb) has been revised to include a specific antipsychotic medication review prompt and a prompt to refer to the CCG antipsychotic/behavioural guidelines; [http://www.cambspn.nhs.uk/Libraries/Prescribing\\_Guidelines\\_and\\_Policies/](http://www.cambspn.nhs.uk/Libraries/Prescribing_Guidelines_and_Policies/).

[Managing Behavioural Problems in Patients with Learning Disabilities - January 2016](#)

[Managing Behavioural Problems in Patients with Dementia - January 2016](#)

