NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Sunderland and South Tyneside Area Prescribing Committee

Antipsychotic Drugs – Prescribing & Monitoring in Adults Information for Primary Care

This document refers to all antipsychotic drugs (excluding Clozapine) prescribed within licensed doses and for licensed indications. It does not apply to the use of low-dose antipsychotic treatment for the management of behavioural and psychological symptoms of dementia (BPSD)

Transfer algorithm for prescribing and monitoring of antipsychotics

Baseline monitoring and initiation of any new antipsychotic – to be completed by specialist service.
Monitoring results should be communicated with the patient's GP

Prescribing to be transferred to primary care once titration is complete and the patient is on a stable dose. In some circumstances it may be appropriate for the GP to initiate prescribing under specialist advice following agreement with the GP. Letter to be provided to GP detailing transfer/initiation arrangements.

Monitoring of physical health and effects of antipsychotic medication to be transferred to primary care after a minimum of **12 months from initiation**.
When monitoring is transferred to primary care, specialist service contact details to be provided.
Annual physical health monitoring requirements detailed overleaf.

Seek advice from specialist team if:

- Any significant deterioration in patient's mental state
- Poor response to treatment
- Non-adherence to medication
- Intolerable side effects of medication
- Co-morbid substance misuse
- Risk to self or others
- Special prescribing circumstances e.g. pregnancy and breast feeding
- Serious physical co-morbidity
- When considering a switch to an alternative antipsychotic drug

Annual physical health monitoring requirements for patients prescribed antipsychotics

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Test/measurement	Further information/action
Weight/BMI + waist circumference where possible	Assess 10 year cardiovascular risk **Refer to Lester tool (see reference 4) for interventions required.** If interventions fail, seek advice from NTW specialist or specialist team.
BP (sit/stand)	
Lipids	
Glucose regulation	
Smoking	
Diet / Physical activity	
Medication	Review patient adherence and other side effects e.g. movement disorders, sedation. If interventions fail, seek advice from NTW specialist or specialist team.
FBC, U&Es, LFTs	If any clinically significant derangement occurs, contact NTW specialist or specialist team for advice. • Dose adjustment or medication switch may be required in renal or hepatic failure. • All antipsychotics can potentially cause blood dyscrasias e.g. neutropenia, leucopenia. • Hypokalaemia can increase risk of prolonged QTc interval (see below).
Prolactin	Prolactin levels do not need to be routinely monitored unless the patient is symptomatic. Symptoms include loss of libido, infertility, oligomenorrhoea/amenorrhoea, galactorrhoea, hypogonadism, breast tenderness, gynaecomastia and erectile dysfunction. If symptomatic and levels raised (>530mIU/L), discuss with NTW specialist. Refer to endocrinologist if significantly raised (>3000 mIU/L) to rule out prolactinoma. Hyperprolactinaemia commonly associated with **risperidone, amisulpride and first generation antipsychotics.**
ECG	**If indicated** especially if at higher risk of CVD or sudden death. • Also for patients on antipsychotics that require ECG monitoring as per product license – benperidol, pimozide. • Where other drugs known to cause ECG abnormalities are prescribed (e.g. tricyclic antidepressants, citalopram, erythromycin and other macrolide antibiotics, anti-arrhythmics – see BNF for further information) Antipsychotics can affect QTc interval to varying degrees. • Discuss with NTW specialist or specialist team if prolonged QTc (>440msec in men, >470msec in women). If >500msec, urgent referral to cardiologist also required.

References

1. Maudsley Prescribing Guidelines 2015, 12th edition
2. SPC of individual medicines, available at www.medicines.org.uk
3. BNF 75, March – September 2018
4. Lester UK Adaptation Positive Cardiometabolic Health Resource June 2014 https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncap-library/ncap-e-version-nice-endorsed-lester-uk-adaptation.pdf?sfvrsn=39bab4_2
5. NICE Guidelines CG178 – Psychosis and Schizophrenia in Adults - February 2014
6. NTW Practice Guidance Note: PPT-PGN-24 Guidelines for the Management of Hyperprolactinaemia in Patients Prescribed Antipsychotics