

# AN AUDIT OF ANTIPSYCHOTIC MONITORING FOR PATIENTS UNDER A COMMUNITY MENTAL HEALTH TEAM

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## Background

Many patients are prescribed antipsychotics. Long term treatment with antipsychotics can increase the risk of diabetes, hypertension and hyperlipidaemia. These changes can lead to an increased risk of cardiovascular and metabolic illness known as metabolic syndrome. Due to this, Maudsley Guidelines (2015) and NICE Guidelines (2014) indicate that physical monitoring is needed.

## Guidelines

The frequency with which physical monitoring is needed is outlined below.

### Maudsley Guidelines (2015):

U&E: Baseline and yearly.

FBC: Baseline and yearly.

Serum lipids: Baseline, at 3 months, then yearly.

Prolactin: Baseline, at 6 months, then yearly.

LFT: Baseline and yearly.

Plasma glucose: Baseline, at 4-6 months, then yearly.

ECG: Baseline, after dose increases, on admission to hospital and before discharge is drug regimen changed.

### NICE Guidelines (2014):

Fasting blood glucose, HbA<sub>1c</sub> and blood lipid levels at 12 weeks, at 1 year and then annually.

## Audit Questions

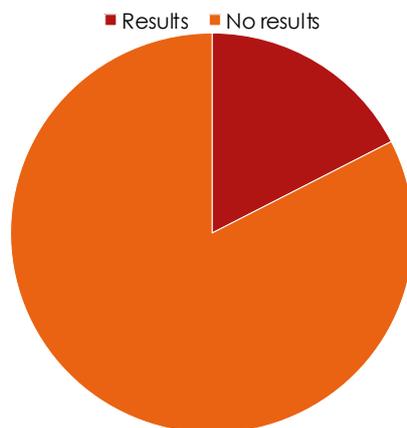
To establish if patients on antipsychotics have up-to-date (within the last year) monitoring investigations. (U&E, FBC, LFT, Glucose, Prolactin, Lipids, ECG).

## Methods

I audited all outpatient charts available on 07.01.2019 (time period: 07.01.2018-07.01.2019). I searched each chart for results of investigations done within the time period and recorded if results were available or not. I did not include patients on lithium or clozapine. Following data collection, I discussed the results with the team, inserted a table into all the charts and sent letters to all GPs requesting bloods to be done sent to us. Results were discussed at a managerial level regarding the need for increased nursing support or the addition of a phlebotomist and communication was made with St Columcille's Hospital. The issue was placed on the hospital risk register. I then re-audited all outpatient charts available on 14.05.2020 (time period: 08.01.2019-08.01.2020).

## Results

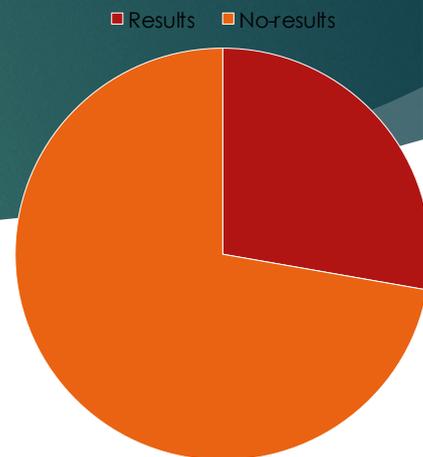
256 outpatient charts available on day of audit.



- 86 patients on antipsychotics.
- 9 'priority patients'- on more than one antipsychotic.
- 15 patients (17 %) had in date results, 2 of which were priority patients.
- 6 had complete set (7%)

## Re-audit Results

184 outpatient charts available on day of audit.



- 72 patients on antipsychotics.
- 7 'priority patients'- on more than one antipsychotic.
- 20 patients (27 %) had in date results, 2 of which were priority patients.
- 6 had complete set (8%)

## Discussion

- Recording of physical monitoring improved from 17% -27%, with a complete set of results increasing from 7% - 8%.
- Letters to GPs evidently not hugely successful.
- NICE 1.3.6.5 advises that the secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. [new 2014]

## Conclusion

- Huge scope for improvement.
- Alternatives need to be explored such as better communication with GPs or an on-site phlebotomist.
- Further intervention needed with follow-up re-audit.