

CompassHealth

Working Together for Healthy Communities



Antipsychotic Monitoring in General Practice

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Mental Health and Medication Safety

3-4 March 2011

Adelaide Australia

History

- Change in Mental health management
- Increasing complexity of conditions
- Secondary care to management of stable patients in the community under Primary Care GPs – liaison programme (13yrs)

Background

- Change in medication funding legislation
- Prescribing responsibility
Specialist → GP care
- Known adverse metabolic effects require monitoring and treatment
- Best Practice recommendations

Development Process

Clinical MH Manager developed:
Audit of Antipsychotics and Metabolic
Monitoring in 2009

- Audit Registered with training body (RNZCGP) - GPs get Prof Dev credits
- Education-Psychopharmacology 2010

Final report to GPs & Practice Nurses

- Table of results + recommendations
- Table of recommended tests + timing
 - Copy of AIMS test + instructions
 - Screening tool for AIMS

Name of Medical Centre Antipsychotic Metabolic Monitoring Audit DATE

- Query Build of patients taking an antipsychotic medication. Review doses regularly and adjust accordingly
- Review and update classifications, anxiety alone is not an indication for the use of an antipsychotic
- Dates indicate when parameter last checked.
- Coloured areas indicate where monitoring is required
- n/a = not applicable or not required for monitoring

KEY

	Annual test due or overdue
	Annual test due in next 3 months
	ECG required if patient has reached maintenance dose
	6-monthly test due
	6-monthly test due next 2 months
	Patient's ethnicity is Maori or Pacific
	Update ethnicity- not recorded

NAME	NHI	AGENT	WEIGHT 12 - mthly	BP 12-mthly	PULSE 12- mthly	LIPIDS 12- mthly	GLUC 12- mthly	LFTs 12- mthly	ELEC 12- mthly	CREAT 12- mthly	FBC 6- mthly	EPS 6- mthly	TFTs 6- mthly	ECG	PRO- LACTIN prn
		Quetiapine 200mg x4 OD		Sep 10		Aug 10	Aug 10	Aug 10		Aug 10	Aug 10		Aug 10	If at main- tenance dose	
		Olanzapine 2.5mg OD											n/a	n/a	
		Quetiapine 25mg x2 OD	Dec 10	Dec 10		Apr 10	Apr 10	Apr 10	Feb 10	Feb 10	Dec 10		If at risk	If at main- tenance dose	
		Risperidon e 2mg am 4mg nocte	Sep 10			Feb 10	Dec 10	Jul 10					n/a	n/a	Dec 10

Antipsychotic Monitoring Recommended Best Practice

NZ Mental Health Metabolic Working Group 2nd Ed 2008

Antipsychotic + Mood Stabiliser monitoring guidelines 2009 CCDHB Pharmacy

	BASELINE	TESTS REQD IN FIRST YEAR	LONG-TERM
Weight/BMI	✓	Monthly during initiation	Annually
BP/Pulse	✓	Repeat during titration	Annually
Lipids	✓	Recheck after first 3 months	Annually
Fasting Glucose	✓	<ul style="list-style-type: none"> High risk pts: monthly for first 3 months then 3-monthly Others: recheck after first 3 months 	Annually
LFTs	✓	3 to 6 monthly	Annually
Electrolytes & Creatinine	✓		Annually
FBC	✓		6-monthly
TFTs	✓	Quetiapine only- in those with thyroid dysfunction/high risk	6-monthly
EPS		<p>Patients should be examined regularly using rating scales to assess evidence for EPS or tardive dyskinesia (TD). Document this in medical record</p>	6-monthly
Prolactin	✓	<p>Repeat if symptoms occur Not necessary for quetiapine</p>	
ECG	✓	Repeat once maintenance dose reached for: quetiapine, typicals, ziprasidone and amisulpride	

Results

440 patients 13 General Practices*

Patient Age 10 yrs – 98 yrs

Dose range - min to max

No diagnosis information recorded

Elderly BPSD low doses – rarely monitored

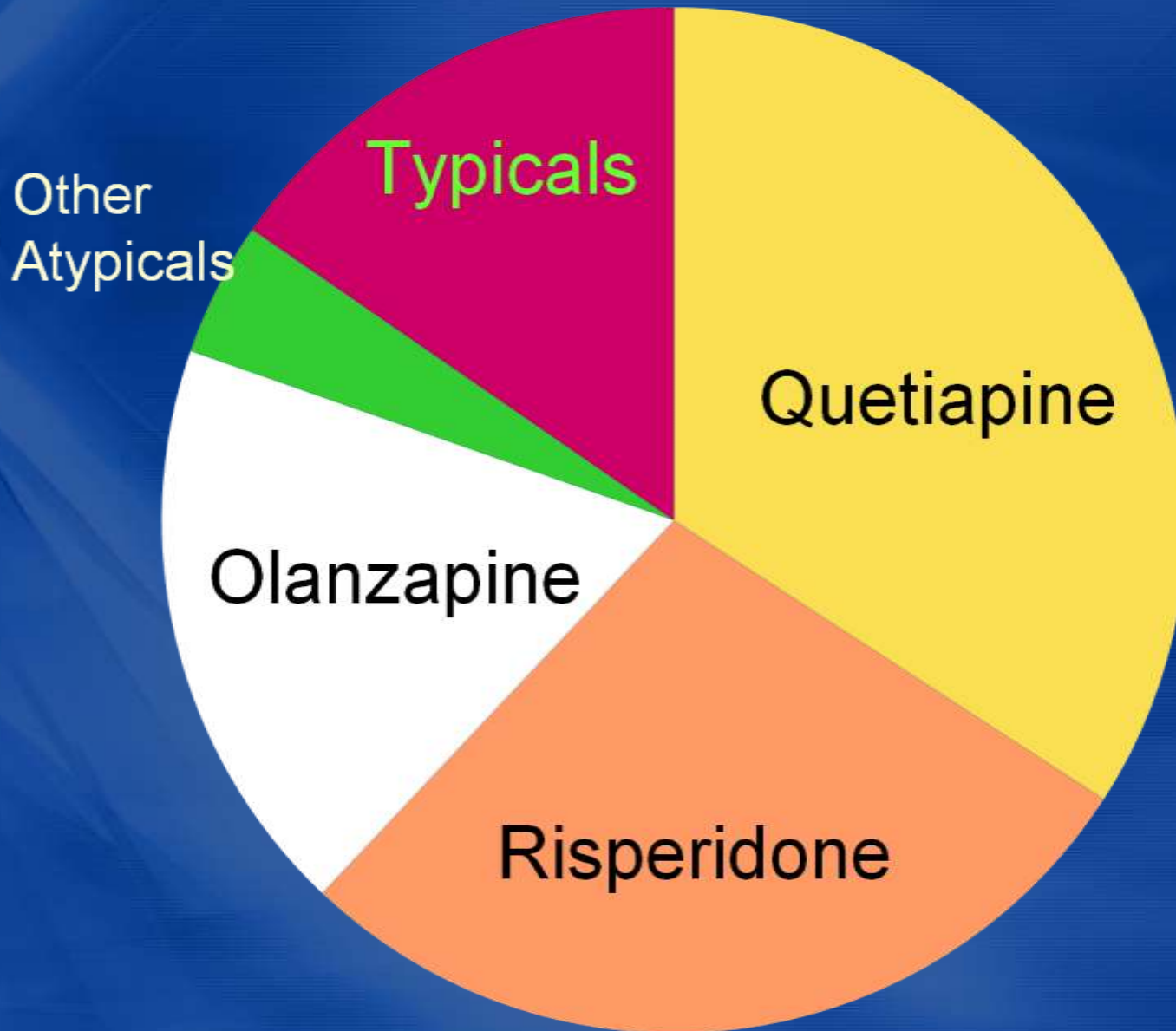
448 antipsychotics prescribed

Atypical 379 (85%)

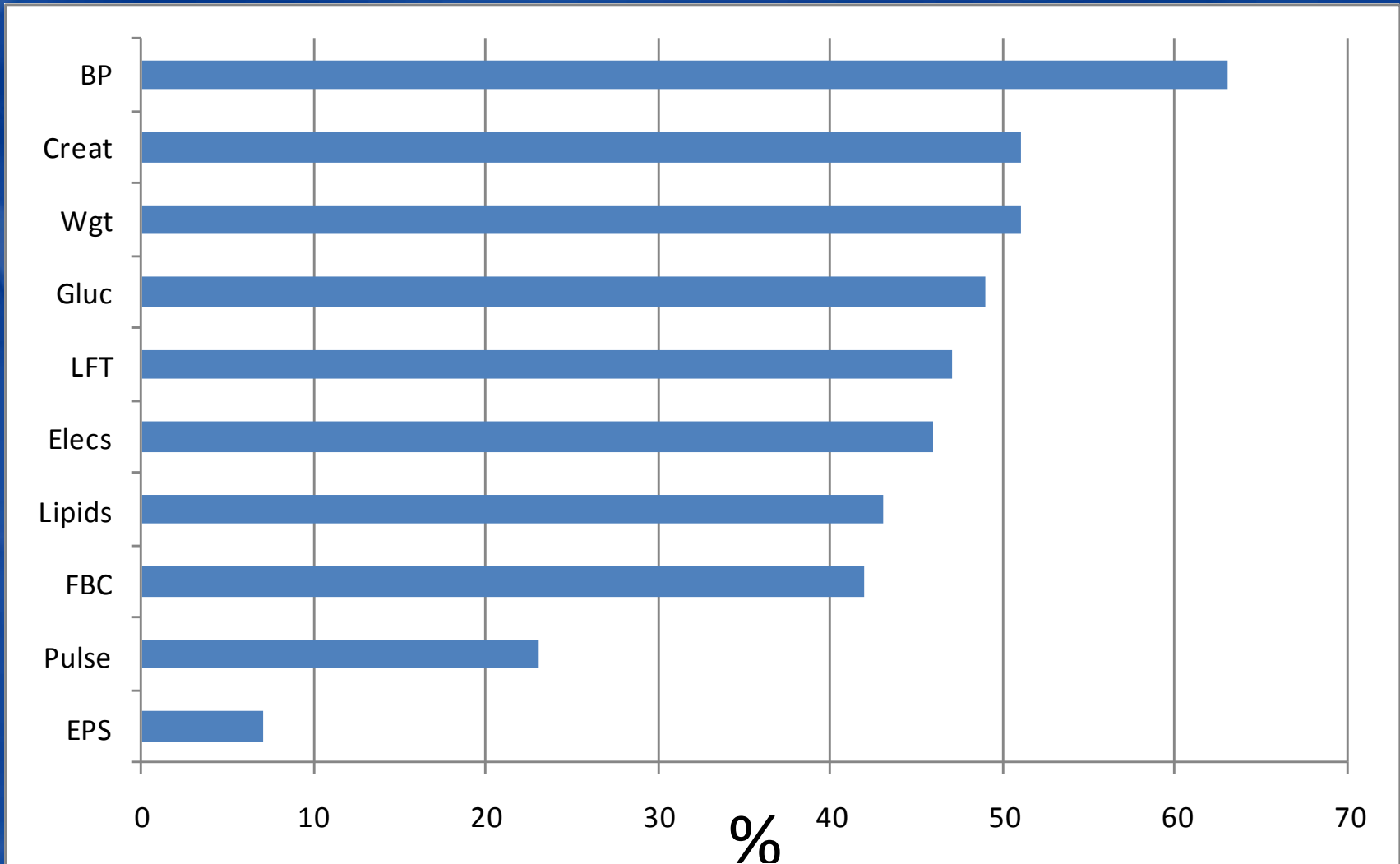
Typical 69 (15%)

- * *One other practice – audit in different format*

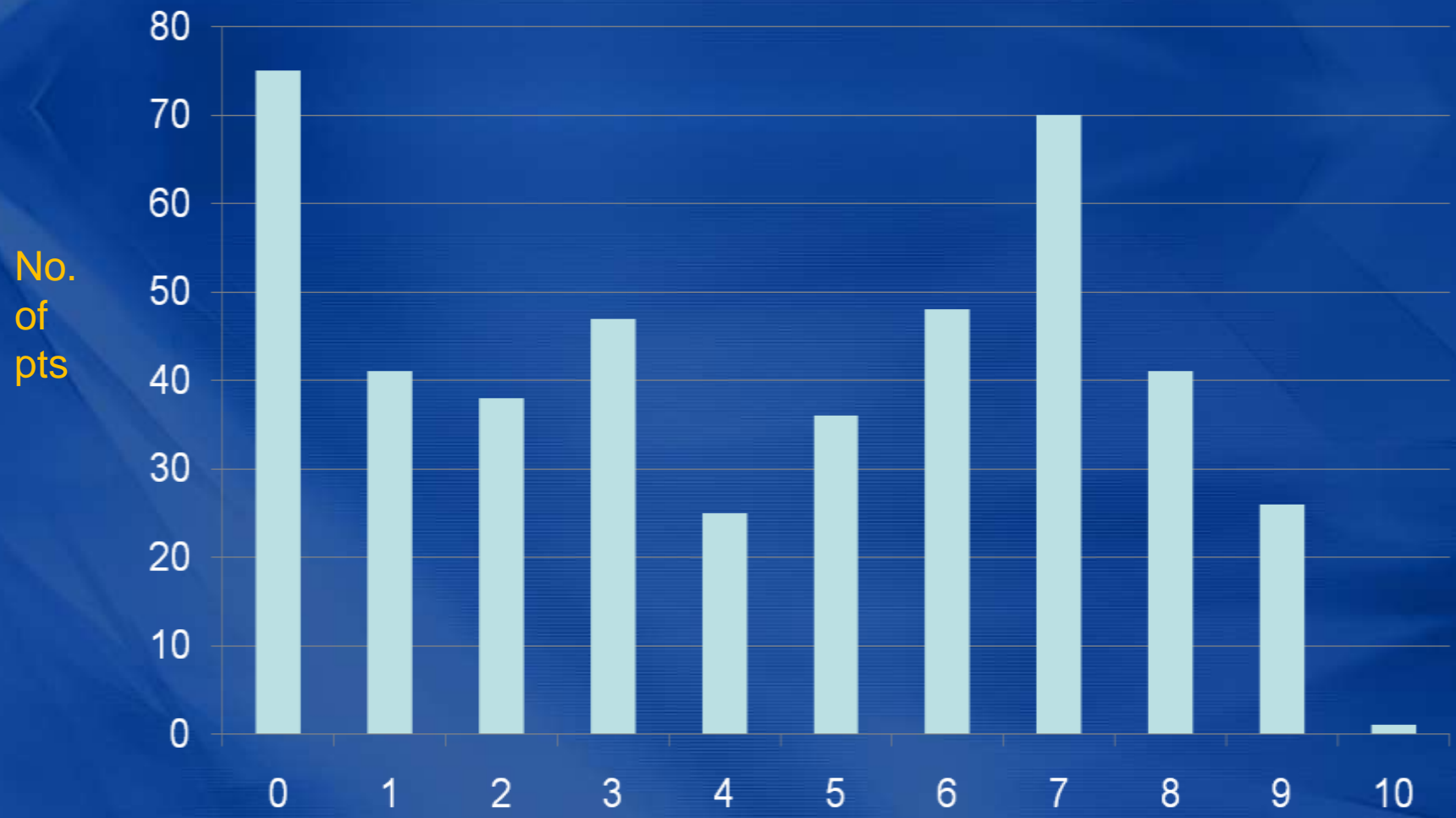
Antipsychotics Prescribed



Recommended tests for all Antipsychotics



Number of Recorded tests



TFT

if symptomatic and quetiapine if at risk

Rec. 235 patients

Done 142 patients (60%)

- Tests done for patients on other antipsychotics

ECG PRN + maintenance

for Typical, quetiapine, amisulpride and ziprasidone

Rec. 245 patients

Done 24 patients (10%)

Prolactin

If symptomatic

Done in 28 patients (6.25%)

25 tests Atypicals (5xQ)

3 tests Typical

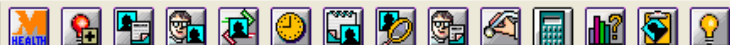


Observations

- No Baseline tests
- Testing opportunistic
- Infrequent Practice visits
- Meds stopped/changed - unclear in notes
- Instructions/Sigs – not always clear
- Quetiapine – PRN + sedation
- Taking two antipsychotics (8 patients)

Going Forward

- PMS template Medtech Advanced form
- Recalls
- PMS AIMS tool easy to record
- CPD for Practice nurses + GPs eg AIMS
- Regular audit in Practice
- Second round audit - 12 months
- Better monitoring
- Data analysis



MOUSE Mickey (130436.1)
 2 Happy Street, 063549107, 063549999

A 3 - R
 23 Jul 1958 52 yrs Male

AAA9998 N - Not Funded
 European/Pakeha 0.00

MPHO A-?
 RP

Patient Manager

- Clinical Template
- History
- Appointments
- Immunisation
- Contacts
- Patient Transactions
- A/c Holder Account
- Patient Tasks
- Forms
- Daily Record
- Medications
- Classifications
- Medical Warnings
- Front Page
- Recalls
- Screening
- Accidents
- Out Box
- Inbox



Tck	Date	Code	D/c		Note								Prov
<input type="checkbox"/>	8 Feb 2011	AIMS	AIMS	0	0	Zero	0	0	0	0	0	0	SFE
<input type="checkbox"/>	8 Feb 2011	AIMS	AIMS	0	0								
<input type="checkbox"/>	22 Nov 2010	MEDS		100	120								80
<input type="checkbox"/>	22 Nov 2010	MEDS		100	120								80
<input type="checkbox"/>	22 Nov 2010	MEDS		100	120								80
<input type="checkbox"/>	22 Nov 2010	BP		120	80								
<input type="checkbox"/>	12 Oct 2010	VISIT	EFP		Smoking C								Patie

View Screening Entry

Main | Chart | Audit

Main

Provider: Sam Eaves (SFE)

Date: 08 Feb 2011

Code: EPS test (AIMS)

Outcome / Note

Outcome: Total Score (AIMS)

Note: Zero

I. Face muscles: 0

I. Lips perioral: 0

I. Jaw: 0

I. Tongue: 0

II. Upper body: 0

II. Lower body: 0

III. Trunk mvmt: 0

IV. Sev Abnrml Mvt: 0

IV. Incapacitation: 0

IV. Pt awareness: 0

V. Probs w teeth: No

V. Dentures?: No

V. Endentia?: No

Mvment in sleep?: No

Inactive:

OK Cancel Help

Acknowledgements

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Clinical Advisory Pharmacist Compass Health

Thank you