

## POMHS 9B - ANTIPSYCHOTIC PRESCRIBING IN PEOPLE WITH A LEARNING DISABILITY

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### SUMMARY

**Introduction:** Prescribing Observatory for Mental Health (POMH-UK) runs national audit-based quality improvement programmes open to all specialist mental health services in the UK to help improve prescribing practice in discrete areas.

**Aims:** The baseline sample and this re-audit represent the largest audits of antipsychotic prescribing in PWLD that have been conducted to date; and thus provide the most generalisable picture of such prescribing nationally.

**Methodology:** A case note audit of use of antipsychotic medication in PWLD was conducted using standard data collection tool provided by POMH-UK. Trust wide, 7 clinical teams in Essex and Bedfordshire & Luton, participated in the re-audit. Analysis and benchmarking was conducted centrally by POMH-UK and an individualised Trust report was compiled by POMH-UK for local review and consideration.

**Standards:** The indication for treatment with antipsychotic medication should be documented in the clinical records (Deb 2006). The continuing need for antipsychotic medication should be reviewed at least once a year (Deb 2006). Side effects of antipsychotic medication should be reviewed at least once a year. This review should include assessment for the presence of extrapyramidal side effects (EPS), and screening for the 4 aspects of the metabolic syndrome: obesity, hypertension, impaired glucose tolerance and dyslipidaemia (NICE schizophrenia guideline update CG82, 2009).

**Findings:** Out of three standards measured, Standard One maintained 100% throughout the baseline and re-audit and Standard Two achieved over 90% throughout baseline and re-audit. Standard 3 has improved from baseline to re-audit. Overall, there has been clear improvement in all 3 standards from baseline audit.

**Key words:** antipsychotic prescribing - learning disability

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### INTRODUCTION

Prescribing Observatory for Mental Health (POMH-UK) runs national audit-based quality improvement programmes open to all specialist mental health services in the UK to help improve prescribing practice in discrete areas ('Topics'). This particular audit addressed the use of antipsychotic medication in people with a learning disability.

Although the use of antipsychotic medication for psychotic and related illnesses in people with a learning disability (LD) is relatively uncontroversial, their common use in the management of behavioural problems not attributable to diagnosable mental illness is not. Deb and colleagues (2006) have produced guidelines for the use of antipsychotics for behavioural indications in LD. Whilst the current evidence does not permit them to be prescriptive about treatment choice, the guidelines go some way to providing a framework for practice in terms of key domains such as assessment, capacity considerations, monitoring of effectiveness and adverse effects, communication and withdrawal.

Nationally, one hundred and seventy-four clinical teams from forty specialist mental health Trusts in the UK participated in the re-audit. The baseline sample and this re-audit represent the largest audits of antipsychotic prescribing in people with a learning disability that have been conducted to date; and thus provide the most generalisable picture of such prescribing nationally.

### AIMS

This report presents the results of the baseline and re-audit, Trust results, and team results for topic 9b, a quality improvement programme addressing the use of antipsychotic medication in people with a learning disability to assist mental health services improve prescribing practice.

### METHODOLOGY

- 1) A standard data collection tool was provided by POMH-UK;
- 2) A case note audit of the use of antipsychotic medication in people with a learning disability was conducted between 3rd January 2011 - 7th Feb 2011;
- 3) Trust wide, 7 clinical teams, in Essex and Bedfordshire and Luton, participated in the re-audit, submitting a total number of 90 cases to POMH-UK for analysing;
- 4) A questionnaire/audit tool was sent by the Project Lead to individual team leads with instruction that copies should be made available to allow clinical teams to audit all clinic attendees prescribed an antipsychotic, seen during the month of January. When completing the audit tools auditors were only asked to refer to clinical records made up, but not including, the current appointment. The minimum recommended sample size is 12 patients;

- 5) The following data were collected:
- Age, gender, ethnicity, severity of learning disability, co-morbid psychiatric diagnoses and care setting, diagnosis of epilepsy;
  - The dose of each oral/short-acting Intra-Muscular Injection and depot/long-acting antipsychotic currently prescribed;
  - The main indications for antipsychotic prescribing;
  - Other medications being prescribed for mental health, behavioural problems or epilepsy;
  - Evidence of side effect monitoring.
- 6) Standards - The audit standards were derived from "Using medication to manage behaviour problems among adults with a learning disability" (Deb et al. University of Birmingham, September 2006) and the third standard is also supported by the NICE clinical guideline for the management of schizophrenia CG82 (2009):
- The indication for treatment with antipsychotic medication should be documented in the clinical records (Deb 2006);
  - The continuing need for antipsychotic medication should be reviewed at least once a year (Deb 2006);
  - Side effects of antipsychotic medication should be reviewed at least once a year. This review should include assessment for the presence of

extrapyramidal side effects (EPS), and screening for the 4 aspects of the metabolic syndrome: obesity, hypertension, impaired glucose tolerance and dyslipidaemia (NICE schizophrenia guideline update CG82, 2009).

- Data was submitted to POMH-UK by the Clinical Audit Team via a secure website: [www.rcpsych.ac.uk/pomh/data](http://www.rcpsych.ac.uk/pomh/data).
- Analysis and benchmarking was conducted centrally by POMH-UK and an individualised Trust report was compiled by POMH-UK for local review and consideration.

## FINDINGS

### Key:

TNS = Total National Sample; SEPT = South Essex Partnership University Foundation Trust.

Full trust-wide demographics can be found in Appendix 1 of this report. Physical Health Monitoring Form for people on antipsychotic medication can be found in Appendix 2 of this report.

### Trust Level Results 2010-2011 (n=90 2011)

For the baseline audit SEPT was split into Essex / Bedfordshire and Luton, The re-audit was then undertaken as ONE trust and shows the result as a merged SEPT compared to the TNS

### Standard 1

The indication for treatment with antipsychotic medication should be documented in the clinical records (Deb 2006).

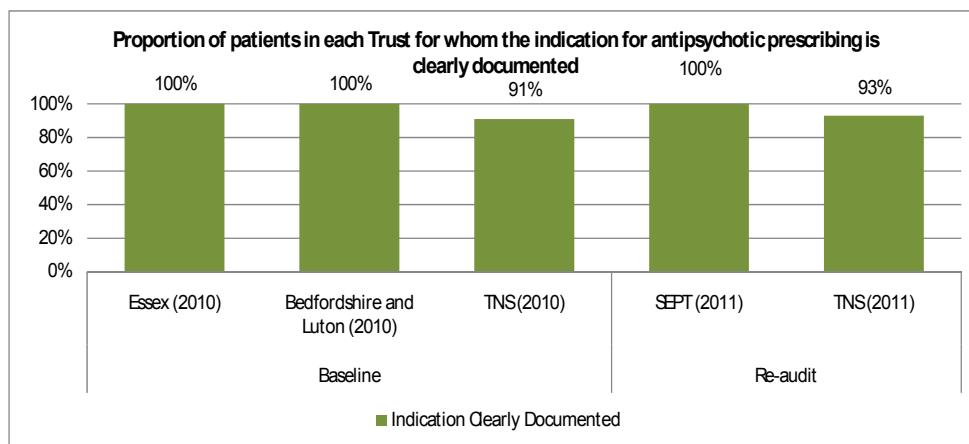


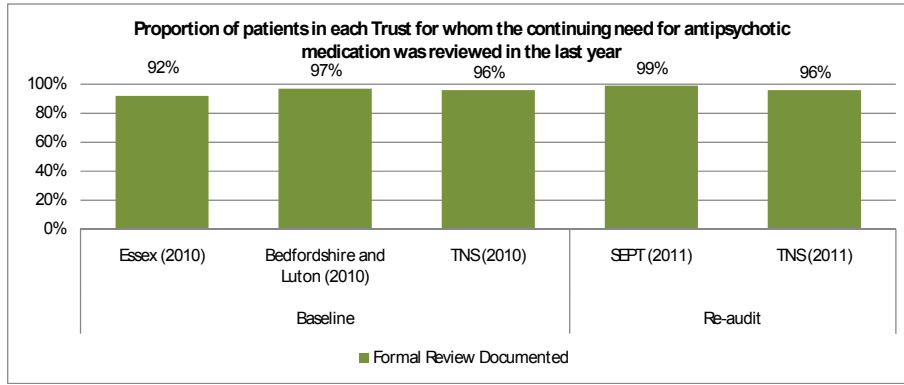
Figure 1. Standard 1

Figure 1 above shows that 100% of all SEPT teams in the baseline and re-audit had the indication for

antipsychotic prescribing clearly documented in the patient record.

### Standard 2

The continuing need for antipsychotic medication should be reviewed at least once a year (Deb 2006).



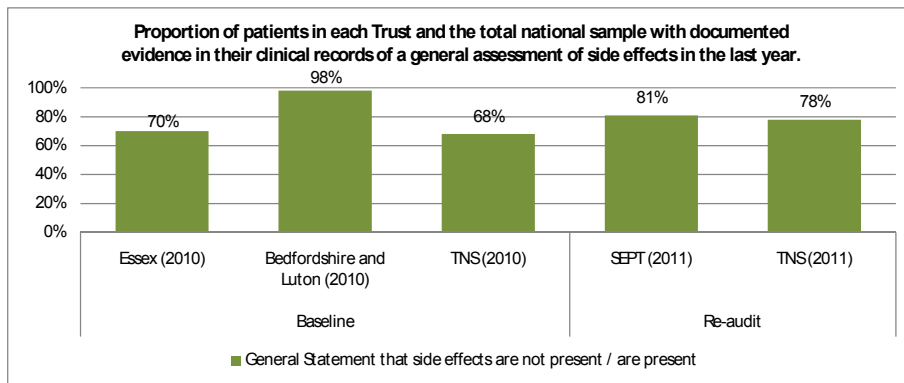
**Figure 2. Standard 2**

Figure 2 above shows that the vast majority of patients were reviewed at baseline and the re-audit.

However, SEPT improved further on this achieving 99% compared to the TNS which was 96%

**Standard 3**

Side effects of antipsychotic medication should be reviewed at least once a year. This review should include assessment for the presence of extrapyramidal side effects (EPS), and screening for the 4 aspects of the metabolic syndrome: obesity, hypertension, impaired glucose tolerance and dyslipidaemia (NICE CG82, 2009).

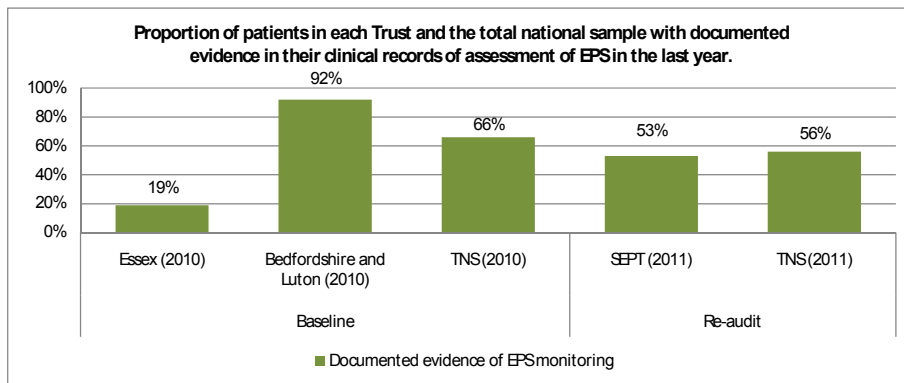


**Figure 3. Standard 3 - Assessment of side effects**

The proportion of patients in the baseline audit showed that, between 70% - 98% of the patients audited had documented evidence in their file of a general assessment of side effects in the last year. The re-audit showed that overall SEPT's compliance level is now

81%, which was higher than the TNS by 3%. But there is some room for improvement

In 2011, SEPT is ranked 21st out of 40 participating trusts to have documented evidence of a general assessment of side effects in the patient file within the last year.



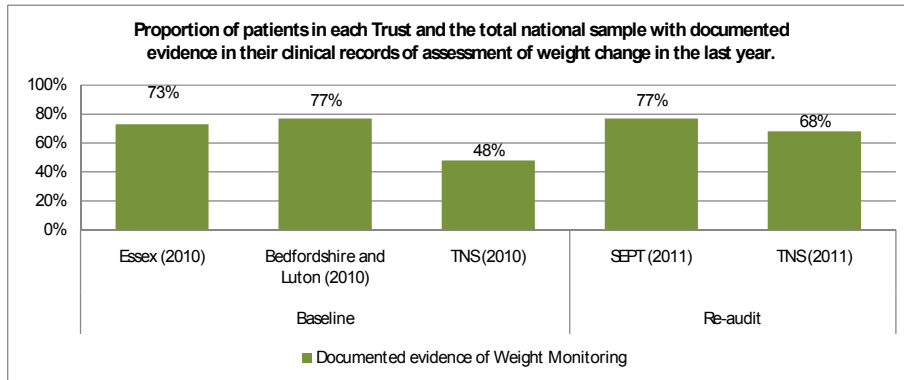
**Figure 4. Standard 3 - Assessment of EPS**

In the baseline audit, Essex had a rather low proportion of patients with documented evidence of assessment of EPS in the last year. This contrasted to

Bedfordshire and Luton, who had the documented evidence within the majority of patients. The re-audit score for the whole trust has shown that just over half of

patients overall had documented evidence. This is similar to the TNS (53% to 56%) but shows a need for improvement.

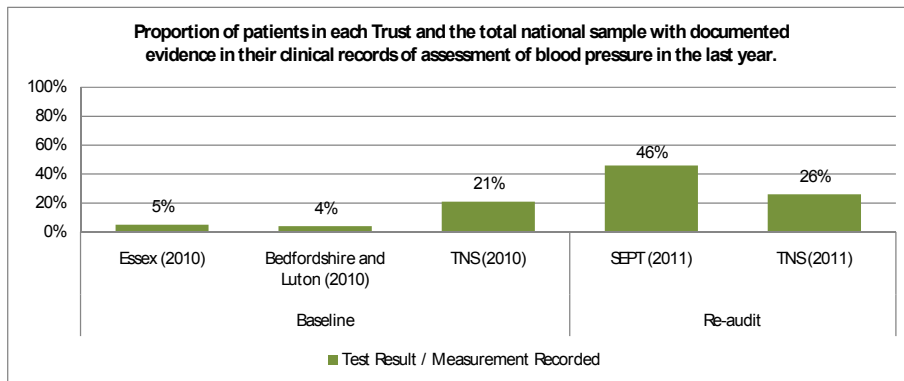
In 2011, SEPT is ranked 20th out of 40 participating trusts to have documented evidence of an assessment of EPS in the patient file within the last year.



**Figure 5.** Standard 3 - Screening for Obesity

The Figures shows that 73-77% of patients audited in the baseline audit had documented evidence of weight monitoring. This was maintained at 77% in the 2011 re-audit and was 9% higher than the TNS. But shows some need for improvement.

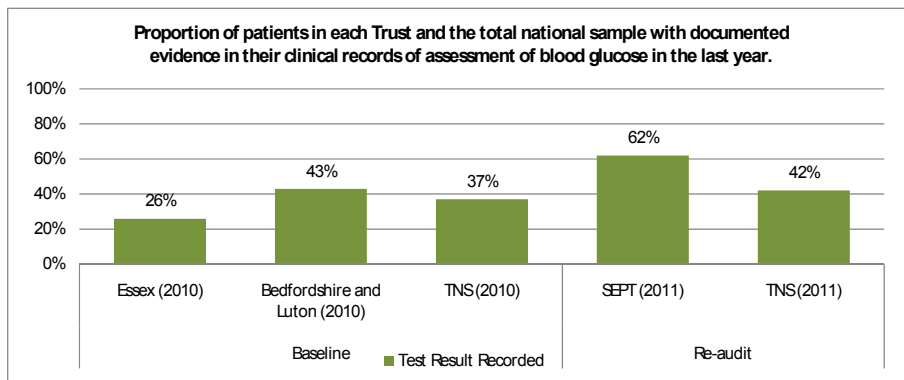
In 2011, SEPT is ranked 14th of 40 to have documented evidence of an assessment of weight change in the patient file within the last year



**Figure 6.** Standard 3 - Monitoring of Blood Pressure

The baseline shows that 4-5% of patients had evidence of monitoring blood pressure in their notes. SEPT in re-audit 2011 showed a vast improvement in monitoring with a level of 46% compared to the TNS which is 26%.

In 2011, SEPT is ranked 8th, out of 40, highest trust nationally to have an assessment of blood pressure in the patient notes within the last year



**Figure 7.** Standard 3 - Assessment of Blood Glucose

Both Essex and Bedfordshire during the baseline had a low proportion of patients had evidence of monitoring blood glucose. This increased to 62% in the re-audit showing substantial improvements in monitoring and

were 20% higher than the TNS.

In 2011, SEPT is ranked 11th, out of 40, highest trust nationally to have an assessment of blood glucose in the patient file within the last year

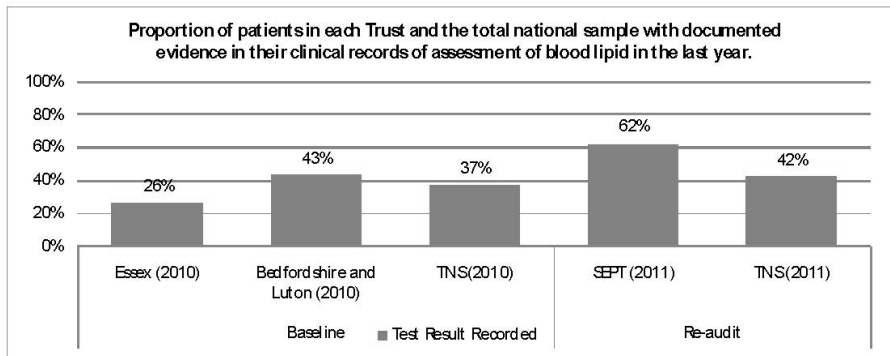


Figure 8. Standard 3 - Assessment of Lipid Profile

In the baseline audit, Essex, Bedfordshire and Luton had a very low proportion of patients, between 4% - 27%, with document evidence of an assessment of lipid profile, in patient notes. The re-audit showed vast improvements with over a 30% increase and was 20%

above the TNS.

In 2011, SEPT is ranked 10th, out of 40, highest trust to have documented evidence of an assessment of lipid profile in the patient notes within the last year.

APPENDIX 1

Trust Level Demographic

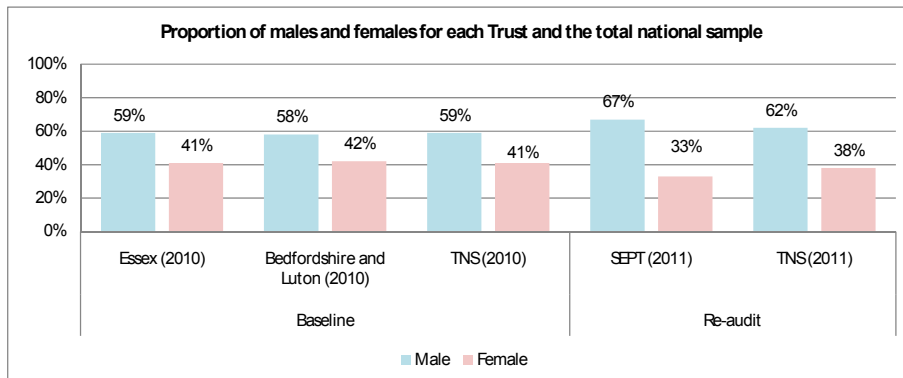


Figure 9. APPENDIX 1 - Gender

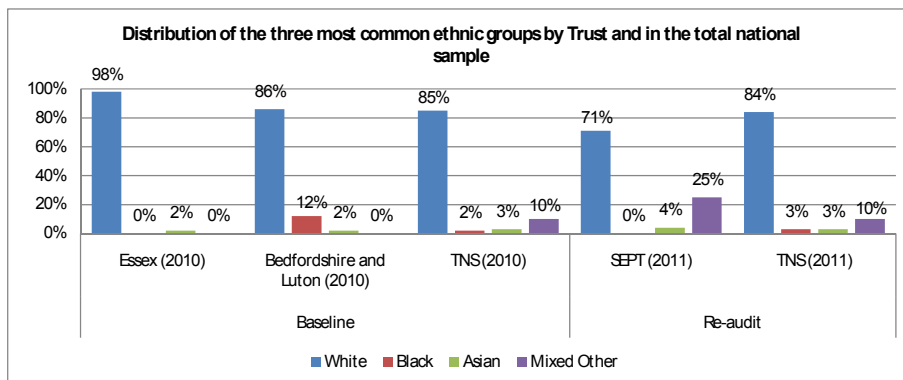


Figure 10. APPENDIX 1 - Ethnicity

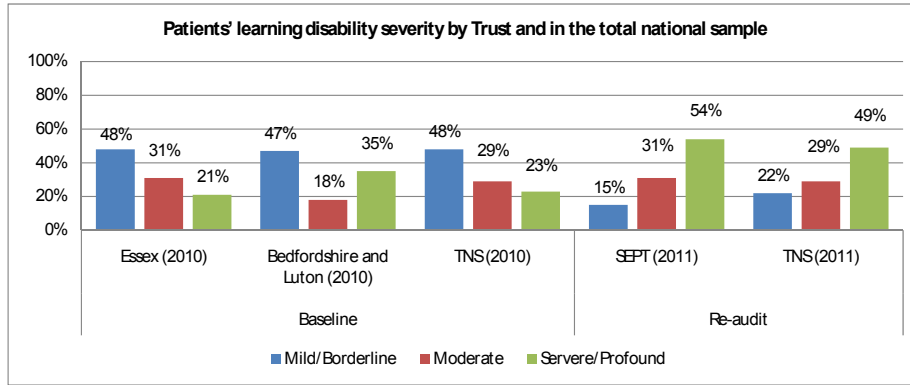


Figure 11. APPENDIX 1 - Severity of Learning Disability

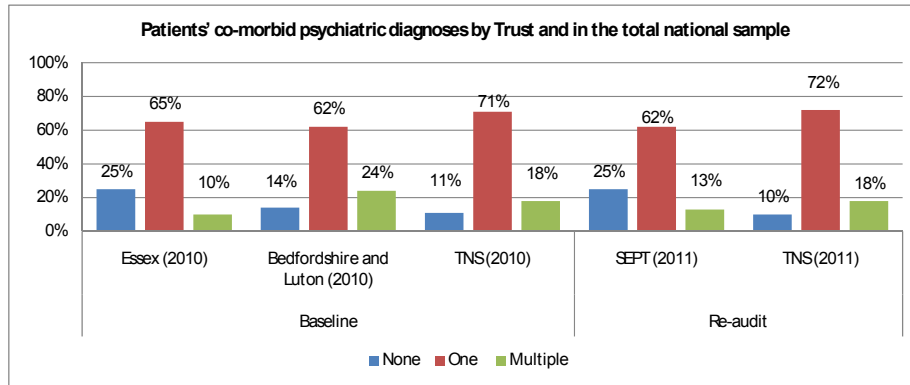


Figure 12. APPENDIX 1 - Psychiatric Diagnosis

APPENDIX 2

Physical Health Form for people on Antipsychotic Medication

Name: ..... DOB: ..... Hospital No: .....

Date due:																			
Date done:																			
Blood Pressure:																			
EPS Side Effect Rating Scale (LUNSERS):																			
Weight																			
Height																			
BMI																			
Waist Circumference																			
Glucose (4.2 – 5.5mmol/L):																			
Lipid (Fasting):	Triglyceride (0.84 - 1.94mmol/L)																		
	Cholesterol (3.7 - 5.2mmol/L)																		
	HDL (0.91 - 1.42mmol/L)																		

If any abnormalities are detected or the patient has medical risk factors, extra monitoring may be required

## RESULTS

1. Out of the three standards measured, two high priority standards were compliant; Standard 1 maintained 100% throughout the baseline and re-audit and Standard 2 achieved over 90% throughout baseline and re-audit.
2. Standard 3 has improved from baseline to re-audit but there is still a need for improvement in the following areas to achieve 75% compliance as per SEPT standard.
3. Based on the findings and the amount of improvement from baseline audit there had been, the assurance level has been determined as Adequate Assurance.
4. Overall, there has been clear improvement around the three standards from the baseline audit; the following were suggested to further improve the results for the proposed spot checks and any future audits POMH decide to initiate.

## RECOMMENDATIONS

Clear and direct recommendations with aligned actions have been made to drive improvements in this area in learning disability services as shown below:

- 1) The POMH-9b audit standards should be part of the induction programme for GP and psychiatry trainees at the start of each clinical placement.
- 2) Individual consultants to discuss the audit standards with medical staff and trainee doctors during supervision sessions.
- 3) Individual consultants should be available to discuss the audit requirements with medical staff and trainee doctors during supervision sessions.
- 4) All clinicians must review on at least a yearly basis the continuing need for antipsychotic medications.
- 5) All clinicians must routinely enquire about and examine patients for the presence or absence of

side effects, and have documentary evidence of this in the patient's clinical records.

- 6) All clinicians must routinely undertake assessments of EPS when patients on antipsychotic medications are reviewed and this must be documented in the clinical records.
- 7) All clinicians must undertake an assessment of weight/BMI and BP whenever possible and if not must arrange for these to be done by the patients GP or Community Nurse. The results must be documented in the patient's clinical records.
- 8) All clinicians must have blood pressure monitors, scales and height measuring instruments available for use in clinic and inpatient settings.
- 9) All clinicians must undertake on at least a yearly basis assessment of patients' blood glucose and lipid profile and the results must be documented in the clinical records.
- 10) An updated form for recording dates and results of relevant investigations and examinations has been developed and will be enclosed in the front sheet of all patients files prescribed antipsychotic medications. The aim is to act as a reminder to clinicians when these tests are due.
- 11) Participation in POMH-9b re-audit when scheduled by POMH.
- 12) Baseline and re-audit results and recommendations will be presented and disseminated to consultant/medical meetings, local departmental meetings, clinical governance meetings, Medicines Management groups, academic meetings, Head of compliance and Head of assurance and trust Executive Team.

## REFERENCES

1. Deb. S et al: "Using medication to manage behaviour problems among adults with a learning disability", University of Birmingham, September 2006.
2. NICE clinical guideline for the management of schizophrenia CG82, 2009.

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