East London NHS
NHS Foundation Trust

Shared Care Guidelines – Physical Health Checks and follow-up for people with Serious Mental Illness

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Contents

1.0 Introduction

Mental Health Specialist Services will initiate antipsychotic treatment in patients with mental health diagnoses usually after assessment in secondary care, with continuation of treatment in primary care by General Practitioners (GPs). In some cases, where there is clear evidence symptoms and the GP has experience in treating and managing mental health conditions, antipsychotics may be initiated in primary care.

Antipsychotics have known adverse drug effects that can affect the physical health of patients, including weight gain, hyperlipidaemia, hyperglycaemia and diabetes. Monitoring of patients for these effects following initiation of treatment can help improve physical health outcomes.

2.0 Remit of these guidelines

This document sets out the shared care agreement for the physical healthcare of people with Serious Mental Illness, antipsychotic prescribing and monitoring between primary and secondary care and the communication and information flows to support this.

The document sets out guidance on recommended monitoring of antipsychotics and incorporates NICE and other relevant guidelines to ensure best practice and optimum physical and mental health care for patients requiring antipsychotic medication.

The antipsychotics that are covered are listed in Table 1.

Clozapine is excluded from these guidelines.

Table 1: List of antipsychotics

Typical antipsychotics	**Atypical antipsychotics**
Benperidol*	Amisulpride
Chlorpromazine	Aripiprazole
Flupentixol ± decanoate	Olanzapine
Haloperidol ±decanoate	Paliperidone
Levomepromazine*	Quetiapine
Pericyazine*	Risperidone
Perphenazine*	
Pimozide*	
Prochlorperazine*	
Promazine*	
Sulpiride	
Trifluperazine*	
Zuclopenthixol ±decanoate	
Fluphenazine decanoate	
Pipotiazine decanoate	

*Not routinely prescribed or used in secondary care for treatment of psychosis/schizophrenia

Information on licenced indication, dosage and formulations can be found in a the BNF and http://www.medicines.org.uk/emc/

3.0 Communication and Information

3.1 Baseline results will be communicated to GPs via the discharge letter sent within 2 working days for in-patients and letter for community patients sent within 7 working days once the patient has stabilised.

3.2 Communication will make clear the indication for medication and the diagnosis to allow coding on the GP system.

3.3 Primary Care Liaison consultants and CPNs are available regularly to GPs for further information and guidance as required.

3.4 Electronic transfer - ELFT is working actively with commissioner CCGs and local GPs to achieve electronic transfer of discharge and clinic letters into GP clinical systems (EMIS in East London and SystmOne in Bedfordshire). This is expected to be delivered across both areas of the Trust by the end of March 2018.

3.5 Shared Electronic Record - the Health Information Exchange in East London is on track to have a shared record view across primary and secondary care providers fully available to GPs and ELFT clinicians by end December 2017, this includes physical health information. ELFT is working with Luton and Bedfordshire CCGs and SystmOne to establish and interim solution allowing ELFT clinicians to access SystmOne while the shared electronic record is developed across the BMLK STP area.

3.6 Information given to patients will include the potential effect of antipsychotics on physical health and the need for on-going monitoring of weight, blood pressure, blood lipids and diabetic risk for as long as they are on the medication.

4.0 Secondary Care

4.1 To perform mental health assessment prior to starting prescription of antipsychotics.

4.2 To perform baseline tests before starting an antipsychotic and to monitor until the patient's condition has stabilised.

4.3 At reasonable intervals and when the patient condition is stable to send relevant information on mental state and physical health monitoring (including baseline tests) to primary care.

4.4 To monitor patient for side effects of antipsychotics e.g. over sedation, sexual dysfunction, and movement disorders.

4.5 When inpatients are discharged from hospital on antipsychotics, a discharge notification and/or summary will be provided as detailed above.

4.6 For community patients, a written letter will with relevant information will be sent to primary care when patient's condition has stabilised.

4.7 To provide verbal and written information to patient on prescribed medication.

4.8 To inform GP of any change in medication or if medication is to be stopped.

4.9 To inform the GP if a patient is prescribed clozapine.

5.0 Primary Care

5.1 To continue to prescribe antipsychotic prescriptions when the patient's condition is stable, except Clozapine.

5.2 To continue monitoring the physical health of the patient at regular intervals, minimum every 12 months. See evidence based monitoring guidance 6.0.

5.3 To inform specialist services of any new, significant physical health problems at the earliest opportunity.

5.4 If patient suffers any adverse reaction, the GP should liaise with secondary care/specialist services.

5.5 To utilise the support from the primary care liaison teams. There will be regular opportunities to consult on complex cases, to receive advice from primary care liaison psychiatrists and support workers.

5.6 To help facilitate the attendance of patients who are difficult to engage in physical health monitoring by requesting support from primary care liaison teams.

6.0 Guidelines for the monitoring of antipsychotics in primary care; cardio-metabolic

6.1 These guidelines are based on best practice; NICE recommended monitoring of antipsychotics.

6.2 It is recognised that due to the nature of individual's illness and the levels of engagement, that it may not be possible or practical to complete all monitoring but that attempts should be made in both primary and secondary care to complete.

Annually monitoring	considerations
Weight, height (BMI) or waist measurement	Abnormal result BMI ≥25kg/m2(23 if Asian or Chinese) and/or weight gain >5kg over 3 month period Lifestyle advice Refer to secondary care for medication review NICE guidelines for obesity www.nice.org.uk/CG43
BP/pulse	Abnormal result >140mmHg systolic and/or 90mmHg diastolic Lifestyle advice Medication review Follow NICE guidance for hypertension http://publications.nice.org.uk/hypertension-cg127 consider antihypertensive therapy diet: limit salt intake
HbA1c	HbA1c threshold: HbA1c≥42 mmol/mol (≥6%) Lifestyle advice Refer to secondary care for medication review NICE guidelines for diabetes www.nice.org.uk/CG87
Lipid screen (ideally fasting, but otherwise random)	Abnormal result Total cholesterol >6.0 mmol/l or High (>20%) risk of CVD Lifestyle advice Refer to secondary care medication review NICE guidelines for lipid modification www.nice.org.uk/nicemedia/pdf/CG67NICE guideline.pdf and consider lipid modification for any patient with known diabetes or CVD

6.3 Additional Antipsychotic side effects

Movement disorders; Secondary care will assess patients at baseline for any signs of movement disorders. Movement disorders and other antipsychotic side effects will also be assessed regularly throughout treatment by discussion with the patient.

Neuroleptic Malignant Syndrome; a rare side effect but the patient needs to be referred to A & E immediately for supportive therapy. Symptoms include;

- Labile blood pressure
- Extrapyramidal side effects
- High temperature
- Autonomic dysfunction
- Severe rigidity
- Confusion
- Raised CK

Hyperprolactinaemia; typical antipsychotics and to a lesser degree atypical anti-psychotics can cause hyperprolactinaemia in males and females. Do a prolactin if any signs or symptoms of hyperprolactinaemia (MEN: Gynaecomastia, Impaired Libido, Erectile Dysfunction, Diminished Ejaculate Volume, Oligospermia, WOMEN: Oligo- or Amenorrhoea, Anovulation, Loss of Libido, Galactorrhoea). Where the result is abnormal refer to secondary care for dose reduction or switching of medication.

Psychotropic-related QT prolongation;

Many psychotropic drugs are associated with ECG changes and some are linked to serious ventricular arrhythmia and sudden cardiac death. The risk of death is likely to be dose related although the absolute risk is low.

ECG monitoring is essential for all patients prescribed antipsychotics as recommended by NICE schizophrenia guideline and at a yearly check-up if previous abnormality or additional risk factors.

The cardiac QT interval is a useful but an imprecise indicator of risk of torsade de points and of increased cardiac mortality.

Table 3: Effects of psychotropic drugs on QT interval

No Effect	Low effect	Moderate Effect	High effect	Unknown Effect
Aripiprazole	Asenapine	Amisulpiride	Any intravenous antipsychotic	Loxapine
paliperidone	Clozapine	Chlorpromazine	Haloperidol	Pipothiazine
SSRIs (except citalopram)	Flupenthixol	Iloperidone	Pimozide	Trifluperazine
Reboxetine	Fluphenazine	Melperone	Sertindole	Zuclopenthixol
Mirtazapine	Perphenazine	Quetiapine	Any drug combination of drugs in doses exceeding recommended maximum	Anticholinergic drugs Procyclidine,
MAOIs	Prochlorperazine	Ziprasidone		
Carbamazepine	Olanzapine	Citalopram		
Lamotrigine	Risperidone	TCAs		
Valproate	Sulpiride			

benzodiazepines	buproprion			
	Moclobemide			
	Venlafaxine			
	Trazadone			
	Lithium			

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Appendix 2: Antipsychotic side effect table

Relative adverse effects of antipsychotic drugs

Drug	Sedation	Weight gain	Diabetes	Extra-pyramidal symptoms	Anti-cholinergic	Hypo-tension	Prolactin elevation
Amisulpride	-	+	+	+	-	-	+++
Aripiprazole	-	+/-	-	+/-	-	-	-
Asenapine	+	+	+/-	+/-	-	-	+/-
Benperidol	+	+	+/-	+++	+	+	+++
Chlorpromazine	+++	++	++	++	++	+++	+++
Clozapine	+++	+++	+++	-	+++	+++	-
Flupentixol	+	++	+	++	++	+	+++
Fluphenazine	+	+	+	+++	++	+	+++
Haloperidol	+	+	+/-	+++	+	+	+++
Iloperidone	-	++	+	+	-	+	-
Loxapine	++	+	+	+++	+	++	+++
Olanzapine	++	+++	+++	+/-	+	+	+
Paliperidone	+	++	+	+	+	++	+++
Perphenazine	+	+	+/-	+++	+	+	+++
Pimozide	+	+	-	+	+	+	+++
Pipothiazine	++	++	+	++	++	++	+++
Promazine	+++	++	+	+	++	++	++
Quetiapine	++	++	++	-	+	++	-
Risperidone	+	++	+	+	+	++	+++
Sertindole	-	+	+/-	-	-	+++	+/-
Sulpiride	-	+	+	+	-	-	+++
Trifluperazine	+	+	+/-	+++	+/-	+	+++
Ziprasidone	+	+/-	-	+/-	-	+	+/-
Zuclopentixol	++	++	+	++	++	+	+++

+++high incidence/severity; ++moderate; +low; -very low

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