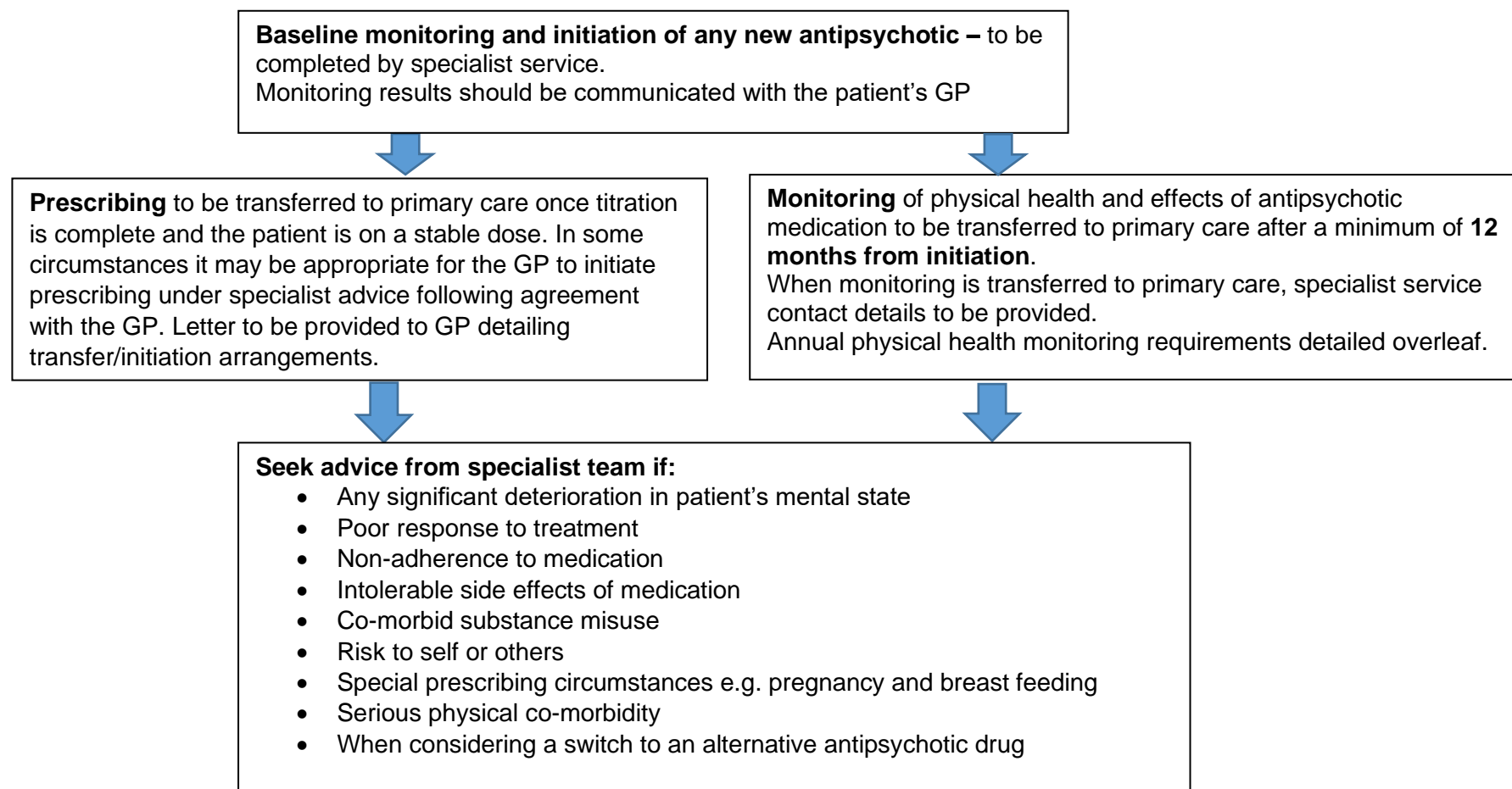


North of Tyne, Gateshead and North Cumbria Area Prescribing Committee

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



Annual physical health monitoring requirements for patients prescribed antipsychotics	
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 CNTW 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 CNTW specialist or specialist team.
FBC, U&Es, LFTs	If any clinically significant derangement occurs, contact CNTW specialist or specialist team for advice. <ul style="list-style-type: none"> • 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 CNTW specialist. Refer to endocrinologist if significantly raised (>3000 mIU/L) to rule out prolactinoma. Hyperprolactinaemia commonly associated with risperidone, amisulpride and first-generation antipsychotics. See section 04.02.01 in local formulary for clarification: http://northoftyneandgatesheadformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=4&SubSectionRef=04.02.01&SubSectionID=B050 https://www.formulary.sunderlandccg.nhs.uk/chaptersSubDetails.asp?FormularySectionID=4&SubSectionRef=04.02.01&SubSectionID=A100
ECG	If indicated , especially if at higher risk of CVD or sudden death. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • Discuss with CNTW 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 2021, 14th edition
2. SPC of individual medicines, available at www.medicines.org.uk
3. British National Formulary – accessed online at: <https://bnf.nice.org.uk/> (Accessed 26th August 2022)
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 (accessed 26th August 2022)
5. NICE Guidelines CG178 – Psychosis and Schizophrenia in Adults - March 2014 <https://www.nice.org.uk/guidance/cg178/resources/psychosis-and-schizophrenia-in-adults-prevention-and-management-pdf-35109758952133> (Accessed 26th August 2022)

6. CNTW Practice Guidance Note: PPT-PGN-24 Guidelines for the Management of Hyperprolactinaemia in Patients Prescribed Antipsychotics
<https://ee494c7bcaebc61df9a5-e19ab9a66520ad61c29310eafb66e6e6.ssl.cf3.rackcdn.com/content/uploads/2018/09/PPT-PGN-24-Management-of-Hyperprolactinaemia-V02-Iss1-Oct-2020.pdf> (Accessed 26th August 2022)