

B.E.S.T. Event

Antipsychotic Monitoring in Primary Care

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Agenda

- Antipsychotic monitoring requirements:
 - Physical
 - Side effects
- Clozapine – common issues in primary care
- Shared care update



NICE recommendations

- Monitor and record :
 - Response to treatment
 - Side effects of treatment
 - Weight, waist, pulse and blood pressure
 - Fasting blood glucose, HbA_{1c} and lipids
 - Overall physical health
 - Adherence



Why is this important?

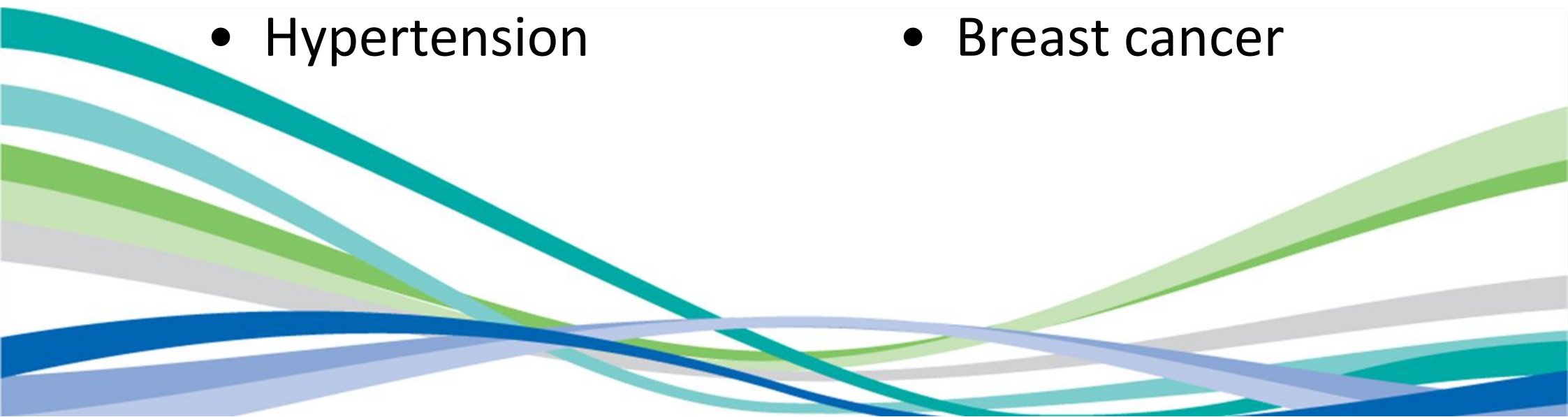
- Patients with Severe Mental Illness experience health inequalities
- Most notably a shorter lifespan
 - **REDUCED BY AROUND 20 YEARS COMPARED TO THE GENERAL POPULATION**
- Main causes of early death
 - Cardiovascular disease
 - Cancer



Disability Rights Commission Health Inequalities Formal Investigation

found that people with mental health problems have higher rates of

- Obesity
- Smoking
- Heart disease
- Hypertension
- Respiratory disease
- Diabetes
- Stroke
- Breast cancer



How can we protect against this?

Physical health monitoring:

“The health check should be comprehensive, focusing on physical health problems that are common in people with psychosis and schizophrenia”

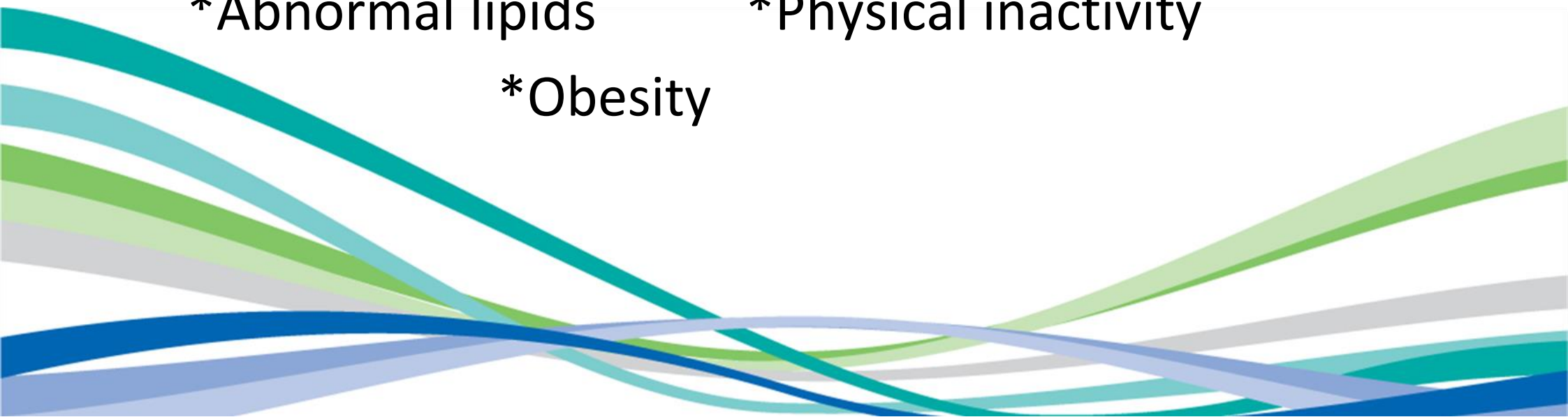
*High blood pressure

*Diabetes

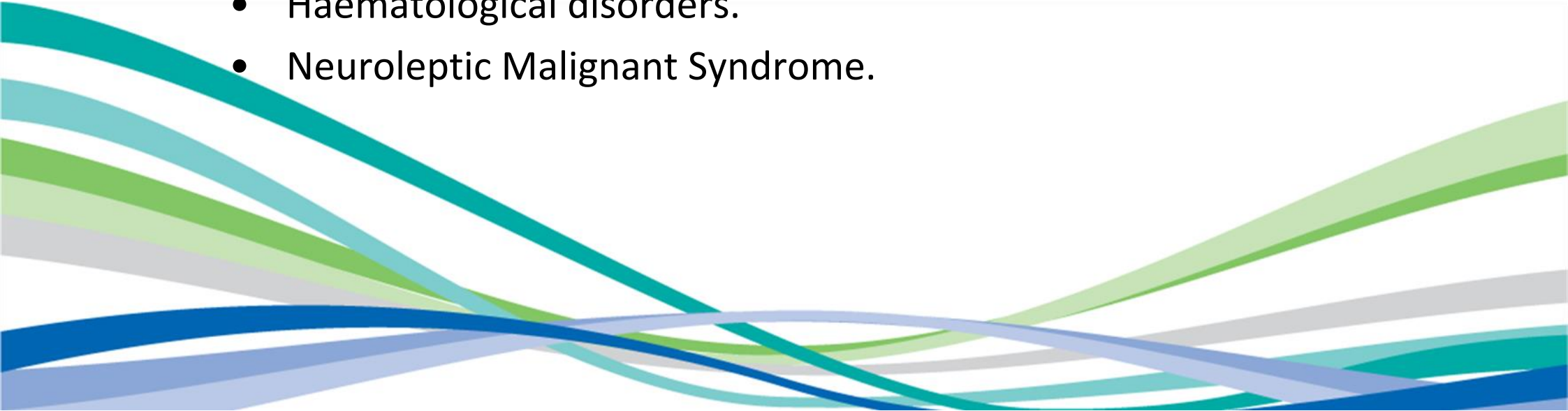
*Abnormal lipids

*Physical inactivity

*Obesity

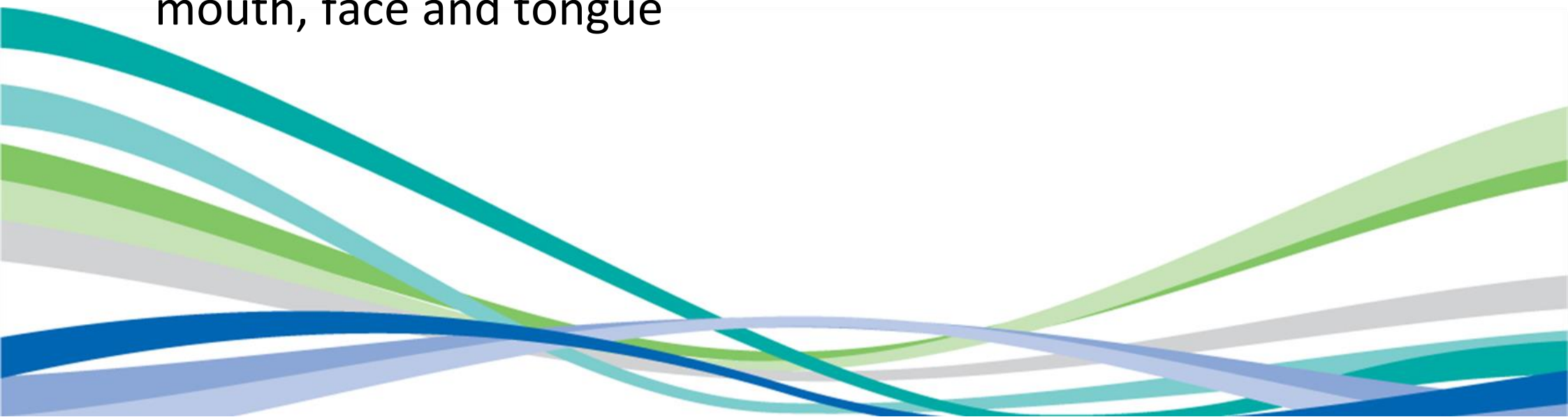


Potential Side Effects:

- Extrapiramidal side effects likely through D2 receptor blockade in the striatum.
 - Cholinergic side effects (dry mouth, blurred vision, constipation)
 - Cardiovascular side effects (orthostatic hypotension, tachycardia)
 - Metabolic effects.
 - Raised prolactin.
 - Hypothermia due to neurotransmitter blockade in hypothalamus.
 - Sedation through muscarinic and histamine blockade.
 - Haematological disorders.
 - Neuroleptic Malignant Syndrome.
- 

Which of the following statements best describes akathisia?

- A. An abnormal muscular movement
- B. An objective and subjective feeling of restlessness
- C. A writhing movement of the upper body
- D. A stereotypical movement of the mouth, face and tongue



Which of the following best describes a dystonic reaction?

- A. Muscle spasms of the head and neck which can result in a forced sideways (torticollis) or upwards (opisthotonus) twisting of the head?
- B. An expressionless, mask-like face (due to fixed, high muscle tone)?
- C. Patients typically rock from foot to foot, pace or move their feet while sitting?
- D. A stereotypical movement of the mouth, face and tongue

68 year old lady presents to you concerned about abnormal movements of the mouth and tongue and facial grimacing. Husband notes that absent while asleep. Known history of schizoaffective disorder but stable for many years on Flupentixol 6mg twice daily. She takes Simvastatin 20mg ON, Procyclidine 5mg BD and recently started Oxybutynin 2.5mg BD for urge incontinence?

Discuss?



Dystonia

- Uncontrolled muscular spasm, often involving head, neck or eyes (oculogyric crisis)
- Occurs within hours of starting antipsychotics.
- Anticholinergics can help, but consider route if swallowing is affected.

Akathisia

- Fidgety movements, subjective restlessness –can involve rocking from foot-to-foot, pacing.
- Often mistaken for agitation.
- A β -blocker might help, but anticholinergics such as procyclidine can worsen (even cause) the problem.

EPSE

Pseudo-Parkinsonism

- Tremor, rigidity, slowed movement and thought etc.
- Can be mistaken for depression or negative symptoms.
- Treat by reducing or changing the drug; short-term anticholinergics can help.

Tardive Dyskinesia

- Abnormal movements, including lip-smacking, tongue waving etc.
- Can cause problems with eating, speaking and breathing.
- Occurs months to years after starting an antipsychotic, and is irreversible in 50% cases.
- Do not use anticholinergics.

Clozapine: What GPs need to know



Agranulocytosis/Neutropenia

- Unchecked, risk of sepsis, can be fatal.
 - Risk of agranulocytosis ~0.8%
 - Risk of neutropenia ~2.7%
- Patient, consultant psychiatrist and dispensing pharmacy must all be registered with the same clozapine monitoring agency.
- All patients must have mandatory regular FBC monitoring.
- Results must be submitted to the monitoring agency to authorise the on-going supply of clozapine.
 - Clozapine must be prescribed by brand
 - ZTAS (Zaponex), CPMS (Clozaril) and DMS (Denzapine)

Agranulocytosis/Neutropenia

GP responsibilities

- To be alert to complaints of flu-like symptoms or other evidence of infection this may be indicative of agranulocytosis/neutropenia.
 - Order FBC as soon as possible

Any concerns report to SWYFT



Constipation

- Common side effect, most patients will experience it at some point while on treatment.
 - Likely due to clozapine anticholinergic properties
- Constipation can occur at any time and at any dose
- Usually mild, but can vary from person to person.
- Rarely clozapine induced constipation has been associated with serious and possibly fatal complications including intestinal blockage, bowel perforation and toxic megacolon.
 - More dangerous than agranulocytosis
 - Severe constipation ~20% mortality rate.
- Be aware when initiating/increase dose of other medicines that that can cause constipation, particularly
 - Anticholinergic
 - Opioids
- Aware changes in physical health
 - Dehydrated
 - Bed bound
 - Poorly controlled diabetes, hypothyroidism

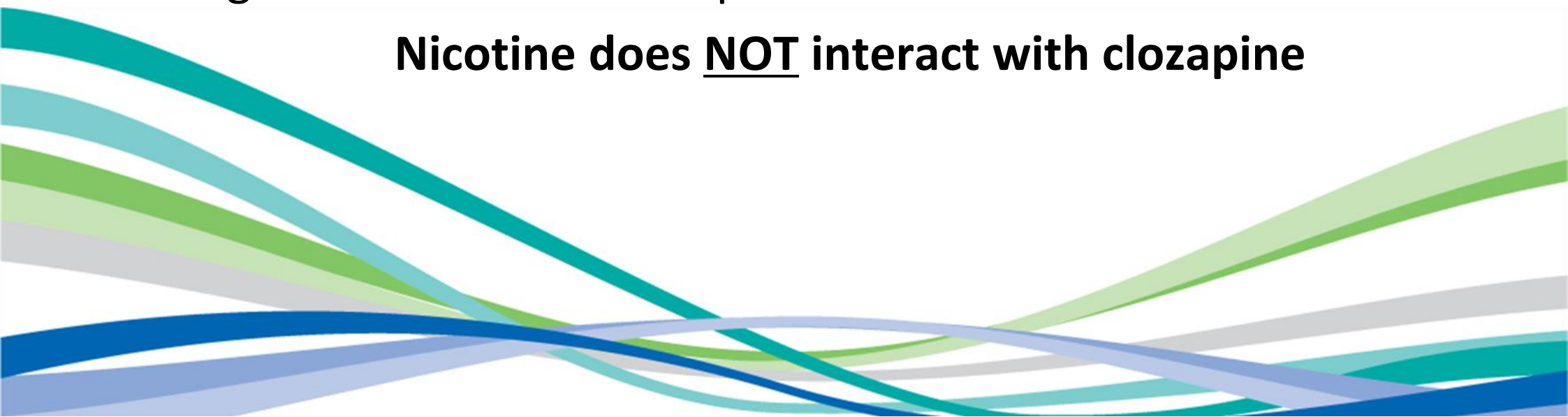
Smoking + Clozapine

Smoking is a potent CYP⁴⁵⁰ 1A2 inducer

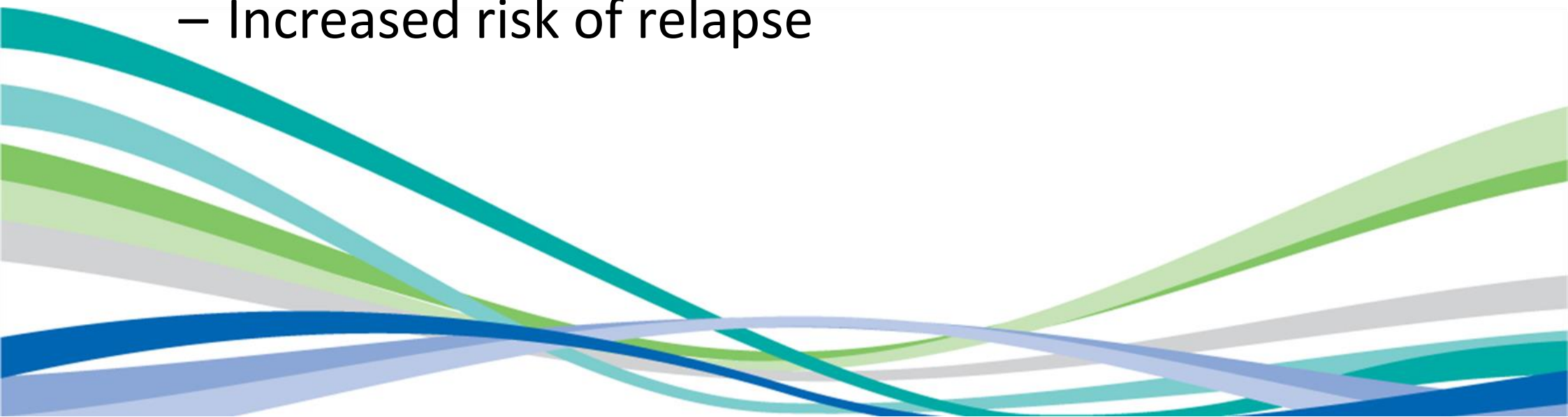
- Smoking increases the liver's capability and the speed it metabolises clozapine
- Smokers generally need higher doses of clozapine than non-smokers.

Cigarette smoke is a complex mixture of chemicals.

Nicotine does NOT interact with clozapine

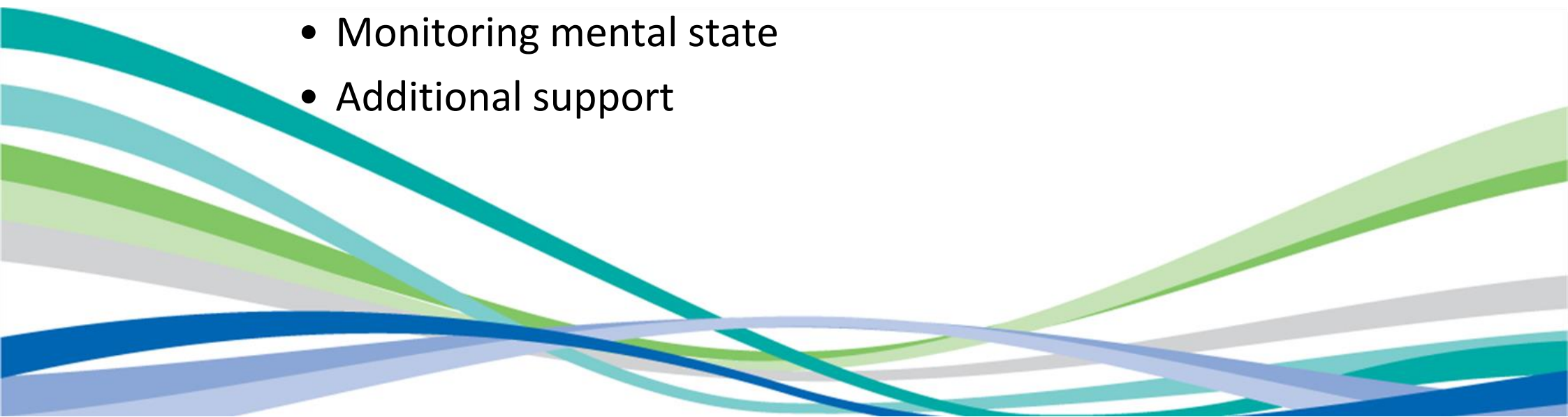


- **Stop smoking**, (including switching to NRT, e-cigs/vaping or any other form of smokeless tobacco)
 - the levels of clozapine in the blood will increase (30-70% increase).
 - Risk of potentially **fatal toxicity** (seizures, respiratory depression, coma, death)
- **(Re)start smoking**, the levels of clozapine in the blood will decrease.
 - Increased risk of relapse



Last point!

- Patients who have missed more than 48hrs of clozapine (accidentally or deliberately)
 - Should be advised not to restart clozapine at their previous dose
 - Loss of tolerance
 - Need urgent review by SWYFT to review treatment plan:
 - Re-titrate, starting dose 12.5mg, re-titration may need to be on a in-patient ward
 - Alternative antipsychotic
 - Monitoring mental state
 - Additional support



SWYFT Contacts

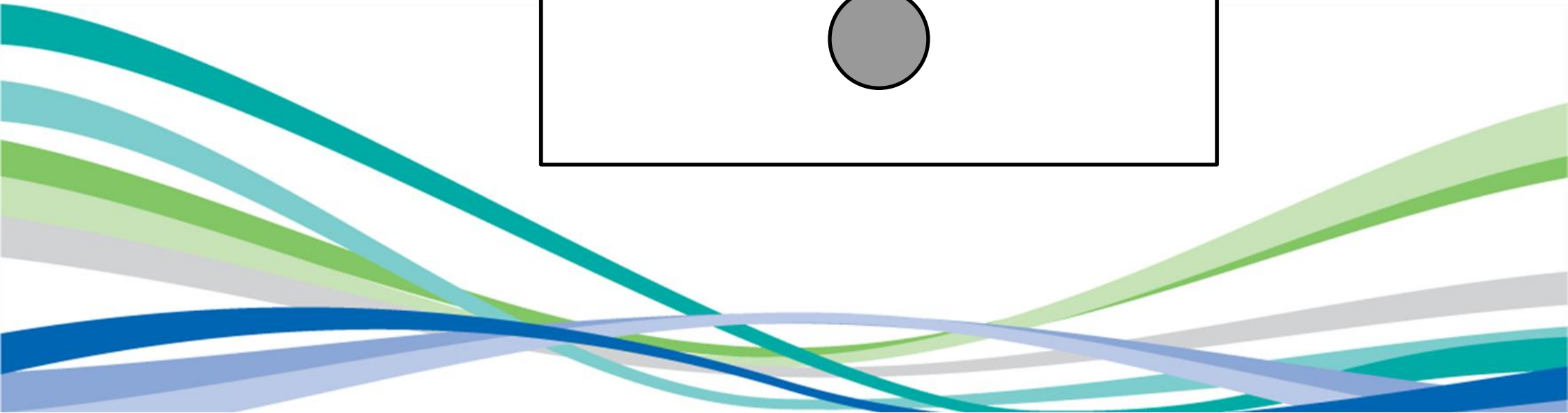
- Clozapine specific queries contact Dan Rowett in the Clozapine Clinic on **01226 645044**
- General queries contact the consultant the patient is under or via the SPA **01226 645000**



Shared care document review



Questions



Video

- <http://www.yhscn.nhs.uk/mental-health-clinic/mental-health-network/SeriousMentalIllness/mental-health-clinicmental-health-networkPHSMI.php.php>

