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North Essex Partnership **NHS**
University NHS Foundation Trust

POLICY DOCUMENT

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SUMMARY OF CHANGES

Date	Page Number(s)	Summary of Changes

Compliance Monitoring

Compliance with this procedure will be against the Trust's agreed minimum requirements/standards as detailed within the Auditable Standards and Monitoring Arrangements.

Continuing Care Guidance for Long Acting Antipsychotic Injections

1. INTRODUCTION

This document has been produced to support the Traffic Light system for the Prescribing of Psychotropic Medicines. Several long-acting antipsychotic injections are classified as 'Yellow' meaning they are initiated by specialist services and can then be continued in primary care (with or without shared care guidance- both of which should be fully planned and well communicated between service providers and patients involved). The administration of these medications by long acting injection can be useful to ensure concordance with antipsychotic treatment and maintain the well-being of the patient in the community on a long-term basis.
The document sets out the responsibilities from initial diagnosis through to ongoing long-term support.

2. AIM

To provide shared care guidance and treatment information to healthcare professionals working in North Essex Partnership University NHS Foundation Trust (NEP) and Primary Care Practitioners working in Essex when prescribing the following medicines:

- Aripiprazole Long-Acting Injection
- Flupenthixol Decanoate IM Injection
- Fluphenazine Decanoate IM Injection
- Haloperidol Decanoate IM Injection
- Paliperidone Long-Acting Injection- 1 monthly and 3 monthly formulations
- Risperidone Long-Acting Injection
- Zuclopenthixol Decanoate IM injection

This guidance covers these medicines when prescribed for licensed indications and at doses within current BNF limits (This information can be found at www.medicines.org.uk)

3. SCOPE

This policy applies to all healthcare professionals working in North Essex Partnership University NHS Foundation Trust (NEP) and Primary Care Practitioners working in Essex prescribing under the shared care guideline.

4. REFERENCES TO OTHER STANDARDS, POLICIES OR PROCEDURES

NEP Medicine Management Policies – available on the IntraNep.
http://intranep/TeamCentre/pharm/PublishedDocuments/Forms/PolicyTabs.aspx

5. PROCEDURE

5.1 Indications for use of these medications

- The prescription of long-acting antipsychotic injections is appropriate where concordance with oral treatment has been identified as an issue or where the patient would prefer this form of treatment.
- These treatments are generally licensed for the treatment of schizophrenia, and some are also licensed for the treatment of other psychotic illnesses (please refer to www.medicines.org.uk for full details).
- Some long acting injections are administered via the gluteal route only, and some are administered via either the gluteal or deltoid route. The person responsible for administration must be competent to administer via the prescribed route.

5.2 Responsibility of Secondary Care (Specialist) Clinicans

- Diagnosis based on a timely and comprehensive assessment, determining a management strategy and devising a CPA care plan in conjunction with other supporting clinicians.

- Ensuring that baseline and initial monitoring is conducted in line with the recommendations listed below prior to initiating treatment. This will usually be carried out in secondary care but in exceptional circumstances, and with prior agreement, may be done in primary care

- Relay any abnormal findings from these tests to the primary care practitioner

- Initiate the prescription of the long-acting antipsychotic injection, and to optimise the dose for the individual patient concerned.

- Discuss appropriate lifestyle issues (eg smoking cessation, healthy eating, taking exercise) with the patient

- Monitor for response and adverse drugs reactions (ADRs) during the initiation and titration period

- Liaison with primary care practitioner to share the patient's care when a stabilisation of dose has been achieved and the plan is to continue with this treatment in the long-term. (Stability for the purpose of this guidance is defined as a 3 month period during which no dose changes have been made and the patient is judged to be stable enough to attend primary care appointments independently).

- Ensure the patient has been concordant with treatment and is in agreement for the on-going prescribing and administration of these medicines via primary care.

- Evaluate ADRs and problems raised by primary care staff and advise on management of these when requested to do so.

- Advising on reducing or discontinuing the treatment when appropriate to do so.

- Provide training and support to primary care practices when requested to do so.

5.3 Primary Care Responsibilities

- Confirm or decline (with stated reason) request to share patient's care as soon as possible by returning the shared care agreement to the secondary care clinician.

- Carry out ongoing physical health monitoring as per recommendations

- Ongoing prescribing and administration of long acting antipsychotic injection

- Observing for evidence of ADRs, and raising these with the secondary care clinician if necessary

- Monitoring the patient's mental health status whilst taking prescribing responsibility, ensuring advice is sought form the secondary care clinician if there is any significant change

- Reducing or stopping the treatment in line with the secondary care clinicians advice

- Non-attendance by patient: If a patient does not attend their scheduled appointment they should be contacted and an alternative appointment offered within one week. If the patient does not attend this rescheduled appointment contact the care co-ordinator for the patient.

5.4 Monitoring

The following monitoring should be conducted for patients receiving long acting antipsychotic injections

Investigation	Initial Monitoring	Ongoing Monitoring (if no concerns found)
Weight/BMI and Hip/waist ratio	Baseline, monthly for first 3 months	Annually
Blood sugar	Baseline and at 3 months	Annually
Full Blood Count	Baseline	Annually
Liver function	Baseline	Annually
U&Es	Baseline	Annually
Blood lipids	Baseline and at 3 months	Annually
ECG	Baseline	Annually
Blood pressure	Baseline and at 3 months	Annually
Side Effect Scale	3 months	Annually
Prolactin	Baseline and at 6 months	Annually

5.5 Choice and cost of medication

In general the older antipsychotic injections cost less than the newer preparations. However, when choosing the most suitable antipsychotic for a patient the tolerability, side effect profile, patient preference and response to oral preparations etc should be taken into account. More expensive treatments can be cost effective if the patient maintains their health in the community.

5.6 Dosage and side effects

- See the BNF www.bnf.org , or Summaries of Product Characteristics (SPCs) www.medicines.org.uk for each preparation for full and up to date details. Alternatively the specialist teams can provide advice and details if requested.

- The patient may experience pain at the injection site, and over time hard plaques may form at the injection site(s) which cause discomfort to the patient and make administration of the injection more difficult. This can be minimised by:
    - Using the smallest practical volume
    - Warming the injection before administration
    - Rotating injection sites
    - Ensuring the needle length is appropriate for the size of the patient

  If this occurs please consider a medical review of the patient to consider reducing the frequency of injections, seeking advice if needed.

- Patients may experience extra-pyramidal side effects (particularly with the older antipsychotic drugs). These are characterised by:
    - Tremor and muscle stiffness
    - Restlessness (akathesia)
    - Tardive dyskinesia in severe cases

  These can generally be managed by
    - Reducing the dose
    - Considering an alternative treatment
    - Prescription of an anticholinergic medicine such as procyclidine

5.7 Care in prescribing

- There are increased risks when patients are co-prescribed other medications in addition to long acting anti-psychotic injections. Please ensure these are considered and addressed and any potential interactions are considered when starting new treatments
- For full details of contra-indications and interactions between specific drugs please consult the BNF or www.medicines.org.uk

5.8 Contact details for Specialist Services

For patients who remain under the care of specialist services and have a care co-ordinator the following contact details should be used:

Mid Essex: Specialist Psychosis Community Team: 01376 522300

NE Essex: Specialist Psychosis Community Team: 01255 226050

West Essex: Early Intervention and Assertive Recovery Team: 01279 827675

For patients who have been discharged from specialist services the first point of contact is the local Access and Assessment Team

Mid Essex: 01245 315660

NE Essex: 01206 228701

West Essex: 01279 637200

In emergency and out-of-hours situations please use the following numbers:

Mid Essex: 0330 7260130

NE Essex: 0330 7261800

West Essex: 0330 7260110

5.9 Advice and useful information

- www.medicines.org.uk .
- www.bnf.org.uk
- For patient information leaflets and comparison of treatments www.choiceandmedication.org.uk/nepft
- NEP Pharmacy 01245 315 500

References

- NEP Long Acting Antipsychotic Guidance March 2015
- Prescribing Guidelines in Psychiatry: 12th Edition (2015). Taylor, Paton and Kapur. Wiley Blackwell

APPENDIX 1

Injection	Route	Dose for adults under 65	Duration of action (weeks)	Peak (days)	Time to steady state (weeks)	Comment
Aripiprazole	Gluteal/deltoid	400mg monthly. Continue oral aripiprazole for 14 days after first injection	Data not currently available	5-7	16	
Flupentixol decanoate	Gluteal/Lateral thigh	Test 20mg Maintenance 50mg 4-weekly to 300mg 2-weekly Max.400mg weekly	3-4	7-10	10-12	C/I if circulatory collapse or loss of consciousness. May cause aggression/agitation or mood elevation
Fluphenazine decanoate	Gluteal	Test 12.5mg Maintenance 12.5-100mg 2-5-weekly Max. 50mg weekly.	1-3	¼-2	6-12	Less sedating, less hypotensive, more EPSE
Haloperidol decanoate	Gluteal	50mg 4-weekly, increasing by 50mg increments to max.300mg Elderly 12.5-25mg 4/52	6	3-9	10-12 weeks	Monthly injection usually. Reserve for chonic relapsing schizophrem=nics who have responded well to haloperidol
Olanzapine pamoate	NON-FORMULARY IN NEP. Requires high level monitoring after each injection					
Paliperidone palmitate (Xeplion)	Deltoid initially then deltoid/ gluteal	50-150mg monthly	Depends on route	3-10	2-3 weeks	Same active moiety as Risperidone. May have less side effects and may improve concordance
Paliperidone palmitate (Trevicta)	Deltoid/ gluteal	175-525mg 3 monthly	Up to 18 months	30-33		For use in patients who have been stabilised on

						monthly paliperidone
Risperidone	Deltoid/ gluteal	Oral test dose 25-75mg 2-weekly	5-6 weeks BUT will not start until 3-4 weeks after administration	28-42	6-8 weeks	Injection requires refrigeration and reconstitution. Initial lag period means oral/IM supplementation is required.
Zuclopenthixol decanoate	Gluteal	Test dose 100mg 200-500mg every 1-4 weeks MAX 600mg weekly	2-4 weeks	4-9 days	10-12 weeks	High doses have been used for aggression (out of licence)
NOTE: Zuclopenthixol ACETATE injection- This is NOT a long acting preparation- do not prescribe for community patients.						