SHARED CARE GUIDELINE

Pennine Care NHS Foundation Trust

Title: Prescribing and monitoring of antipsychotics for behavioural and psychological symptoms of dementia (BPSD)

Scope: Pennine Care NHS Foundation Trust Commissioning CCG	**Version:** Version 1

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Author(s)/Originator(s):	Pennine Care NHS Foundation Trust
To be read in conjunction with the following documents:	1. British National Formulary (BNF). Latest edition. http://bnf.org 2. Summary of Product Characteristics (SPC) for individual antipsychotics http://www.medicines.org.uk/emc 3. NICE Clinical Guideline 42 Dementia (revised March 2011) http://guidance.nice.org.uk 4. Pennine Care Guidelines for the prescribing and review of medication in behavioural and psychological symptoms of dementia. http://penninenet/intranet/department.asp?deptID=198
Authorised by:	Drugs and Therapeutics Committee, Pennine Care NHS Foundation Trust
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1. Introduction

'Behavioural and psychological symptoms of dementia' (BPSD) is the collective term used to describe a group of non-cognitive symptoms experienced in dementia. These can include psychosis, agitation and mood disorder, as well as challenging behaviour such as aggression and sexual disinhibition. BPSD can affect 50-80% of patients to varying degrees, [1]

NICE Clinical Guideline 42 (Dementia) [2] recommends that non-pharmacological interventions are used in the first instance for BPSD unless there is severe distress or an immediate risk of harm to the patient or to others. Medicines that may be used in BPSD include cholinesterase inhibitors, anti depressants and mood stabilisers as well as antipsychotics.

Antipsychotics should only be prescribed in BPSD in primary care under a shared care protocol with a relevant secondary or tertiary care service [2] Their use in the elderly poses certain risks; in patients with dementia these include an additional increased risk of stroke, increased mortality, sedation, and postural hypotension [3]. Their use in this patient group therefore requires careful monitoring.

2. Scope

Pennine Care NHS Foundation Trust
Commissioning CCG

3. Clinical condition to be treated

- Severe behavioural and psychological symptoms associated with dementia.
- These may include hallucinations, delusions, anxiety, marked agitation and associated aggressive behaviour, wandering, hoarding, sexual disinhibition, apathy and disruptive vocal activity, repetitive questioning.

4. Product information and treatment regimen to be used.

4.1 General Principles

- Where all other specific interventions for severe BPSD have been unsuccessful, a trial of antipsychotic medication may be initiated.
- Treatment should be commenced at a minimum dose and titrated up to the lowest effective dose
- Treatment should be time-limited, reviewed regularly and discontinued if ineffective or not tolerated.
- NICE guidelines recommend that reviews should take place no less frequently than every 12

weeks.

- Risperidone is the only antipsychotic licensed for use in (Alzheimer's) dementia [3]
- First generation antipsychotics are not classified by GMMMG as amber. They are included in this Shared Care Guideline for the sake of completeness, and to promote uniform practice.

4.2 Prescribing information

4.2.1 Licensed treatment - Risperidone

Risperidone is **licensed** for the short-term treatment (**up to 6 weeks**) of persistent aggression in Alzheimer's dementia. [4]

Drug	**Dosage forms**	**Suggested dose range**		
		Starting	**Optimal**	**Maximum**
Risperidone	Tablets Oro-dispersible tablets Liquid	0.25mg twice daily	0.5mg twice daily	1mg twice daily

4.2.2 Other second generation antipsychotics

All other second generation antipsychotics are unlicensed in this indication

Drug	**Dosage forms**	**Suggested dose range** (see BNF and SPC)	
		Starting	**Usual maximum**
Amisulpride	Tablets Liquid	50mg daily [5]	400mg twice daily
Aripiprazole	Tablets Oro-dispersible tablets Liquid	5mg daily	30mg daily
Olanzapine	Tablets Oro-dispersible tablets	2.5mg daily	20mg daily
Quetiapine	Tablets	12.5 mg daily	750mg daily in two divided doses

4.2.3 First generation antipsychotics

Some first generation antipsychotics are licensed for agitation, though not specifically in BPSD.

Drug	**Dosage forms**	**Suggested dose range** (see BNF and SPC)	
		Starting	**Usual maximum**
Chlorpromazine	Tablets Liquid	25mg daily	50mg three times a day
Haloperidol	Tablets Capsules Liquid	0.5mg daily	5mg twice daily
Promazine	Tablets Liquid	12.5mg twice daily	50mg four times a day
Trifluoperazine	Tablets Syrup	1mg twice daily	2mg twice a day

4.3 Cautions

(NB This list is not exhaustive. Please consult current BNF or SPC for full details)

- Patients with liver or kidney impairment – doses should be reduced by half.
- Patients with cardiovascular disease, cerebrovascular disease, history of epilepsy, diabetes, QT prolongation.
- Patients with Lewy Body dementia or Parkinson's disease

4.4 Side effects

This list is not exhaustive. Please consult current BNF or SPC for full details

- Extrapyramidal side effects (tremor, dystonia, akathisia, tardive dyskinesia)
- Raised prolactin, sexual dysfunction
- Tachycardia, QT prolongation, hypotension
- Weight gain, hyperglycaemia, diabetes mellitus
- Sedation

4.5 Adverse drug reactions (ADRs)

Serious ADRs may be seen with long-term use, and may therefore present first to GPs. If they occur the patient should be referred back to the specialised team

This list is not exhaustive. Please consult current BNF or SPC for full details

- Stroke or transient ischaemic attack
- Severe extrapyramidal side effects
- Symptoms of hyperprolactinaemia eg galactorrhoea, gynaecomastia
- Tardive dyskinesia
- Priapism (rare)

4.6 Drug interactions

This list is not exhaustive. Please consult current BNF or SPC for full details

- Antifungal drugs: dose reduction may be necessary
- Sedative drugs: may increase sedative effects of antipsychotics
- Hypotensive drugs: may be potentiated by antipsychotics

5. Regimen Management

5.1 Aspects of care for which the consultant psychiatrist/specialist team is responsible

Assessment and patient liaison

- To make a diagnosis, and assess the suitability of the patient for antipsychotic treatment.
- To choose the appropriate antipsychotic for the patient's needs.
- To discuss with the patient and/or carers full details of the target symptoms, proposed treatment, benefits and risks of treatment, including possible side effects, review arrangements and obtain their agreement to proceed
- To arrange for the following baseline tests to be carried out: LFT, FBC, U&E, ECG, weight, waist circumference BMI, blood pressure, blood lipids, plasma glucose and prolactin

Treatment initiation

- To establish the appropriate dose for the patient by up-titration
- To continue the care of the patient to ascertain that their initial response and progress has been satisfactory

GP liaison

- To ask the GP whether they are willing to participate in shared care

- To ensure that clear arrangements are in place for back-up advice and support from secondary care
- To provide the GP with advice on when and how to stop the antipsychotic treatment (See flowchart Appendix 1)
- To review the patient promptly if requested to do so by the GP

Adverse reaction reporting

- To report any adverse reactions to the medicines and Healthcare Regulatory Agency (MHRA) via the Yellow Card scheme https://yellowcard.mhra.gov.uk

5.2 Aspects of care for which the GP is responsible

Secondary care liaison

- To reply to the request for shared care as soon as practicable
- To refer to the consultant psychiatrist/ specialist team in the event of
  - A severe deterioration in the patient's mental state
  - A severe adverse reaction to the antipsychotic
  - A problem with the patient's medication concordance

Patient care

- To prescribe the antipsychotic at appropriate intervals
- To review the patient no less frequently than every 12 weeks, to monitor the effectiveness and tolerability of the treatment
- To ensure there are no interacting medicines co-prescribed with the antipsychotic
- To continue monitoring, as agreed with specialist service: LFT, FBC, U&E, ECG, weight, waist circumference BMI, blood pressure, blood lipids, plasma glucose and prolactin, at a frequency determined by the patient's clinical condition and/or by the guidelines in the BNF section 4.2.1.
- To stop the treatment, if and when considered necessary in collaboration with the consultant/specialist team (see section 5.1 above 'GP liaison' and flow chart Appendix 1)

Adverse reaction reporting

- To report any adverse reactions to the medicines and Healthcare Regulatory Agency (MHRA) via the Yellow Card scheme https://yellowcard.mhra.gov.uk

6. Back-up care available to GP from Hospital, including emergency contact procedures and help line numbers.

Where the concern relates to a specific known patient, and arises within office hours (9am - 5pm),

then the sector consultant psychiatrist and GP should normally liaise with each other directly.

Out-of-hours, the on-call psychiatric service covering the local hospital can be contacted via the switchboard.

Bury: Fairfield General Hospital 0161 764 6081

Rochdale: Birch Hill Hospital 01706 377777

Oldham: Royal Oldham Hospital 0161 624 0420

Stockport: Stepping Hill Hospital 0161 483 1010

Tameside & Glossop: Tameside General Hospital 0161 331 5151

7. Statement of Agreement between GP and Consultant.

This document is a request by the Consultant to share the suggested care pathway of the patient.

If the GP is unable to agree to the sharing of care and prescribing the suggested medication and on-going monitoring of the patient, he/she is requested to please make this known to the Consultant within as soon as possible, ideally stating nature of his/her concern.

8. Written information provided to patient

Patient information leaflet www.choiceandmedication.org/penninecare

9. References

1. Taylor, D., et al The Maudsley Prescribing Guidelines in Psychiatry, 11th edition, Wiley-Blackwell, 2012

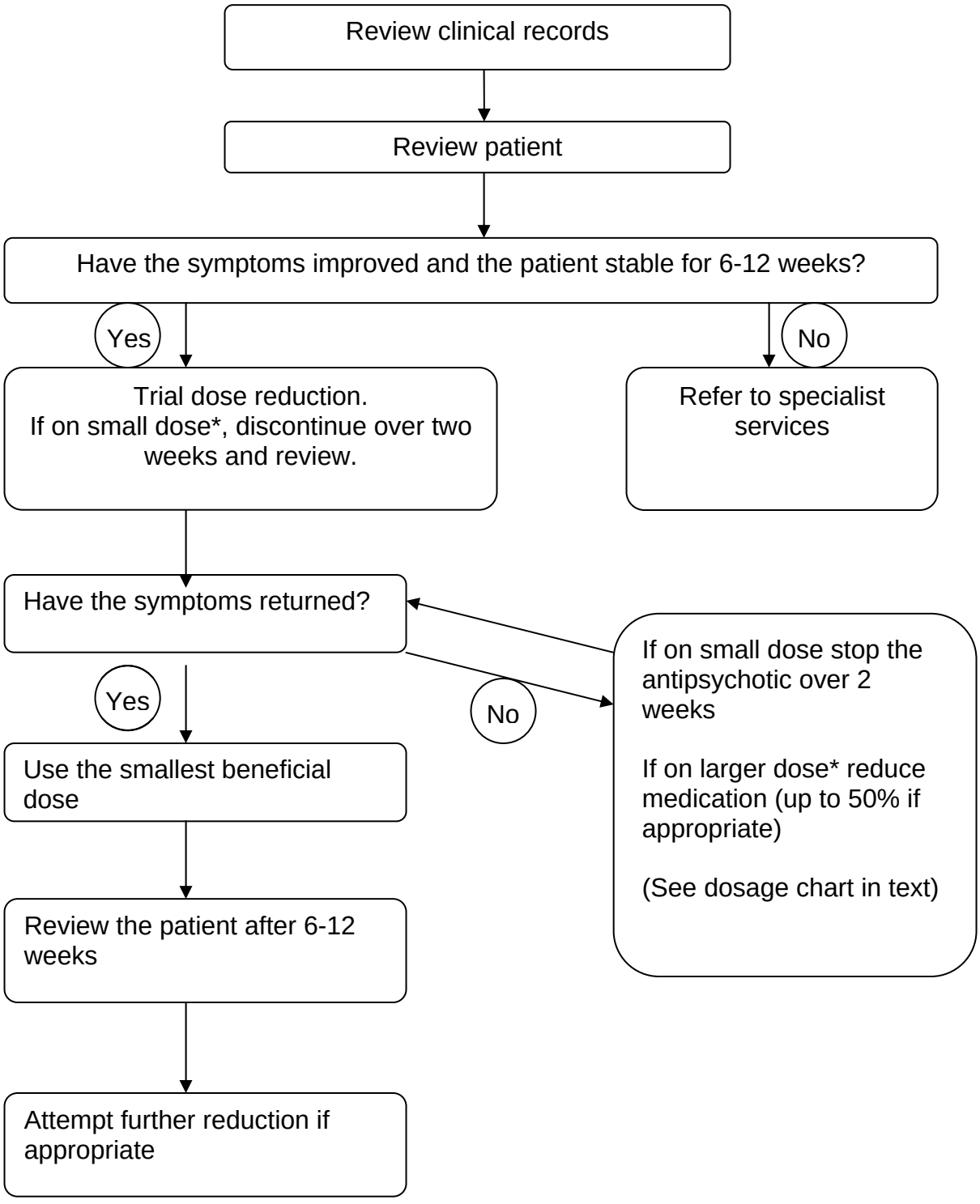
2. National Institute for Health and Clinical Excellence, Clinical Guideline 42: Dementia November 2006 http://www.nice.org.uk/Search.do?searchText=dementia&newsearch=true#/search/?reload

3. Medicines and Healthcare Products Regulatory Agency, *Antipsychotics: use in elderly people with dementia*, Drug safety Update March 2009 http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON088116

4. SPC Risperidone http://www.medicines.org.uk/emc/medicine/12818/SPC/Risperdal+Tablets%2c+Liquid+%26+Quicklet

5. Lim, H., et al., *Amisulpride versus risperidone treatment for behavioural and psychological symptoms in patients with dementia of the Alzheimer type: a randomized, open, prospective study.* Neuropsychobiology 2006; 54 247-251

APPENDIX 1 REVIEW/DISCONTINUATION OF ANTIPSYCHOTIC PRESCRIBING IN DEMENTIA



*FOR RANGE OF DOSES SEE SECTIONS 4.2.1, 4.2.2 AND 4.2.3