

# SHARED CARE GUIDELINE

**Title: Shared Care Guideline for the prescribing and monitoring of Antipsychotics for the treatment of Obsessive Compulsive Disorder (OCD) in children and adolescents.**

**Scope:**

Pennine Care NHS Foundation Trust  
To support an individualised care pathway where this has been previously agreed with the GP only

**Version:**

**Version 1**

**Issue date:**

23 April 2013

**Replaces:**

N/A new document

**Author(s)/Originator(s)**

Pennine Care NHS Foundation Trust

**To be read in conjunction with the following documents:**

BNF – current edition  
BNF for Children 2012-2013  
Summary of Product Characteristics (SPC)  
Pharmaceutical company's patient information leaflet (PIL)  
**Pennine Care CL 16** The Prescribing, Supply and use of Unlicensed Medicines  
**Pennine Care CL17** The use of Licensed Medicines outside the conditions of their Product Licence

**Authorised by:**

Drugs and Therapeutics Committee

**Date authorised:**

19 April 2013

**Review Date:**

19 April 2016

## 1. Scope

Pennine Care NHS Foundation Trust

To support an individualised care pathway where this has been previously agreed with the GP only

## 2. Introduction

This shared care guideline covers prescribing antipsychotics for Obsessive Compulsive Disorder (OCD) in children and adolescents. It includes licensed medicines, licensed medicines for unlicensed applications, and recommended or accepted use of unlicensed medicines ('off-label' prescribing). As with many paediatric treatments, some uses of antipsychotics in this age group are with informed use of off-label prescribing

In 2000, the Royal College of Paediatrics and Child Health issued a policy statement on the use of unlicensed medicines or the use of licensed

medicines for unlicensed applications, in children and young people. This states clearly that such use is necessary in paediatric practice and that doctors are legally allowed to prescribe unlicensed medicines where there are no suitable alternatives and where the use is justified by a responsible body of professional opinion [1].

The SCG recognises there are differences in commissioning of Child and Adolescent Mental Health Services across the Trust for 16 to 18 year olds and that there are differences in the practice of prescribing and supervision for 16 to 18 year olds by working age adult psychiatrists.

### **3. Supporting information**

Obsessive compulsive disorder (OCD) is a chronic mental health condition that is usually associated with obsessive thoughts and compulsive behaviors. Symptoms can cause significant functional impairment and/or distress.

First line treatments for OCD are cognitive-behavioral therapy (CBT) and serotonin reuptake inhibitors (SSRIs). In some severe cases SSRI treatment is not effective and patients continue to experience significantly distressing symptoms, impaired functioning, and diminished quality of life. In these patients the atypical or second generation antipsychotics are used to augment SSRI treatment.

NICE issued guidance on the core interventions in the treatment of OCD and BDD in 2005. NICE recommends the use of antipsychotics in severe functional impairment as adjunct to treatment with an SSRI or clomipramine, if they are ineffective on their own. [2]

A Cochrane review in 2010 looked at the use of antipsychotics as monotherapy or adjunct to SSRIs in the treatment of OCD and found some evidence for antipsychotic adjunctive treatment with SSRIs. [3]

Two literature reviews also published in 2010 acknowledge that antipsychotics are an option for SSRI treatment resistant OCD [4,5].

## **4. Prescribing and monitoring**

### 4.1 Prescribing

Summary of Licensed Indications, Formulations and Dosage

| <b>Drug</b>  | <b>Licensing</b> | <b>BNFc or NICE recommendation</b>  | <b>Formulations</b>                                 | <b>Dose range (daily)</b> |
|--------------|------------------|---|---|---------------------------|
| Aripiprazole | Unlicensed       | NICE Clinical Guideline 31- Core interventions in the treatment of obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD) | Tablets<br>Oro-dispersible tablets<br>Oral solution | 2mg-30mg *                |
| Olanzapine   | Unlicensed       | NICE Clinical Guideline 31  | Tablets<br>Oro-dispersible tablets                  | 2.5mg-15mg <sup>a</sup>   |
| Quetiapine   | Unlicensed       | NICE Clinical Guideline 31  | Tablets<br>Slow-release tablets                     | 25mg-200mg <sup>a</sup>   |
| Risperidone  | Unlicensed       | NICE Clinical Guideline 31  | Tablets<br>Oro-dispersible tablets<br>Oral liquid   | 0.5mg-3mg <sup>a</sup>    |

\* BNF for Children recommended doses – See BNF for Children for details on divided doses and age dependent dosing.

<sup>a</sup> Doses used in trials [2]

### **4.2 Monitoring**

There are concerns that children and young people are more sensitive than adults to the potential adverse effects of antipsychotics, including weight gain, metabolic effects and movement disorders.

The Specialist Team will monitor response to treatment, and adverse effects. This includes 3-monthly weight measurements, six monthly blood glucose levels measurements, and baseline and annual cholesterol and triglycerides checks. Suitable action will be taken if these give cause for concern and will be communicated to the GP.

The GP should refer any queries regarding treatment or adverse effects to the Specialist Team.

## **5. Regimen Management**

- a) Aspects of care for which the Specialist Team is responsible. The Specialist Team includes Child and Adolescent Psychiatrist, Paediatrician, or nominated Advanced Practitioner/ Non Medical Prescriber (in agreement with their medical supervisor)
- Direct assessment or supervision of specialist team assessment, evaluation of prior treatment, and rationalisation of treatment.
  - Informing patient/ carer of diagnosis, care plan, treatment including side effects and use of unlicensed product. Use of Patient Information Leaflets (PILs), user-friendly information leaflets for children/ adolescents.
  - Treatment decisions should be shared between patient, carer and the Specialist.
  - Informing young person/ carers of the latest regulatory advice.
  - Ascertaining patient/ family's commitment to safe storage and handling of medication.
  - Asking General Practitioners (GP) if they are willing to participate in shared care.
  - Initiation and titration of medication to a suitable dose or provide instructions/directions to the GP for initiation and/or titration of medication to a suitable dose where this has been agreed.
  - Written correspondence to GP from Specialist Team, summarising progress and recommendations for continued treatment.
  - Ensure clear arrangements for GP back up, advice and support.
  - To inform young person/ carer of the risk of physical side effects, particularly around initiation of treatment.
  - Monitoring response to treatment, and adverse effects.
  - Ensuring concurrent psychological therapy is offered.
  - Promoting access to any appropriate supporting therapies, carer education, and appropriate school liaison.
  - Minimum 6 monthly Specialist review appointments once treatment is established.

- Reporting suspected adverse events to the GP and the MHRA via the Yellow Card scheme to [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
- Discontinuation of treatment, (or transfer if appropriate).

Aspects of care for which the GP is responsible:

- Replying to requests for shared care as soon as possible.
- Initiation and titration of medication where there is agreement/ Continued prescribing of medication in the community under guidance of Consultant/ Specialist Team
- To undertake appropriate investigations, during treatment if requested to do so by the Consultant.
- Refer to the Consultant/Specialist Team for queries regarding treatment/side effects, and concerns about compliance or suspected drug misuse.
- Ensure compatibility of medication with concomitant prescribed medication.
- Stopping treatment on the advice of the Consultant/Specialist team.
- Continuation without specialist review is not recommended.
- Reporting suspected adverse events to the Specialist team and the MHRA via the Yellow Card scheme to [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)

## **6. Summary of cautions, contra indications, side effects & interactions**

Please refer to the current edition of the BNF and BNF for Children and SPCs of the individual drugs for the latest list of contraindication, cautions, side effects and interactions.

### **Contraindications –**

Comatose states

CNS depression

Phaeochromocytoma

### **Cautions –**

|                        |   |
|------------------------|---|
| Cardiovascular disease | A susceptibility to angle-closure glaucoma. |
| Parkinson's disease    |   |
| Epilepsy               | Severe respiratory disease                  |
| Depression             | History of jaundice                         |
| Myasthenia Gravis      | History of blood dyscrasias                 |
| Prostatic hypertrophy  |   |

### **Side Effects –**

Extrapyramidal symptoms - parkinsonian symptoms, dystonia (abnormal face and body movements) and dyskinesia, akathisia, tardive dyskinesia (rhythmic, involuntary movements of tongue, face, and jaw).

Hyperprolactinaemia - sexual dysfunction, reduced bone mineral density, menstrual disturbances, breast enlargement, and galactorrhoea.

Cardiovascular – as tachycardia, arrhythmias and hypotension.

Hyperglycaemia and sometimes diabetes can occur with antipsychotic drugs, particularly clozapine, olanzapine, quetiapine, and risperidone.

All antipsychotic drugs may cause weight gain, but the risk and extent varies. Clozapine and olanzapine commonly cause weight gain.

Neuroleptic malignant syndrome (hyperthermia, fluctuating level of consciousness, muscle rigidity, and autonomic dysfunction with pallor, tachycardia, labile blood pressure, sweating, and urinary incontinence) is a rare but potentially fatal side-effect of all antipsychotic drugs.

### **Interactions**

General anaesthetics

Anti-arrythmics

Tricyclic antidepressants

Antiepileptics

Atomoxetine

Methadone

Ritonavir

Please refer to the current edition of the BNF and BNF for Children and SPCs of the individual drugs for the latest list of contraindication, cautions, side effects and interactions.

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

Written correspondence following Specialist Team appointments, specifically detailing the next review date and any dose adjustments.

Telephone advice/ information from the Specialist Team during office hours, and plans for earlier review by team if necessary.

Dr [insert text here]\_\_\_\_\_

Contact number: [insert text here] \_\_\_\_\_

Hospital: [insert text here]\_\_\_\_\_

Out of hours on call/ emergency mental health service contactable through hospital switchboards.

## **8. Statement of Agreement between GP and Specialist team.**

This document outlines the suggested care pathway of the named patient. If you are unable to agree to the sharing of care and prescribing the suggested medication, please make this known to the Specialist team within 14 days stating the nature of your concern.

### **References:**

1. Joint Royal College of Paediatrics and Child Health/Neonatal and Paediatric Pharmacists Group Standing Committee on Medicines, 2000
2. NICE Clinical Guideline 31 Core interventions in the treatment of obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD) November 2005.
3. Komossa K., *et al.* Second-generation antipsychotics for obsessive compulsive disorder. *Cochrane Database of Systematic Reviews* 2010, Issue 12
4. Mancuso E., *et al.* Treatment of paediatric obsessive-compulsive disorder: a review. *Journal of Child Adolescent Psychopharmacology* 2010; 20(4)299-308
5. Simpson HB. Pharmacological treatment of obsessive-compulsive disorder. *Current Topics in Behavioural Neurosciences* 2010; 2:527-543

6. Phillips KA. Olanzapine Augmentation of Fluoxetine in Body Dysmorphic Disorder. *American Journal of Psychiatry*. 2005; 162(5): 1022–1023.
7. Hollander E., *et al*. Pharmacologic Treatment of Body Dysmorphic Disorder. *Primary Psychiatry*. 2006;13(7):61-69
8. BNF for Children 2012-2013
9. BNF 63 March 2012
10. Maudsley Prescribing Guidelines, 10<sup>th</sup> Edition, Informa Healthcare, 2009
11. Summary of product characteristics (SPC) for recommended drugs.  
[www.medicines.org.uk](http://www.medicines.org.uk)
12. James AC. Prescribing antipsychotics for children and adolescents. *Advances in psychiatric treatment* 2010; 16:63-75