SHARED CARE GUIDELINE

Pennine Care NHS Foundation Trust

Title: Prescribing and monitoring of antipsychotics as adjunct to antidepressants in the treatment of severe depression in adults (augmentation)	
Scope: Pennine Care NHS Foundation Trust Commissioning CCG	**Version:** Version 1
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Replaces:	N/A
Author(s)/Originator(s):	Pennine Care NHS Foundation Trust
To be read in conjunction with the following documents:	NICE Clinical Guideline CG90 (2009) Depression British National Formulary (BNF). Latest edition. http://bnf.org Summary of Product Characteristics (SPC) for individual antipsychotics http://www.medicines.org.uk/emc Pennine Care SCG prescribing and monitoring of antipsychotics
Authorised by:	Drugs and Therapeutics Committee, Pennine Care NHS Foundation Trust
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1. Introduction

NICE Clinical Guideline CG90 [1] describes possible treatment pathways for adult patients whose depression has failed to respond to initial treatment with a selective serotonin reuptake inhibitor (SSRI) or serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressant.

One option which may be considered is augmentation with a non-antidepressant drug, such as an antipsychotic. Although none of the antipsychotics are licensed for this indication, (except Seroquel

XL) there is a good evidence base for the use of olanzapine, quetiapine (standard release), risperidone and aripiprazole, and they are usually well tolerated [2].

NICE recommends that augmentation should normally be started by a specialist team, and the Greater Manchester Medicines Management Group (GMMMG) have designated prescribing antipsychotics for unlicensed indications as 'Amber' if supported by a Shared Care Guideline. [3]

2. Scope

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Commissioning CCG

3. Clinical condition to be treated

Severe depression in adults which has not responded adequately to treatment with an antidepressant, or a combination of antidepressant and psychosocial intervention.

4. Product information and treatment regimen to be used.

4.1 General Principles

- The rationale for the decision to augment must be clearly documented.
- Medications with a low risk of interaction should be selected.
- Be aware of the possibility of an increased side-effect burden
- The rationale for augmentation should be thoroughly discussed with patient, including the potential for adverse effects, and the discussion recorded in the notes.
- The patient should be monitored for any adverse effects.

4.2 Prescribing information

The following prescribing guidelines are reproduced from the Maudsley Prescribing guidelines [2], and based on published data. Other combinations/dosages may be selected at the discretion of the consultant psychiatrist.

Treatment	Combined with	Advantages	Disadvantages
Olanzapine 10mg daily	Fluoxetine or tricyclic antidepressant	Well researched. Usually well tolerated	Risk of weight gain Limited clinical experience in UK
Quetiapine 150-300mg daily (**Not** MR preparation)	SSRI/SNRI	Good evidence base Usually well tolerated	Dry mouth, sedation, constipation. Weight gain in longer term
Risperidone 0.5-3mg daily	Antidepressant	Developing evidence base Usually well tolerated	Hypotension Hyperprolactinaemia
Aripiprazole 5-20mg daily (**NOT** split bd)	Antidepressant	Good evidence base Usually well tolerated and safe	Akathisia and restlessness common (10-20% of patients)

4.3 Cautions

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

- Patients with a history of cardiovascular disease; an ECG should be undertaken to ascertain the QT interval.
- Patients with Parkinson's disease (may be exacerbated by antipsychotics)
- Patients with epilepsy (may be exacerbated by antipsychotics)
- Patients with myasthenia gravis, prostatic hypertrophy, or a susceptibility to narrow angle glaucoma.

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 interval prolongation, hypotension
- Weight gain, hyperglycaemia, diabetes mellitus

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 specialist team

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

- 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 discuss with the patient and/or carers full details of the proposed treatment, the possible benefits and risks of treatment, including possible side effects, and obtain their agreement to proceed
- In conjunction with the patient to choose the appropriate antipsychotic for the patient's needs.
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- 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
- To continue the care of the patient until stable. 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 once the patient is stable
- To ensure that clear arrangements are in place for back-up advice and support from secondary care
- 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 ensure there are no interacting medicines co-prescribed with the antipsychotic
- To continue monitoring, as agreed with specialist services: body weight (every 6 months), blood lipids (fasting lipids annually) and glucose (urinary glucose or random plasma glucose annually) [2]

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, 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. National Institute for Health and Clinical Excellence, Clinical Guideline 90 : Depression 2009 http://www.nice.org.uk/
2. Taylor, D., et al The Maudsley Prescribing Guidelines in Psychiatry, 11th edition, Wiley-Blackwell, 2012
3. Greater Manchester Medicines Management Group (GMMMG) http://www.nyrdtc.nhs.uk/GMMMG