SHARED CARE GUIDELINE

Pennine Care NHS
NHS Foundation Trust

Title: Shared Care Guideline for the prescribing and monitoring of Antipsychotics for the treatment of Schizophrenia and psychotic symptoms 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 1
Issue date:	24 January 2013
Replaces:	
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To be read in conjunction with the following documents:	BNF 63 September 2012 BNF for children 2011-2012 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 Pennine Care NHS Foundation Trust
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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 Schizophrenia and psychotic symptoms in children and adolescents for licensed indications, and for recommended/ accepted off-label prescribing. Like many paediatric medicines, 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

Second generation antipsychotics are indicated for the treatment of schizophrenia and other psychotic conditions.
NICE issued guidance for the use of antipsychotics in schizophrenia in adults in March 2009 (CG 82) [2].

The evidence base for use of antipsychotics in children is growing.
Randomised double blind trials supporting the use of Risperidone, Olanzapine and Aripiprazole for early onset schizophrenia have been published in recent years [3,4,5].
NICE, with the National Collaborating Centre for Mental Health, are currently developing guidelines for psychosis and schizophrenia in children and young people and this is due in March 2013.

NICE published 'Aripiprazole for schizophrenia in people ages 15 to 17 years' - a technology appraisal in January 2011 (TA 213). This recommended the use of aripiprazole in young people, if there is no response to risperidone or if risperidone can not be tolerated [6].

4. Prescribing and monitoring

4.1 Prescribing

Summary of Licensed Indications, Formulations and Dosage

Drug	Licensing	Formulations	Dose range *
Amisulpiride	Licensed in age 15 yrs and above	Tablets, Oral solution	15-18yrs: 200-400mg twice daily adjusted to response Max.1.2g
Aripiprazole	Licensed in ≥ 15 yrs	Tablets Oro-dispersible tablets Oral solution	13-18yrs: 2-15mg daily. Max. 30mg
Clozapine	Licensed in ≥16 yrs	Tablets	12-18yrs: 12.5mg-450mg daily. Max. 900mg
Olanzapine	Unlicensed (Licensed ≥ 18yrs)	Tablets Oro-dispers. tablets	12-18yrs: 5mg-20mg daily. Max. 20mg
Quetiapine	Unlicensed (Licensed ≥ 18yrs)	Tablets Slow-release tablets	12-18yrs: 25mg-350mg twice daily. Max. 750mg
Risperidone	Licensed ≥ 15 yrs	Tablets Oro-dispers. tablets Oral liquid	12-18yrs : 2mg-6mg daily. Max. 16mg
Sulpiride	Licensed ≥ 15 yrs	Tablets Liquid	14-18yrs: 200mg – 400mg twice daily. Max. 2.4g

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

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 3-6 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 is responsible. The term Specialist 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
- 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

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

Parkinson's disease

Epilepsy

Depression

Myasthenia Gravis

Prostatic hypertrophy

A susceptibility to angle-closure glaucoma.

Severe respiratory disease

History of jaundice

History of blood dyscrasias

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

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

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

Telephone advice/ information from the Consultant / 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 Consultant.

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 Consultant within 14 days stating the nature of your concern.

9. Written information provided to patient

- Pennine Care NHS Foundation Trust Patient Information Leaflet
- Patient information leaflet

10. Supporting references

1. Joint Royal College of Paediatrics and Child Health/Neonatal and Paediatric Pharmacists Group Standing Committee on Medicines, 2000
2. National Institute for Health and Clinical Excellence, NICE clinical guideline 82, Schizophrenia, March 2009
3. Findling et al; A multiple centre, randomised, double-blind, placebo-controlled study of oral aripiprazole for treatment of adolescents with schizophrenia. *Am J Psychiatry* 2008; 165:1432-1441
4. Sikich et al; Double-blind comparison of first- and second-generation antipsychotics in early onset schizophrenia and schizoaffective disorder;

Findings from the treatment of early onset schizophrenia spectrum disorders (TEOSS) study. *Am J Psychiatry* 2008; 165:1420-1431

5. Haas et al; A 6-week, randomised, double-blind, placebo-controlled study of the efficacy and safety of risperidone in adolescents with schizophrenia. *J Child Adolesc Psychopharmacol* 2009; 19:611-21

6. NICE technology appraisal 213. Aripiprazole for the treatment of schizophrenia in people aged 15 to 17 years, January 2011

7. BNF for Children 2011-2012

8. BNF 63 September 2012

9. Maudsley Prescribing Guidelines, 10th Edition, Informa Healthcare, 2009

10. Evidence based guidelines for the pharmacological treatment of schizophrenia: recommendations from the British Association of Psychopharmacology, 2011

11. Summary of product characteristics (SPC) for recommended drugs. www.medicines.org.uk

12. James AC. Prescribing antipsychotics for children and adolescents. *Advances in psychiatric treatment* 2010; 16:63-7