Antipsychotic drugs

Please note: This briefing focuses on drugs for psychosis only. It does not include prescribing antipsychotic drugs for patients with dementia (they should not be used long term in this group of patients). Please refer to the PrescQIPP reducing antipsychotic prescribing in dementia toolkit for more information on this: https://www.prescqipp.info/our-resources/bulletins/t7-reducing-antipsychotic-prescribing-in-dementia/

Key recommendations

- Do not start antipsychotic medication for a first presentation of sustained psychotic symptoms in primary care unless it is done in consultation with a consultant psychiatrist.
- Only consider the use of antipsychotic medication during periods of relapse or symptom exacerbation on an 'as required' or prn basis for people with psychosis or schizophrenia who are unwilling to accept a continuous maintenance regimen, or if there is another contraindication to maintenance therapy, such as side-effect sensitivity.
- The secondary care team should maintain responsibility for monitoring the person's physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer.
- Responsibility for prescribing and monitoring antipsychotics in primary care should always be under formal shared care arrangements if the primary care prescriber agrees.
- Toxicity in overdose should be taken into account when prescribing psychotropic medication during periods of high suicide risk. Review the need to limit the quantity of medication supplied to reduce the risk to life if the patient overdoses.
- Consider switching all patients prescribed quetiapine modified release (MR) to an equivalent dose of the immediate release (IR) formulation unless there is a documented clinical reason for an MR preparation (e.g. patients who do not tolerate quetiapine IR but are able to tolerate MR or where compliance may cause a problem).
- Patients prescribed a more costly orodispersible preparation (aripiprazole, olanzapine or risperidone), where this is not clinically indicated (e.g. for swallowing difficulties, patients who are PEG fed or for patients with compliance issues), should be reviewed to determine the appropriateness of switching to a more cost-effective formulation.
- Patients still requiring an orodispersible formulation of olanzapine, should be switched to generic orodispersible sugar free tablets as these are more cost-effective.
- Patients requiring a liquid formulation of an antipsychotic should be reviewed to determine their appropriateness for switching to a more cost-effective formulation.
- All switches of formulations of antipsychotic drugs should be on specialist advice only, with the exception of switching olanzapine orodispersible to a more cost effective orodispersible formulation, and quetiapine MR to IR if agreed locally.
- As always, switches should be tailored to the individual patient.

Savings available

Across England and Wales approximately £107 million is spend on antipsychotic drugs. [NHSBSA November 2020 to January 2021]

Switching from olanzapine orodispersible tablets or sugar free oral lyophilisates to olanzapine orodispersible sugar free tablets , could **save £2 million nationally over 12 months (NHSBSA November 2020 to January 2021).** This is equivalent to £3,132 per year per 100,000 patients.

Switching from quetiapine modified release (Seroquel XL) to quetiapine IR **could save £895k nationally over 12 months (NHSBSA November 2020 to January 2021).** This is equivalent to £1,401 per year per 100,000 patients.

References

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8. NICE. Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder. Technology appraisal guidance [TA292]. Published July 2013. https://www.nice.org.uk/guidance/ta292
9. Sussex Partnership NHS Foundation Trust. Guidance on the Use of Antipsychotics. Version 4. April 2018. https://www.sussexpartnership.nhs.uk/sites/default/files/documents/antipsychotic_guidelines_v4_-_apr_2018_-_final_3_0.pdf

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-286-antipsychotic-drugs/
	Tools	
	Data pack	https://data.prescqipp.info/views/B268_Antipsychoticdrugs/FrontPage?:iid=1&:isGuestRedirectFromVizportal=y&:embed=y

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