Guidance For Staff Working Within The NHS Grampian Mental Health Service Relating To The Regular Use Of More Than One Antipsychotic

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<tr>
<th>Lead Author/Coordinator:</th>
<th>Consultation Group:</th>
<th>Approver:</th>
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<tr>
<td>Principal Pharmacist</td>
<td>Mental Health Operational Medicines Management Group</td>
<td>Medicine Guidelines and Policies Group</td>
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Version 5

Executive Sign-Off

This document has been endorsed by the Director of Pharmacy and Medicines Management

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Identifier: NHSG/guide/RCH/MGPG868

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Lead Author/Co-ordinator: Principal Pharmacist, Royal Cornhill Hospital

Subject: Prescribing and prescription

Key word(s): Guidance antipsychotics antipsychotic mental health neuroleptics major tranquillisers.

Document application: NHS Grampian – Mental Health Service

Purpose: To provide prescribing guidance for staff working in the Mental Health Service relating to the regular use of more than one antipsychotic medication.

Responsibilities for implementation: Mental Health and Learning Disabilities

Organisational: Mental Health Services Clinical Management Board and Sector General Manager

Hospital/Interface services: Clinical Director, Grampian Mental Health and Learning Disabilities

Operational Management: Directorate Service Level Managers

Unit: (Directorates) Clinical Leads

Departmental: Line managers

Area: Line managers

Hospital/Interface services: Assistant General Managers and Group Clinical Directors

Policy statement: It is the responsibility of supervisory staff at all levels to ensure that their staff are working to the most up to date and relevant policies, protocols procedures. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced.

Review: This policy will be reviewed at least every three years or sooner if current treatment recommendations change.
Prescribing Guidelines For The Regular Use Of More Than One Antipsychotic – Version 5

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Responsible for review of this document: Mental Health Operational Medicines Management Group

Responsible for ensuring registration of this document on the NHS Grampian Information/Document Silo: Pharmacy and Medicines Directorate

Physical location of the original of this document: Pharmacy Office, Royal Cornhill Hospital

Job/group title of those who have control over this document: Mental Health Operational Medicines Management Group

Responsible for disseminating document as per distribution list: Mental Health Operational Medicines Management Group

Revision History:

<table>
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<tr>
<th>Date of change</th>
<th>Approval date of guideline that is being superseded</th>
<th>Summary of Changes (Descriptive summary of the changes made)</th>
<th>Changes Marked* (Identify page numbers and section heading )</th>
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<tr>
<td>April 2017</td>
<td>January 2014</td>
<td>References updated.</td>
<td>Page 2</td>
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Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.
Guidance For Staff Working Within The NHS Grampian Mental Health Service Relating To The Regular Use Of More Than One Antipsychotic

Prescribing more than one antipsychotic drug at a time should be avoided except in exceptional circumstances (e.g. clozapine augmentation or when changing medication during titration) because of the increased risk of adverse effects such as extrapyramidal symptoms, QT-interval prolongation and sudden cardiac death.¹

- There is no good objective evidence that combined antipsychotics (that do not include clozapine) offer any efficacy advantage over the use of a single antipsychotic. The evidence base supporting such combinations consists, for the most part, of small open label studies and case series.²
- Treatment with more than one antipsychotic is complex and potentially confusing.
- High dose antipsychotic prescribing can inadvertently occur with combinations (particularly with “as required” medication), i.e. when the sum of the percentage of the BNF maximum dose for each antipsychotic exceeds 100%.
- Treatment with more than one antipsychotic can make it difficult to accurately titrate the doses of each drug and to assess their individual effectiveness.
- The risk of drug interactions and other adverse events is increased. There are a number of published reports of clinically significant side-effects (increased extrapyramidal side-effects (EPSE), severe EPSE, increased metabolic side-effects, sexual dysfunction, increased risk of hip fracture, paralytic ileus, grand mal seizures, increased QTc and arrhythmias) associated with combined antipsychotics.
- Some antipsychotic polypharmacy (e.g. combinations with aripiprazole) show clear benefits for tolerability but not efficacy.

Before combination antipsychotics are prescribed specific actions should be taken to ensure that:

- The current diagnosis is correct.
- Patient has been compliant with previous/current treatment.
- Dose and duration of previous/current treatment has been adequate.
- Adverse social and psychological factors have been minimised.
- Alternative adjunctive drug therapies have been tried.
- Avoid confusing sedative effect with antipsychotic effect.
- An objective measure of effectiveness of drug therapy on symptomatology is used, e.g. CGI (Clinical Global Impression).
• Where a clinical improvement occurs before a switch from one antipsychotic to another is complete, continue with treatment plan until the switch is complete and monotherapy achieved.

Prescribing of more than one antipsychotic should only be done as part of a considered treatment plan, with the rationale and outcome clearly documented in the patient’s medical notes. The prescribing of more than one antipsychotic may be appropriate where the following criteria apply:

• During a switch from one antipsychotic to another.
• As a temporary measure during a period of acute exacerbation of illness.
• For patients who have:
  ➢ Been unable to tolerate higher doses of clozapine.
  ➢ Shown only a partial response to clozapine, as augmentation, but meta analysis of antipsychotic augmentation indicates a very small effect overall.  

If multiple antipsychotics are to be used regularly:

• The rationale for use should be documented in the patient’s clinical notes.
• The patient should be informed and consent obtained and recorded in the clinical notes. If the patient refuses consent then the use of Mental Health (Care and Treatment) (Scotland) Act 2003 will need to be considered. If the patient is incapable of giving informed consent, use of the Adults with Incapacity (Scotland) Act 2000 may be required. Also consider any advance statement the patient may have made.
• The use of combination antipsychotic therapy should be reviewed regularly with regard to the clinical indication and the result of this review documented.
• If no improvement is seen at review, discontinuation of multiple antipsychotic therapy should be considered.

NB. If a combination will result in high dose antipsychotic prescribing (i.e. when the sum of the percentage of the BNF maximum dose for each antipsychotic exceeds 100%) the NHS Grampian Guidelines for the use of High Dose Antipsychotic Medication should be adhered to.

References