ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PRESCRIBING ANTIPSYCHOTIC MEDICATION ABOVE RECOMMENDED MAXIMUM DAILY DOSES

1. INTRODUCTION

1.1. The prescribing of antipsychotic medications occurs in two ways:

- A single antipsychotic prescribed at a dose in excess of the maximum BNF* recommended dose
- The combined use of 2 or more antipsychotics where the total of the individual doses, expressed as a percentage of the BNF maximum recommended dose, exceeds 100%

1.2. There is no evidence to support the routine use of high dose antipsychotic therapy (HDT), either as a single agent or as a combination of antipsychotics. Thus, the use of such therapy should only be after evidence-based strategies have failed and where:

- diagnosis has been re-confirmed
- adherence to medication has been verified
- adjuvant medication has been optimised (for example, antidepressants and mood stabilisers)
- akathisia has been dismissed
- substance misuse has been eliminated

1.3. POMH-UK has produced an 'antipsychotic dosage ready reckoner' to aid the calculation of total daily prescribed antipsychotic dose as a percentage of the BNF maximum. This can be downloaded from the Medicines Management pages of the Trust intranet or printed copies obtained from Pharmacy.

2. PRESCRIBING HIGH DOSE THERAPY

2.1. The decision to commence a patient on an elective trial of antipsychotic medication at a dose higher than the maximum BNF recommended dose is the responsibility of the patient's consultant. Non-medical prescribers should not make the decision to proceed to the use of high dose antipsychotics.

2.2. The reason for the treatment, should be documented using a high dose therapy (HDT) form (see Annex 1), and the patient be given an explanation why they are receiving a trial of high dose medication. Forms are available on wards and in the pharmacy departments. If an individual patient is not informed then an explanation as to why that was not done should be documented in the patient's healthcare record.

* British National Formulary

2.3. Pharmacists will place a “high dose sticker” on treatment cards where they notice HDT is being prescribed. This will act as a reminder to prescribers to review therapy.

2.4. In those circumstances where higher than BNF limits might be prescribed for quite some time, the consultant will ask for a second opinion from a senior colleague not involved in the day to day care of the patient.

2.5. The clinical indications should be documented in the patient's healthcare records, and the outcome reviewed every three months.

2.6. Consideration before initiating therapy should be given to baseline tests for renal and/or hepatic insufficiency i.e. urine electrolytes and liver function tests and also an ECG to exclude significant cardiac disease. If these investigations are not carried out an explanation for not doing so should be documented in the healthcare records. Repeat investigations of renal and hepatic function should be considered at each regular review of the patient and any change in the patient's physical health documented. (See also CLP55, *Physical Healthcare Policy for Inpatients* and CLPG55 *Physical Healthcare for Inpatients Procedural Guidance*).

2.7. A trainee reviewing follow up patients must confirm with the consultant any repeat prescription for antipsychotics above BNF limits.

2.8. If the dose of antipsychotic medication is changed, the reason should be documented i.e. whether due to lack of response, intolerance of side-effects or the patient's improving mental state.

2.9. If there is no clear response to high dose medication, a reduction in the dose to the level of the maximum recommended BNF dose should be made after defining an adequate trial period.

2.10. It would be expected that the consultant would reduce the dosage to within BNF limits as soon as clinical indications make this possible.

Annex 1

Essex Partnership University
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HIGH DOSE AND COMBINATION ANTIPSYCHOTIC TREATMENT MONITORING FORM

Patient's name:		Date of Birth:	
NHS Number		Ward:	
Consultant		Date	

This form is to be completed **prior** to commencing antipsychotic drugs that either exceed 100% of the BNF maximum recommended dose (including PRN) OR involve more than one antipsychotic drug prescribed on a regular basis

HIGH DOSE OR COMBINATION ANTIPSYCHOTIC TREATMENT SHOULD BE REVIEWED AT INTERVALS OF TWO WEEKS OR LESS AND DISCONTINUED IF NO ADDITIONAL CLINICAL BENEFIT IS OBSERVED.

Current Medication		
Drug name and formulation	Current total daily dose	Planned maximum daily dose

Previous Antipsychotic Medication		
Drug name and formulation	Total daily dose	Reason for stopping

Reasons for High Dose / Combination Antipsychotics

	YES	NO
1. Has this patient been prescribed clozapine? If NO, please state reason(s) for not prescribing If YES, please state reason(s) for discontinuation		
2. Has the patient shown signs of adverse effects to antipsychotic drugs or is there evidence of drug interactions? If YES, please give details		
3. Is the patient subject to Section 58 (consent to treatment) requirements?		
If YES, has the patient either given informed consent to high dose treatment and T2 been amended accordingly, or SOAD consent has been obtained on Form T3? (Answer must be YES)		

Monitoring required prior to commencing high dose treatment								
	ECG	FBC	U&Es	LFTs	TFTs	Glucose	Lipids	
Date								
Normal / Abnormal								

Monitoring required after commencing high dose treatment (repeated at a minimum of every three months)								
Date	ECG (Norm/Abn)	FBC (Norm/Abn)	U&Es (Norm/Abn)	LFTs (Norm/Abn)	TFTs (Norm/Abn)	Glucose (Norm/Abn)	Lipids (Norm/Abn)	

Consultant Name:	Signature:
Date of commencing High Dose Treatment:	