

Essential Shared Care Agreement: Antipsychotic Depot or Long-Acting Intramuscular Injection (LAI)

Please complete the following details:

Patient's name, address, date of birth

Consultant's contact details (p.3)

And send One copy to:

-the patient's GP

-put one copy in care plan

-give one copy to the patient

Patient's name:	
NHS Number:	
Patient's address:	
Patient's Date of Birth:	
As of this date: Please add to repeat prescription	
Medication prescribed: Dose:	

Note:

Guidelines will only be written when it has been agreed that shared care is or maybe an appropriate option in individual cases, and will include a statement of Specialist Unit /GP responsibilities.

Shared Care Guidelines will ensure that all GPs have sufficient information to enable them to undertake responsibility for specialist therapies and other therapies which may affect/interact with specialist therapies.

It is not the intention to insist that GPs prescribe such a therapy and any doctor who does not wish to undertake the clinical and legal responsibility for a Shared Care Drug is not so obliged. Acceptance of the Shared Care Guidelines will be endorsed by the Medicines Management Teams of the CCG.

The information contained in this guideline is issued on the understanding that it is the best available from the resources at our disposal at the time of issue. For further information please refer to the relevant Summary of Product Characteristics and NICE guidance or contact your local Specialist or Drug Information Centre.

Further copies of this guideline may be obtained from:

- South Staffordshire & Shropshire Healthcare Foundation NHS Trust website
- CCG Prescribing Advisers.
- CCG website.

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SHARED CARE GUIDELINES FOR Antipsychotic Depot or Long-Acting Intramuscular Injection (LAI):

Aripiprazole (LAI)- second generation antipsychotic

Flupentixol – *First generation antipsychotic*

Fluphenazine– *First generation antipsychotic*

Haloperidol– *First generation antipsychotic*

Paliperidone (LAI) - *Second generation antipsychotic*

Risperidone (LAI) - *Second generation antipsychotic*

Zuclopenthixol– *First generation antipsychotic*

Referral Criteria

- The patient will receive supplies on a hospital or community prescription form until shared care is agreed. This is usually for no longer than three months, and will always be until any oral antipsychotic cover during the titration period is complete.
- The patient will have an individual care programme defined for them and the GP will receive a copy of this. A named key worker and mental health team input will have been organised.

Specialist Services Responsibilities

1. Assess the patient, establish a diagnosis and determine a management strategy to include the establishment of a Care Programme Approach and involvement of the CPN/community mental health teams.
2. Initiate treatment
3. Discuss benefits and side effects of treatment with the patient and carer
4. Titrate the dose and establish patient on a stable dose and administration frequency
5. Baseline tests will be the responsibility of the specialist before transfer to shared care. Undertake baseline monitoring of parameters considered necessary (see Appendix 1) and communicate these to the GP, or agree with the GP that they undertake these.
6. Ensure that the key worker has drawn up a Care Programme involving the GP, and detailing who will be responsible for administering injections and where. The CPN must have arranged a system with the patient/carers, and GP practice to ensure that an appropriately stored injection is available at the appropriate time and venue for administration. **N.B.** Risperidone LAI requires refrigerated storage where the required expiry date is beyond 7 days.
7. Send a letter to the GP suggesting that the patient's condition now seems appropriate for a shared care approach, and that shared care is assumed to be formally agreed for this patient.
8. Where shared care is agreed and Trust nurses continue to administer, the specialist prescriber remains responsible for timely completion of the Trust's Medication Card which authorises Trust nurses to administer (even though GPs prescribe).
9. Advise GP on when and how to discontinue treatment (if necessary), and provide any required supervision.

10. Report adverse events to the MHRA.
11. Specialist services will review the patient as appropriate.
12. Alteration of (or advice about) dosage according to clinical parameters
13. Evaluation of adverse events reported by the GP, and identification of any specific monitoring required (see Appendix 1).
14. Restarting therapy should this be necessary.

GP Responsibilities

1. Reply to the request for shared care as soon as practicable by faxing back the signed agreement at Annex 3.
2. Prescribe the antipsychotic depot or long-acting injection
3. Follow specialist advice on any changes in treatment.
4. Monitor as agreed with specialist (see (12) above. If so, report findings to specialist.
5. Liaise with community psychiatric nurse/ person administering the injection regarding follow up of patients in the event of non-attendance.
6. Monitor the patient's overall health and well-being
7. Report to and seek advice from the specialist on any aspect of patient care which is of concern to the GP and may affect treatment.
8. Rapid referral of patient to specialist in the event of deteriorating clinical condition.
9. Discontinue treatment if necessary (on advice) of specialist.
10. Inform specialist of all relevant medical information regarding the patient (including adverse events) and any changes to the patient's medication irrespective of indication.

**Back-up advice on the above is available at all times:
South Staffordshire & Shropshire Healthcare Foundation NHS Trust –
Contact Details**

Contact	Speciality	Available	☎	Out of Hours
		Mon-Fri 8.30 – 5.00		

Appendix 1 : Monitoring Guidelines for Antipsychotics

Time Period	Recommended Min. Monitoring
Prior to initiation (= baseline = month zero)	All: f- Glucose, f- Lipid (total cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides), U&Es, LFTs, pulse & BP, BMI, ECG (only if CV disease or at high risk)
6 months	BMI
12 months	All: f-Glucose, f-Lipids (>40 years), BP, BMI
Annually after first year	All: f-Glucose, f-Lipids (>40 years), pulse & BP, BMI

Appendix 2 : Supporting Information

All Depot & Long Acting Injections (LAI)

Since second generation long acting injections may confer better tolerability than a first generation depot antipsychotic, it is rational to prescribe one when a first generation depot has not been tolerated provided that the following points are applicable

- The appropriate class of oral antipsychotic should have been tried and tolerated (usually a 4 to 6 week trial) prior to initiation of a first or second generation long acting injection.
- Service user preference should be sought before use of a first generation depot or second generation long acting injection
- Since depots or long acting injections may enhance compliance, they may be used when oral antipsychotics have lacked effect, but only when this lack of efficacy is suspected to be due to covert non-compliance, i.e. not for treatment resistant schizophrenia

Administration Schedules:

Aripiprazole every calendar month

Flupenthixol: 2-4 weekly

Fluphenazine: 2-5 weekly

Haloperidol: 4 weekly

Paliperidone: every calendar month

Risperidone: every two weeks

Zuclopenthixol: 2-4 weekly

There are few differences between first generation depots; they are widely used, in about a quarter or a third of people with schizophrenia. Depot antipsychotics do not produce acute movement disorders at the time of administration; this may take hours to days.

Adverse effects

- Minor side effects of neuroleptics are drowsiness, especially at the start of treatment, nasal stuffiness, dry mouth, insomnia, agitation and weight gain

Other adverse effects include:

- **Extrapyramidal symptoms** (tremor, rigidity, hypersalivation, bradykinesia, akathisia, acute dystonia)
- **Neuroleptic malignant syndrome** (extremely rare adverse effect of all antipsychotics)– hyperthermia, muscle rigidity, autonomic instability, altered consciousness and elevated CPK levels.

Should a patient develop signs suggestive of neuroleptic malignant syndrome immediate referral to hospital is required and all antipsychotics should be discontinued immediately.
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Side Effects	Action
• Tardive Dyskinesia	Refer to consultant

	A reduction in dose, discontinuation or change to an alternative oral (second generation) antipsychotic may be required
<ul style="list-style-type: none"> • Neuroleptic malignant syndrome (NMS) 	Discontinue antipsychotic(s) Refer immediately to consultant
<ul style="list-style-type: none"> • Somnolence/Drowsiness 	Patients should be advised not to drive or operate machinery
<ul style="list-style-type: none"> • Insomnia 	Refer to consultant if problematic
<ul style="list-style-type: none"> • Constipation 	Recommend a high fibre diet Consider adding a bulk-forming and/or stimulant laxative
<ul style="list-style-type: none"> • Dry mouth 	Recommend chewing sugar-free gum
<ul style="list-style-type: none"> • Hypotension/dizziness 	Advise patient to take time to get up.
<ul style="list-style-type: none"> • Weight gain 	Encourage a healthy balanced diet and regular exercise
<ul style="list-style-type: none"> • Increase in prolactin levels 	If symptoms of hyperprolactinaemia occur a reduction in dose/ alternative oral antipsychotic may be required. Refer to consultant.

Ask about side effects at every consultation

Risperidone Intramuscular

The following are important points:

- The depot contains polymer-coated risperidone in microspheres which need to be suspended in aqueous base immediately before use
- It must be stored in a fridge; when taken out for 15 minutes or more and exposed to temperatures not exceeding 25°C, its expiry date decreases to seven days
- The whole vial must be used so there is limited flexibility in dosing (25mg, 37.5mg or 50mg)
- It takes 3-4 weeks for the first injection to produce therapeutic plasma levels, so oral antipsychotic cover is required for the first 3 weeks, and sometimes for 6-8 weeks (oral dose should be tapered at end of period)
- There is a fixed administration interval of 2 weeks, and it is licensed for deltoid or gluteal administration

Paliperidone Long-Acting Injection

- Maintenance doses can be administered into the deltoid or gluteal muscles
- It does not require refrigerated storage
- Administration interval is each calendar month
- Oral antipsychotic cover is not required on initiation

Aripiprazole Long-Acting Injection

- It takes two weeks for the first injection to produce therapeutic plasma levels, so oral antipsychotic cover (with aripiprazole) is required for two weeks after LAI initiation)
- It does not require refrigerated storage
- Administration interval is each calendar month
- Maintenance doses are administered into the gluteal muscle

Shared Care Agreement for Antipsychotic Depot or Long-Acting Intramuscular Injection (LAI)

Name of Prescriber:
Specialist Area:
Telephone Number:
Fax Number:.....
Signature: _____ Date: _____

Patient's Name:
Address:
Drug and dose:

Name of GP:
Signature: _____ Date: _____
Practice Address