ESSENTIAL SHARED CARE AGREEMENT FOR Risperidone, Olanzapine, Quetiapine, Aripiprazole, Amisulpride or Asenapine

NOTE: Please complete details on P1 &3
Send one copy to GP, Patient and file in notes.

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 prescribing advisory departments 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
- CCG Prescribing Advisers.

Produced: April 2016
Review date: April 2018
Replaces: E041

Referral Criteria

- In some cases, prescribing will have been initiated by a GP, and in these cases, shared care is not appropriate, and prescribing responsibility remains with the GP.
- When initiation is by the Trust, the patient will receive supplies of the antipsychotic on a hospital or community prescription form until shared care is appropriate and agreed. The potential trigger for shared care is when the patient appears stable since the last review, i.e. no change in mental state, no significant changes in medication and no episodes on inpatient or home treatment.
- If the patient is subject to care programme approach (CPA), then an individual care programme will be 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

- Assess the patient, establish a diagnosis and determine a management strategy to include the establishment of a Care Programme Approach (if appropriate)and involvement of the CPN/community mental health teams
- Baseline tests will be the responsibility of the specialist before transfer to shared care. See Appendix 1. Undertake baseline monitoring and communicate results to the GP, or agree with the GP that they undertake these (according to local arrangements).
- Ensure that the key worker has drawn up a Care Programme involving the GP
- The specialist should ensure that the patient's condition and antipsychotic dose is stable before the GP is asked to participate in shared care
- 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, unless the practice respond differently within 2 weeks. Communicate to the GP, monitoring results to date, and what needs to be monitored next and when (see Appendix 1). If the indication or use is off label for the product, the GP will be informed.
- The patient will receive supplies of antipsychotic from the hospital for a further two weeks from the date on the letter.
- Specialist services will review the patient as clinically appropriate.
- Alteration of (or advice about) antipsychotic dosage according to clinical parameters
- Evaluation of adverse events reported by the GP, and identification of any specific monitoring required.
- Restarting antipsychotic therapy should this be necessary.

GP Responsibilities

- Reply to the request for shared care as soon as practicable by faxing back the signed agreement at Annex A.
- Monitoring the patient's overall health and well-being
- Specific monitoring agreed with the specialist; see Appendix 1.
- Prescribing antipsychotic
- Adverse drug reaction/Interaction monitoring
- Immediate referral to hospital is required if patients develop signs of Neuroleptic Malignant Syndrome (hyperthermia, muscle rigidity, autonomic instability, altered consciousness and elevated CPK levels)

Note: Neuroleptic Malignant Syndrome is an extremely rare adverse effect of all antipsychotics.

- Keeping the key worker/mental health team informed of progress
- Inform specialist of all relevant medical information regarding the patient 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		On call pharmacist via switchboard

Appendix 1 **Monitoring of patients taking antipsychotics**

Atypical antipsychotics differ in their potential to cause the metabolic syndrome & diabetes: high risk antipsychotics include e.g. Olanzapine & Clozapine; 80% of patients developing Diabetes will do so in the first year of treatment. **The following represents minimum recommended monitoring requirements, clinicians may monitor more frequently if clinically indicated (and NICE recommends weekly monitoring of weight for the first 6 weeks).**

*Prolactin monitoring only required if symptomatic (after baseline)

Time Period	Drug/ Class
	Antipsychotic
Prior to initiation = baseline	**All:** f- Glucose, HbA_{1c} f- Lipid (total cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides), U&Es, LFTs, FBC, pulse & BP, BMI, waist circumference, Prolactin, ECG (only if CV disease or at high risk unless in-patient), assessment of movement disorders, nutritional status, diet and level of activity **Clozapine, Sertindole, Zotepine, Pimozide, Haloperidol:** ECG required **Clozapine:** for monitoring during initiation, refer to Clozapine Policy & Procedures
1 month	**All:** BMI Clozapine & Olanzapine: f- glucose, HbA_{1c}
3 months	All: f-Lipid, BMI, pulse and BP, f-glucose, HbA_{1c}
12 months	All: f-Glucose, HbA_{1c} f-Lipids, BP, BMI, waist circumference
After first year	Annually- All: f-Glucose, HbA_{1c} f-Lipids (>40 years), pulse & BP, BMI, waist circumference, Prolactin,* adherence and movement disorders, physical examination including CV risk assessment Quetiapine: additionally TFTs Clozapine & Olanzapine: f- glucose & HbA1c every 6 months
Additional testing requirement to annual	All- in children & adolescents: BMI 6-monthly

The following paraclinical tests may be indicated:

Prolactin	If patient has galactorhoea, menstrual abnormalities, increased breast growth, and/or changed libido. Routinely in children & adolescents at baseline before starting any medication
HbA1c Hemoglobin	If patient has clinically manifest Diabetes Mellitus – see NICE Guideline 66 for schedules
Clotting studies	If patients show excessive bruising
S-levels, U-drug screen, X-rays, EEG, MRI, CT, SPECT etc	If clinically indicated
All tests mentioned above need to be taken more often if a deterioration – either clinically or biochemically – is noted.	

Please refer to BNF for further information.

Atypical Antipsychotic

Therapeutic Indications (within Summary of Product Characteristics)	Olanzapine	Risperidone	Quetiapine	Aripiprazole	Amisulpride	Asenapine
Schizophrenia, in adults, including continuation therapy in patients who have shown an initial treatment response	✓		✓		✓	
Schizophrenia in adults and in adolescents aged 15 years and older.				✓		
Moderate to severe manic episode in adults	✓		✓	✓		✓
Moderate to severe manic episodes in Bipolar I Disorder in adolescents aged 13 years and older				✓		
Prevention of recurrence in patients with bipolar disorder	✓		✓			
Treatment of major depressive episodes in bipolar disorder			✓			

Adverse Effects

Common adverse effects include sedation, movement problems, weight gain, anticholinergic side effects, blurred vision and sexual problems. For full details, see Summary of Product Characteristics for the individual drug.

Neuroleptic malignant syndrome (NMS) – hypothermia, muscle rigidity, autonomic instability, altered consciousness and elevated CPK levels- is an extremely rare adverse effect of all antipsychotics

Should a patient develop signs suggestive of neuroleptic malignant syndrome immediate referral to hospital is required and all antipsychotics should be discontinued immediately.

Side Effects	Action
• Tardive Dyskinesia	Refer to consultant A reduction in dose, discontinuation or change to an alternative (atypical) antipsychotic may be required
• Neuroleptic malignant syndrome (NMS)	Discontinue antipsychotic(s) Refer immediately to consultant
• Somnolence/Drowsiness	Restrict dose to night time only. Patients should be advised not to drive or operate machinery
• Constipation	Recommend a high fibre diet Consider adding a bulk-forming and/or stimulant laxative
• Dry mouth	Recommend chewing sugar-free gum
• Hypotension/dizziness	Advise patient to take time to get up.

Side Effects	Action
	Measure b.p. periodically in patients over 65 years
• Weight gain	Encourage a healthy balanced diet and regular exercise
• Increase in prolactin levels (transient)	If symptoms of hyperprolactinaemia occur (rare) a reduction in dose may be required. Refer to consultant.

Ask about side effects at every consultation.

Annex A

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust

Shared Care Agreement for Atypical Antipsychotics (Oral)

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