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An audit on the prescribing of atypical antipsychotics in a primary care trust to investigate compliance with licensing and NICE and PCT guidelines

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Focal points

- The investigation focused on the main indications for atypical anti-psychotics to assess the prevalence of off-licence prescribing, and comparative number of initiations in primary care to that in secondary care
- Two hundred and sixty-three (70 per cent) of atypical antipsychotics were prescribed for off-licence indications, mainly dementia and depression, leaving ultimate accountability with the clinician in the event of adverse effects
- The number of atypicals initiated in primary and secondary care were almost equal indicating increased confidence of GPs in initiating therapy
- The incidence of co-prescribing was very low and compliance with NICE guidelines for those patients switched was generally very good, highlighting good practice across the primary care trust as a whole

Introduction

Clinical efficacy of conventional antipsychotics lies in the response to positive symptoms. Atypical novel antipsychotics cause fewer extrapyramidal side effects (EPSE) and have a beneficial effect on the negative symptoms of the disease;¹ they are being used more frequently in the treatment of behavioural problems associated with psychosis in the elderly. Only risperidone is currently licensed for treatment of acute and chronic psychoses other than schizophrenia.²

Traditionally atypical antipsychotics have been initiated in specialist secondary care, by the consultant psychiatrist. Today, some GPs have the confidence to initiate therapy by themselves. Clozapine requires specialist monitoring, and guidance suggests that it should only be initiated and monitored in secondary care.² There is no data to support the concurrent prescribing of typical and atypical antipsychotics, yet there is clear evidence that such prescribing increases the frequency of acute EPSE compared with monotherapy using typical antipsychotics.³

Method

The project assessed the prescribing of atypical antipsychotics within a primary care trust (PCT); all surgeries within the PCT were included in the audit. Searches were made for the patients' currently prescribed atypical antipsychotics and their records scrutinised to establish whether treatment was initiated in primary care or secondary care. The indication, any antipsychotics tried previously and the prevalence of off-licence prescribing, as well as the incidence of co-prescribing of atypical and typical antipsychotics, was investigated.

Results

There were 374 patients identified. Olanzapine was the most commonly prescribed drug, accounting for 178 (48 per cent) of the total prescribed,

followed by risperidone with 104 (28 per cent), quetiapine with 79 (21 per cent), amisulpride with 10 (2.6 per cent), and clozapine just 3 (1 per cent).

One hundred and ninety-seven (53 per cent) of the atypicals prescribed were initiated by a specialist, 105 (28 per cent) in primary care led by the GP, and 72 (20 per cent) in primary care led with the advice of a consultant psychiatrist.

Two hundred and sixty-three (70 per cent) of the atypicals were prescribed for an off-licence indication, the main indications being dementia and mood disorders.

Just 12 (3 per cent) patients were co-prescribed a typical agent. Out of 188 patients switched from a typical antipsychotic to an atypical, 135 (72 per cent) complied with guidelines regarding the switch.

Discussion

Off-licence prescribing with atypical antipsychotics in the treatment of dementia and mood disorders is widespread. The number of atypicals initiated in primary care is almost equal to that in secondary care, indicating that GPs are more confident about initiating therapy and accepting responsibility for that patient. Incidence of co-prescribing was very low, representing good compliance with guidance from the National Institute for Clinical Effectiveness and from the PCT.

References

- 1 McGrath J, Emmerson WB. Treatment of schizophrenia. *BMJ* 1999;319:104-58.
- 2 Prescribing advisory group (standing committee). Consensus view on the use of atypical antipsychotics for schizophrenia. South Cheshire Health Authority; 2000.
- 3 Taylor D, Mace S, Mir S, Kerwin R. A prescription survey of the use of atypical antipsychotics for hospital inpatients in the United Kingdom. *Int J Psychiatr Clin Pract* 2000;4:41-6.