SHARED CARE AGREEMENT FOR MIANSERIN in the treatment of DEPRESSION

Sharing of care assumes communication between the specialist, GP and patient, and other members of the care team including specialist nurses and pharmacists. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

If a GP is invited by the specialist to participate in a shared care arrangement, the GP should reply to this request within 10 working days. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Disease Background

Depression is a common mental health disorder. Although 60-70% of patients respond to standard antidepressants such as SSRIs, many people do not respond to either the first or second line antidepressant they are prescribed even if the dose and treatment duration is adequate. These individuals are classified as having treatment resistant depression.

Drug covered by the agreement

Mianserin is a well established antidepressant that was once the drug of choice for patients with cardiac problems and depression. However, with the advent of the cardio-safe SSRIs its usage has significantly declined. It is however listed in the NICE clinical guideline on depression as an option in patients with treatment resistant depression in combination with another antidepressant or as a single agent alternative to SSRIs when drug interactions preclude the use of these agents.

Specialist responsibilities

1. Diagnosis of condition and ensuring other treatment options have been fully explored.
2. If being used in combination with another antidepressant ensuring that at least 2 other single agent antidepressants have been prescribed at adequate dose and duration without satisfactory clinical response.
3. If being used as a single agent establishing that SSRIs are contraindicated due to drug interactions.
4. Initiation of treatment and titration of dose to the optimum level.
5. Monitoring FBC every 4 weeks for first 3 months of treatment and evaluating response and adverse drug reactions (ADRs) during titration period, clinical monitoring should continue subsequently and treatment should be stopped and a full blood count obtained if fever, sore throat, stomatitis, or other signs of infection develop.
6. Liaison with the general practitioner (GP) to share the patient’s care when a stable dose has been achieved and proven benefit has been established using the shared care request form. Shared care should not be assumed until a written agreement is received from the general practitioner.
7. If appropriate outlining to GP when therapy may be reduced and stopped assuming no relapse in patient's condition. Review periods to be agreed.
8. Responding to issues raised by GP after care of patient has been transferred.
9. Advising GP on related issues such as drug interactions etc.
GP responsibilities

1. Confirm or decline request to share patient’s care within 10 working days, using the shared care agreement form.
2. Treatment should be stopped and a full blood count obtained if fever, sore throat, stomatitis, or other signs of infection develop.
4. Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status.
5. Reducing/stopping treatment in line with secondary care clinician’s original request.

Community pharmacist responsibilities

1. Check patient is taking the medicine as prescribed
2. Check the patient is attending for monitoring as outlined above
3. Report any side effects to the GP

Patient responsibilities

1. Do not miss any blood tests or other appointments without first consulting the GP or specialist.
2. Report any adverse effects or warning symptoms to the GP or specialist.

Further advice and support - this information is not inclusive of all prescribing information

For advice on management of abnormal blood test results, contact a LPT clinical pharmacist in the first instance on 0116 295 8989 option 1 and then option 3 (Mon-Fri 8.30am - 5.30pm and Sat 9-11am) or email sharedcare@leicspart.nhs.uk

Consultant Psychiatrist via LPT switchboard 0116 2256000

Summary of product characteristics via electronic Medicines Compendium (eMC)

British National Formulary via www.medicinescomplete.com

Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 258 6491 Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk

Original SCA prepared by Anthony Oxley – Head of Pharmacy Leicestershire Partnership NHS Trust (June 2010) and reviewed by: Zeibun Patel – Lead Pharmacist Mental Health & Learning Disability Prescribing Group, LPT (June 2012)

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<td>Remove general statement on monitoring patients overall health based on GP feedback from shared care stakeholder events</td>
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