SHARED CARE AGREEMENT FOR THE USE OF ATYPICAL ANTIPSYCHOTICS IN PERSONALITY DISORDER

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.

This agreement should be read in conjunction with the Leicestershire Partnership NHS Trust Care Pathway Approach (CPA) policy. This shared care agreement covers the use of these drugs in patients with personality disorder. Drugs are only covered by this agreement when prescribed at dosages within current BNF limits. If the total daily dose of antipsychotic exceeds 100% of BNF limits then this is not covered under the shared care agreement.

Although medications are not recommended by NICE for the treatment of the core symptomology of personality disorder, it recommends that co-morbid conditions such as transient psychotic phenomena may need drug treatment and this would include anti-psychotics.

This agreement covers all atypical antipsychotics included in the relevant section of the BNF that are classified as full amber in the latest version of the LMSG traffic light classification. This can be reviewed at www.lmsg.nhs.uk

This currently includes the following drugs: Amisulpride, Aripiprazole including long-acting injection, Olanzapine, Quetiapine, Paliperidone palmitate long-acting injection, and Risperidone including long-acting injection.

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

Specialist responsibilities

1. Diagnosis based on a timely and comprehensive assessment, determining a management strategy and devising a CPA care plan in conjunction with the GP and support agencies/care manager.
2. Ensuring that the baseline monitoring recommendations set down in the Trust Guidance on the monitoring of physical parameters in patients prescribed regular antipsychotics have been carried out before treatment initiation. This will usually be carried out in secondary care but in exceptional circumstances, and with the agreement of the GP, may be done in primary care. See table below for required monitoring.

| Personal & Family History | Baseline
|---------------------------|---
| Waist Circumference       | √
| Weight                    | √
| Pulse, Blood Pressure     | √
| HBA,C                     | √
| Fasting or random Lipid Profile (HDL and Triglycerides) | √
| U&E                       | √
| ECG*                      | √
| FBC                       | √
| LFTs                      | √

* Before starting antipsychotic medication, offer the person an electrocardiogram (ECG) if:
  • specified in the SPC
  • a physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure)
  • there is personal history of cardiovascular disease, or
the service user is being admitted as an inpatient.

3. Relaying any abnormal findings from baseline assessment to the GP including advising the GP on the implications for future mental health medication prescribing.

4. Initiation of prescription of any new atypical antipsychotic under normal circumstances.

5. Titration of the new atypical antipsychotic dose to the optimum level using the optimum preparation for the individual patient.

6. Prescription of one month’s supply of the new medication (2 weeks if being discharged from in-patient care) after a stable dose has been achieved (a stable dose is defined as two outpatient appointments on the same dose, or following inpatient discharge).

7. Discussion of appropriate lifestyle issues e.g. healthy eating with the patient.

8. Monitoring for response and adverse drug reactions (ADRs) during the titration period and whilst prescriptions are sourced through secondary care.

9. Ensuring that the recommendations for monitoring three months after initiation set down in the Trust Guidance on the monitoring of physical health parameters in patients prescribed regular antipsychotics are carried out. This will usually be carried out in secondary care but in exceptional circumstances, with the agreement of the GP, may be done in primary care.

<table>
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<tr>
<th>3 MONTHS after initiating or switching antipsychotics</th>
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<tbody>
<tr>
<td>Waist Circumference</td>
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<tr>
<td>Weight</td>
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<tr>
<td>Pulse, Blood Pressure</td>
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<tr>
<td>HbA1C &amp; random blood glucose</td>
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<tr>
<td>Fasting or random Lipid profile</td>
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<td>(HDL and Triglycerides)</td>
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<td>U&amp;E</td>
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<td>LFTs</td>
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10. Initiation of treatment and titration of dose to the optimum level so that the patient is on a stable dose (a stable dose is defined as two outpatient appointments on the same dose, or following inpatient discharge). Then to liaise 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 has been received from the GP.

11. GP is not required to administer long acting injections.

12. Outlining to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition.

13. Evaluating ADRs raised by the GP and evaluating any concerns arising from physical checks by GP.

14. Advising GP on related issues such as drug interactions etc.

15. Patients receiving care under this agreement may be discharged from secondary care follow-up if they no longer have any active mental health needs that warrant secondary care involvement.
GP responsibilities

1. Confirm or decline request to share patient’s care using the shared care request form within 10 working days.

2. Carrying out the baseline monitoring requirements and monitoring three months after initiation as set down in the Trust agreement on monitoring of antipsychotics in exceptional circumstances, and after agreement of the GP, following request from secondary care.

3. Prescription of atypical antipsychotic after the patient has had two outpatient appointments in secondary care on the same dose, or following inpatient discharge.

4. Carrying out the annual monitoring recommendations set down in the Leicestershire Partnership NHS Trust Guidance on the monitoring of physical health parameters in patients prescribed regular antipsychotics and feeding back clinically significant results to the secondary care clinician for advice on the impact on mental health medication.

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<tbody>
<tr>
<td>Waist Circumference</td>
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<tr>
<td>Weight</td>
<td>3 monthly for 1 year</td>
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<tr>
<td>Pulse, Blood Pressure</td>
<td>√</td>
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<tr>
<td>HbA1C</td>
<td>√</td>
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<tr>
<td>Fasting or random Lipid Profile¹b (HDL and Triglycerides)</td>
<td>√</td>
</tr>
<tr>
<td>U&amp;E</td>
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<td>ECG*</td>
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<td>FBC</td>
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<td>LFTs</td>
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* Offer the person an electrocardiogram (ECG) if:
  • specified in the SPC
  • a physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure)
  • there is personal history of cardiovascular disease.

If QTc interval is >500 milliseconds, treatment should be withdrawn gradually.
If QTc interval duration is between 480 milliseconds and 500 milliseconds, the balance of benefits and risks of continued treatment should be carefully considered, alongside options for dose reduction or gradual withdrawal
Contact secondary care clinician for advice on how to do this.

5. Observing patient for evidence of ADRs, and subsequent completion of yellow card, and raising this with secondary care clinician if necessary.

6. Ensure advice is sought from the secondary care clinician if there is any significant change in the patient’s mental health status.

7. Comply with terms of the Community Based Service and any national advice on atypical antipsychotics.

8. Reducing and stopping treatment in line with secondary care clinician’s original request.

9. Patients who have been discharged from secondary care under this agreement experiencing a change in symptomology or adverse effect profile that warrants further secondary care involvement they should be referred to the standard LPT crisis team.
### 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

Summary of product characteristics via [electronic Medicines Compendium (eMC)](https://www.evidence.nhs.uk/formulary/bnf/current)


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