Method. Multi-disciplinary case notes for all registered patients were studied. A database was created including sociodemographic details, chart diagnosis, and medication. The proportion of patients prescribed antipsychotic medication was identified. The dose of each medication was converted into a percentage of BNF maximum recommended dose for that drug. For combined antipsychotic prescription, the cumulative dose was obtained adding the single percentages together. Exceeding 100% was regarded as HDAT. All HDAT patients were assessed against identified audit criteria as outlined by the Humber NHS Foundation Trust.

Result. Of a total of 246 patients, 177 (72%) were prescribed antipsychotic medication. Of these, 14 (8%) were in receipt of HDAT. This compared to 68% prescribed antipsychotics and 9% in receipt of HDAT in the baseline audit. The average cumulative dose for every category (oral medication, depot and both) was calculated with a range from 1% to 168% (mean = 70%) for oral antipsychotic (single/combined), 1% to 193% (mean = 50%) for depots and 20% to 257% (mean = 95%) for combination of oral and depot. This compares with ranges of 1.6% to 215% (mean = 44.3%) for oral antipsychotic (single/combined), 0.04% to 100% (mean = 25.8%) for depots and 21% to 425% (mean = 119.6%) for combination of oral and depot in the baseline audit. Similar to the baseline survey no patient met all seven audit criteria but there was better adherence overall with best practice guidance. Blood and ECG monitoring were the most consistent parameters measured.

Conclusion. Lower HDAT was achieved post intervention. Results, whilst positive, indicate the need for ongoing audit to maintain best standards.

A review of required monitoring and management of physical health parameters in patients being treated with clozapine

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Aims. To review available standards for physical health monitoring in people taking clozapine To audit current practice against standards To identify changes in practice and facilitate a re-audit to assess impact of any changes

Method. Standard: CG178 Psychosis and Schizophrenia in Adults: Prevention and Management – NICE, February 2014

Target:100%

Exceptions: None

Sample: The original audit included all 58 patients from the Worcester clozapine clinic, as per October 2018. The re-audit reviewed a random sample of all patients attending the clozapine clinics in Worcester, Kidderminster and Redditch, as part of Worcestershire Health and Care NHS Trust, as per October 2019. A total of 66 patients were selected.

Data Source: Carenotes and ICE

Result. Areas of good practice:

Monitoring of HbA1c and FBC remains good

There has been an improvement in monitoring alcohol use, substance misuse and side effects

Areas requiring improvement:

There continues to be limited recording of respiratory rate

There has been a decline in recording temperature, BMI and concomitant therapies

Potential reasoning for missing data includes:

Staff not knowing the monitoring requirements, which is more likely to be an issue when staff members running the clinics change frequently

Monitoring being completed but not documented

Patients' refusal of monitoring

Data being recorded in alternative locations including general practice, without communication between services

Patients moving between teams or having inpatient stays may disrupt monitoring regime

Conclusion. LIMITATIONS

This audit assumes all patients involved to be on a stable dose of clozapine with routine monitoring

Some patients may have been transferred between teams or inpatients during the period of data collection

There is no scope to record when patients refuse monitoring

We may not have access to all notes such as those from general practice for data collection

RECOMMENDATIONS

Induction programme for junior doctors to include education on clozapine monitoring

Training for staff involved in clozapine clinics to ensure better understanding of monitoring requirements

Procurement of ECG machines for each site and relevant training for nursing and medical staff

Collaboration with GPs for shared data

Re-audit in 1 year

Service evaluation of weight gain in patients prescribed antipsychotics within the early intervention service

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Aims. To assess physical health in patients under the Early Intervention Service, whom are prescribed antipsychotics.

To consider whether further intervention needs to be provided or promoted to improve physical health in this group.

Method. Assessment of carenotes database for all 63 patients on EIS caseload prescribed antipsychotics.

Result. Out of 47 patients studied, 20 were non-smokers at baseline. 25% of them ended up becoming smokers by the end of the study time.

Out of 47 patients studied 28 were non-drinkers at baseline. 32% of them ended up engaging in alcohol by the end of the study time.

Out of 47 patients studied, 38 patients had data available to record weight changes per year. Out of the 38 patients, 27 of them had positive weight change; average weight change was + 6.38 kg per year. The highest weight gain was 38.4 kg, the highest weight lost was 47.3 kg.Out of 47 patients studied, 35 patients had data available to record BMI changes. Out of the 35 patients, 27 of them had positive BMI increases, average BMI change was + 2.68. The highest BMI increase was 12.84. The highest BMI decrease was 8.24.

Out of 47 patients studied, 11 patients had data available to record random glucose level changes. Out of the 11 patients, 7 of them had increased glucose levels, average glucose change were + 0.5mmol/l. The highest increase in glucose was 3.9mmol/l and the highest drop in glucose was 2.6mmol/l.

Out of 47 patients studied, 19 patients had data available to record HbA1c levels. Out of the 19 patients, 10 of them had increased HbA1c levels, with the average change being + 0.31 mmol/mol. The highest increase in HbA1c levels was 5 mmol/mol and the highest drop in HbA1c levels was 3 mmol/mol.