

Use of antipsychotics in patients who died within a community substance misuse service

Patrick Horgan¹, Muhammad Nasr², Anneke Muller³

1: Greater Manchester Mental Health NHS Foundation Trust; 2: Pennine Care NHS Foundation Trust 3: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

INTRODUCTION

- Recent analysis on the number of deaths registered from drug use for England and Wales showed these are at the highest levels since records began in 1993.¹
- Psychotropic medications such as antipsychotics have been frequently mentioned (137 out of 4359 instances) on death certificates of drug poisoning deaths.²
- Reasons for use could include treatment of a mental disorder (which frequently co-occurs with substance misuse use disorders)³ or for other effects.⁴

AIM

- The aim was to assess whether antipsychotic medication use in patients who have died whilst in treatment with a substance misuse service align with NICE guidelines for mental health disorders and UK guidelines for the management of drug misuse and dependence.^{5,6}

DESIGN

- The case notes of patients who died between 01/04/16 and 01/04/17 and had been attending a substance misuse service were reviewed.
- The manner of the use of antipsychotic medication was assessed using data from the substance misuse service and secondary mental health services.
- Demographic information and relevant medication information was recorded using standardised proforma.

RESULTS

- Features of group overall (n= 16)**
 - Eighteen people identified; sixteen had data suitable for analysis. Twelve were opioid dependent; four were alcohol dependent.
 - Mean age of death for group overall was 46 (range 19-72).
 - Mean age for opioid dependent group was 43.5 (range 29-58) and alcohol dependent group was 54 (range 35-72).
- Features of those prescribed antipsychotics (n= 6; 37.5% of total)**
 - All 6 were treated for opioid dependence
 - Mean age of death was 41.8 (range 29-47)
 - 5 of the 6 died of drug related toxicity.

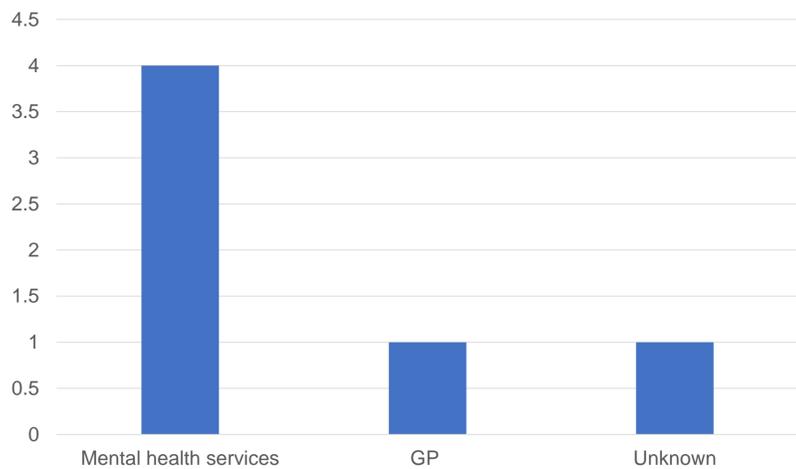


Figure 1. Service that initially prescribed antipsychotic.

Prescribing information

- Usually mental health services initially prescribed medication - this was for a variety of conditions (see Figures 1 and 2).
- The group were in contact with the substance misuse service more recently than with mental health services prior to their death.
- All six were prescribed methadone (mean dose was 59.2 mgs (range 30–80mgs)).
- All 6 were prescribed second generation antipsychotics (quetiapine, risperidone, olanzapine, aripiprazole).

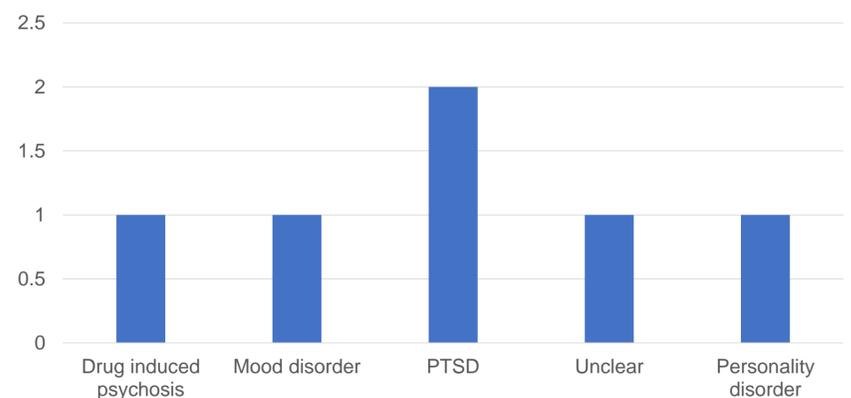


Figure 2. Main diagnosis for those prescribed antipsychotics.

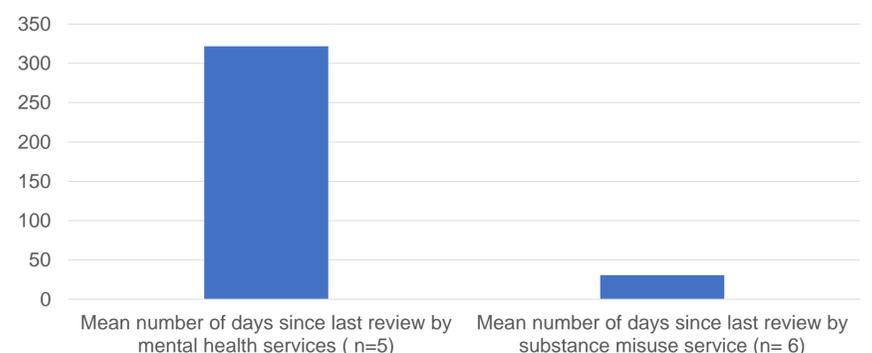


Figure 3. Number of days since last contact with services. One person had no contact with mental health services.

Substance Misuse Prescribing

- All six were prescribed methadone (mean dose was 59.2 mgs (range 30–80mgs)).
- ECGs had been completed within the last two years for those prescribed methadone at doses of 80 mgs. Guidelines suggest ECGs to be done in those at doses more than 100 mg or lower doses with complex needs.⁶

DISCUSSION

- More than a third (37.5%) of the group for whom information was available were prescribed antipsychotics.
- Only a minority (2 out of the 6) had antipsychotics prescribed for conditions (psychosis and mood stabilisation) where it would be regarded as first line treatment.
- Dose of methadone used was lower than usual therapeutic range (60-120 mgs).

OUTCOMES and RECOMMENDATIONS

Local Implications

- Results of the audit were shared across various settings such as substance misuse services, mental health services and interdisciplinary group meetings to highlight frequency of co-prescribing.
- Reinforced a need identified in an audit of off-licence antipsychotic prescribing that prior to discharge from mental health services clear instructions need to be given to primary care about the long term use of antipsychotics. This could require a medical review of the patient to reassess the requirement of the medication.

Wider implications

- Need to carefully consider initiation and continuation of antipsychotics - especially in people with substance misuse problems. Communication between services (mental health services/ substance misuse services/ primary care) is essential to ensure ongoing appropriate use.
- Subtherapeutic doses of methadone can be understandable in complex comorbid conditions.
- More frequent monitoring of ECGs may be needed in this group of patients.

CONFLICT OF INTERESTS

There was no conflicts of interests for any of the authors.

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 - Bipolar disorder: assessment and management (CG185)
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 - Depression in adults: recognition and management (CG 90)
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