Frequently Asked Questions – Mental Health

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Document Control Sheet			
Type of Procedural Document	*Memo*	Specific Category / Directorate	*Clinical*
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Consultation	*Medicines Management Team, Guidelines Committee, Urgent Care, North, South, Central CCGs, GPs*		
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Procedural Documents to be read in conjunction with this document:	*Medicines Policy* *http://nww.mhsc.nhs.uk/Downloads/Policies/Medicines%20Management/Medicines%20Policy.pdf* *SOP 83 SOP for QTc Training*		
Training Needs Analysis Impact	There are no Training requirements for this procedural document	Financial Resource Impact	There are no Financial resource impacts

Document Change History

Changes to this document in different versions must be detailed below. Rationale for the change should also be given

Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation / Claim / Complaint	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
NA	*NA*	*NA*	*NA*

Please ensure that any external references used in the creation of this document are entered as the final section of this procedural document.

External References have been included in the body of the Procedural Document	YES	X	NO		N/A	

Privacy Impact Assessment submitted?	*Please ensure this is completed this at each consultation stage*:		Any issues?	*See Medicines Policy*
	NO	Date: N/A		
Fraud Proofing submitted?	*Please ensure this is completed this at each consultation stage:*		Any issues ?	*See Medicines Policy*
	NO	Date: N/A		

Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

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It is the responsibility of the approving Committee/group/meetings to ensure this statement reflects the Trusts objectives and position with compliance as set out within the NHS Equality Delivery System

Please confirm that the statement below is correct. If not please indicate why? YES /NO *This procedural document is broad and the scope is Trustwide so complies with the Trust's Equality Delivery Service*				
In line with the Trust values can this Procedural Document be published on the Trust's External Website.	YES	✓	NO	

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Monitoring and Compliance Requirements Sheet (This section MUST be completed by the Author without exception). This section demonstrates the Trust's commitment to Continuous Improvement and Lessons Learned from Incidents, Reports from the Coroner or other External Agencies and will be submitted as evidence as required.

	Minimum Requirement/Standard/Indicator to be monitored and Section of Document it appears	Process for monitoring	Responsible Individual	Frequency of Monitoring	Responsible Committee/Group/meeting for review of results / action plan approval / implementation	Comments
1	*Compliance as part of the Medicines Policy*	*Annual Report*	*Chief Pharmacist*	*Annually*	*Integrated Risk Management and Clinical Governance Committee*	
2	*Incidents Reported*	*DATIX Reports*	*Chief Pharmacist*	*Quarterly*	*Medicines Management Team*	
3						
4						

NB: If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to quality.admin@mhsc.nhs.uk as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.

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Frequently Asked Questions - Mental Health

1. ***I have completed an ECG for a client on an antipsychotic and the QTc has come back as prolonged – what action should I take?***

It depends on what the QTc interval is.

Option 1: QTc is <440msec (male) or <470msec (female)

No action needed as this is a normal result. Repeat ECG annually or after a dose increase as per MMHSCT Shared Care Guidelines.
http://gmmmg.nhs.uk/docs/ip/Shared%20Care%20Guidelines%20for%20Atypical%20Antipsychotics.pdf

Option 2: QTc is >440msec (male) or >470msec (female) but less than 500msec

Step 1: Check whether anything other than this client's antipsychotic could be affecting the QTc:

- Check magnesium, potassium and calcium as low levels of any of these electrolytes can contribute to QTc prolongation.
- Check renal and liver function: A drop in renal or liver function may be causing accumulation of the antipsychotic and as QT prolongation is generally plasma-level dependent this could be contributing.
- Check whether the client is on any other medication or has received any recent acute prescriptions of medication that can affect QTc (see Table 1 for a full list).
- Screen for any medication interactions especially metabolic inhibitors as these can increase antipsychotic plasma levels. Commonly used metabolic inhibitors include; fluvoxamine, fluoxetine, paroxetine and valproate however this is not an exhaustive list, for full list please check Appendix 1 of the latest BNF or consult MMHSCT pharmacist advice.
- QTc measurement is complicated by the fact that there is some normal physiological variation. QTc can vary with time of day, food intake, alcohol intake, menstrual cycle, physical exercise and stress. Therefore it may be benefical to repeat the ECG to confirm the result.

If any contributing physical issues are identified take measures to resolve them then repeat the ECG.

If still prolonged OR non-modifiable contributing factors were identified repeat ECG to confirm result then proceed to Step 2.

NOTE: There is no specific timeframe within which step 1 should be completed – it is down to the individual clinician's discretion and ideally should be completed as quickly as is feasible without causing any undue disruption.

Step 2: Refer to the clients MH team for advice regarding alteration of their antipsychotic.

Contact can be made via the client's consultant's secretary through switchboard 0161 795 4567 (if based at Parkhouse) or 0161 998 7070 (if base at Laureate house). Alternatively recent clinic letters from MMHSCT should contain direct contact information.

Advice can also be sought via the MMHSCT Medicines Management Team. The Medicines management team can be reached via email at **mmh-tr.meds@nhs.net** or via telephone on

01618821018. The office opening hours are 9am -5pm daily and emails are checked on a regular basis.

NOTE: If the patient doesn't have a MH team and is solely under GP care a referral to psychiatry for advice may be appropriate.

Step 3: The client's senior medical psychiatric team will review the ECG result and the client's regular medication.

Depending on mental state and a risk: benefit analysis they may either continue current therapy, reduce the dose or switch to an alternative antipsychotic with a lower propensity to cause QTc prolongation. If applicable they may also review the client's antidepressant or other psychotropic therapy if this could be contributing. A referral to cardiology may also be considered if appropriate. The clients GP will be kept informed of any progress or decisions.

Option 3: QTc interval is >500msec

Repeat ECG immediately via A&E if necessary to ensure this is accurate. If still over 500msec STOP the antipsychotic immediately and tell the patient not to take any further doses.

Refer to for an outpatient cardiology referral immediately and liaise with the client's mental health team urgently via the methods outlined above.

2. ***One of my patients on an antipsychotic has a raised prolactin level – what action should I take?***

Normal prolactin levels in men are <450mU/L and in women are <580mU/L. Prolactin levels can be affected by other factors and may rise after exercise, during pregnancy or as a result of stress. The diagnosis of hyperprolactinaemia should not be made on a single blood test; the level should be repeated, ensuring that it is taken at least 1 hour after waking or eating and minimising stress during venepuncture.
If the level remains raised liaise with the client's psychiatric team to have their psychotropic medication reviewed.
For levels >3000U/L the patient should be referred to endocrinology as such raised levels may indicate a prolactinoma.

3. ***What happens when my patient misses their depot? How long until they relapse?***

It depends. There is no clear answer for this. It will depend on what depot they have been on, how long they have been on it for, what dose they have been on and how severe their condition. If you are concerned about relapse you can speak to the patient's mental health team or refer for a Home Treatment Team admission as appropriate.

4. If my patient has missed a depot but comes in a week or so later, can I still give the depot? Should I increase the dose?

It depends on which depot they are usually prescribed and how often it is usually administered. Doses can be changed and timing adjusted but it is best to contact mental health services for further information as the advice can be complex. If it is a MMHSCT client the pharmacy department would be happy to provide information – their email address is: **mmh-tr.meds@nhs.net** and their contact number is **0161 882 2115**.

The following questions are most pertinent to those GP practices participating in locally commissioned depot services:

5. How often should practice nurses be asking about side effects?

Regular reviews and discussions about tolerability are an important factor in helping patients to adhere to treatment. Side–effects should be assessed in the early stages of starting any new treatment and at regular intervals throughout treatment. Therefore ideally practice nurses should ask about side-effects each time the depot is administered and especially after any dose changes. Time is extremely precious in general practice but asking about side-effects doesn't have to be a full assessment, just some simple questions to ascertain if the patient is currently having any problems.

6. Is there a specific tool to use to ask about side effects?

There are 2 side-effect rating scales available; The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) and The *Glasgow Antipsychotic Side-effect Scale (GASS)*.
The LUNSERS can be used for clients on any antipsychotic however it is lengthy and can be time consuming; patients may also need some help understanding some of the terminology.
The GASS is easy to use and quick to complete. However should only be used for patients on second-generation antipsychotics.

GASS questionnaire:
http://www.reach4resource.co.uk/glasgow-antipsychotic

See Appendices 3 & 4

How to use the GASS:
1. Print off a copy of the questionnaire for your patient.
2. Ask them to fill it in themselves, either during the consultation or whilst they are in the waiting room. Explain that questions 1-20 relate to how they have felt in the previous week and questions 21 and 22 relate to how they have felt in the last three months.
3. Score the questionnaire and use the results to facilitate a discussion around side effects, helping the patient to gain an understanding of them.

How to use the LUNSERS:
1. Print off a copy of the questionnaire for your patient.
2. Ask them to fill it in themselves, either during the consultation or whilst they are in the waiting room. Explain that all the questions relate to how they have felt in the last month.
3. Score the questionnaire and use the results to facilitate a discussion around side effects, helping the patient to gain an understanding of them

The LUNSERS questionnaire:
The recording sheet:
The scoring guide:
http://www.reach4resource.co.uk/node/104

See Appendices 5, 6 & 7

7. If my patient reports side effects, should I lower the dose?

If they are still under secondary services then no – if you feel the dose needs altered because of side-effects it would be best to speak to the client's psychiatrist first. They will then assess the situation and advise of appropriate action.

However if it is an extremely severe or life-threatening side-effect then if may be necessary and appropriate to alter the dose.

8. If my patients don't have a named consultant to share care with, who should I contact in MMHSCT if I have further questions?

If a patient is under MMHSCT then they should have a named consultant or medic who is assigned to their outpatient follow-up. If you are unsure who this medic is contact Parkhouse reception - they will inform you which medic has seen or is due to see you client and will give you the relevant contact numbers.

Appendix 1 **Risk category definitions**

Known risk: Substantial evidence supports the conclusion that these drugs prolong the QT interval AND are clearly associated with a risk of Torsades de Pointes even when taken as directed in official labelling.

Possible risk: Substantial evidence supports the conclusion that these drugs can cause QT prolongation BUT there is insufficient evidence at this time that these drugs, when used as directed in official labelling are associated with a risk of causing Torsdaes de Pointes.

Conditional risk: Substantial evidence supports the conclusion that these drugs are associated with Torsades de Pointes BUT only under certain conditions (e.g. excessive dose, hypokalemia, congential long QT or drug-drug interactions).

Table 1: A Table to show all of the NON-PSYCHOTROPIC medications that can cause QTc prolongation organised according to risk category see Appendix 1 for the risk category definitions.

Known risk	Possible	Conditional
Amiodarone	Alfusozin	Amantadine
Anagrelide	Apomorphine	Chloral hydrate
Arsenic trioxide	Artenimol & piperaquine	Diphenhydramine
Azithromycin	Atazanavir	Furosemide
Chloroquine	Atomoxetine	Galantamine
Cilostazol	Bedaquiline	Hydrochlorothiazide
Ciprofloxacin	Bortezomib	Hydroxychloroquine
Clarithromycin	Bosutinib	Hydroxyzine
Disopyramide	Ceritinib	Indapamide
Domperidone	Crizotinib	Itraconazole
Donepezil	Dabrafenib	Ivabradine
Dronedarone	Degarelix	Ketoconazole
Droperidol	Eribulin mesylate	Metoclopramide
Erythromycin	Famotidine	Metronidazole
Flecanide	Fingolimod	Nelfinavir
Fluconazole	Foscarnet	Pantoprazole
Levofloxacin	Granisetron	Posaconazole
Methadone	Isradipine	Quinine sulphate
Moxifloxacin	Lapatinib	Ritonavir
Ondansetron	Leuprolide (Leuprorelin)	Solifenacin
Pentamidine	Mifepristone	Telaprevir
Procainamide	Mirabegron	Torasemide
Propofol	Nicardipine	Voriconazole
Quinidine	Nilotinib	mefloquine
Sevoflurane	Norfloxacin	
Sotalol	Ofloxacin	
Vandetanib	Oxytocin	
	Pasireotide	
	Pazopanib	
	Promethazine	
	Ranolazine	
	Rilpivarine	
	Saquinavir	
	Sorafenib	
	Sunitinib	
	Tacrolimus	
	Tamoxifen	
	Telithromycin	
	Tizanidine	
	Tolterodine	
	Toremifene	
	Vardenafil	
	Vemurafenib	

Appendix 2 **Contact numbers**

Switchboard: **0161 795 4567** (if based at Park House)

Switchboard: **0161 998 7070** (if based at Laureate House)

MMHSCT pharmacy department: **0161882 1018** or **0161 882 2115**

MMHSCT pharmacy email address: **mmh-tr.meds@nhs.net**

Appendix 3 **The Glasgow Antipsychotic Side-effect Scale (GASS) – Questionnaire**

Glasgow Antipsychotic Side-effect Scale (GASS)[1]

Name: _____ Age: _____ Sex: M / F

Please list current medication and total daily doses below:

_____

This questionnaire is about how you have been recently. It is being used to determine if you are suffering from excessive side effects from your antipsychotic medication.

Please place a tick in the column which best indicates the degree to which you have experienced the following side effects. Tick the end box if you found that the side effect distressed you.

Over the past week:	Never	Once	A few times	Everyday	Tick this box if distressing
1. I felt sleepy during the day					
2. I felt drugged or like a zombie					
3. I felt dizzy when I stood up and/or have fainted					
4. I have felt my heart beating irregularly or unusually fast					
5. My muscles have been tense or jerky					
6. My hands or arms have been shaky					
7. My legs have felt restless and/or I couldn't sit still					
8. I have been drooling					
9. My movements or walking have been slower than usual					
10. I have had, or people have noticed uncontrollable movements of my face or body					
11. My vision has been blurry					
12. My mouth has been dry					
13. I have had difficulty passing urine					
14. I have felt like I am going to be sick or have vomited					
15. I have wet the bed					
16. I have been very thirsty and/or passing urine frequently					
17. The areas around my nipples have been sore and swollen					
18. I have noticed fluid coming from my nipples					
19. I have had problems enjoying sex					
20. **Men only**: I have had problems getting an erection					

Tick yes or no for the following questions about the last three months	No	Yes	Tick this box if distressing
21. **Women only**: I have noticed a change in my periods			
22. **Men and women**: I have been gaining weight			

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References:

1. Waddell L and Taylor M. J Psychopharmacol 2008; 22(3): 238-243.

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Appendix 4 **The Glasgow Antipsychotic Side-effect Scale (GASS) – Scoring**

Glasgow Antipsychotic Side-effect Scale (GASS)[1]

Scoring Guide

On the questionnaire questions 1 – 20 relate to how the patient has felt over the previous week and questions 21 and 22 relate to how they have felt in the last three months

For questions 1-20:

Answers	Score
Never	0 points
Once	1 point
A few times	2 points
Everyday	3 points

For questions 21-22:

Answers	Score
Yes	3 points
No	0 point

Add together the points for all of the questions to get an overall total and compare with the table below.

Overall total	Side-effects rating
0-21	Absent/mild side-effects
22-42	Moderate side-effects
43 and over	Severe side-effects

The column relating to the distress experienced by a particular side-effect is not scored, but is intended to help you assess your patients views of the problem e.g. if a patient is classed as having only mild side-effects but has indicated that they find them distressing, they may need additional help with managing them or a change of treatment.

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References:
1. Waddell L and Taylor M. J Psychopharmacol 2008; 22(3): 238-243.
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Appendix 5 The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) Questionnaire

The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS)[1]

Questionnaire

The following scale is intended to be self-administered. Please indicate how much you have experienced each of the following symptoms in the last month by ticking a box for each of the 51 items.

Name: _____ Date: _____

	Not at all (0)	Very little (1)	A little (2)	Quite a lot (3)	Very much (4)
1. Rash					
2. Difficulty staying awake during the day					
3. Runny nose					
4. Increased dreaming					
5. Headaches					
6. Dry mouth					
7. Swollen or tender chest					
8. Chilblains					
9. Difficulty in concentrating					
10. Constipation					
11. Hair-loss					
12. Urine darker than usual					
13. Period problems					
14. Tension					
15. Dizziness					
16. Feeling sick					
17. Increased sex drive					
18. Tiredness					
19. Muscle stiffness					
20. Palpitations					
21. Difficulty in remembering things					
22. Losing weight					
23. Lack of emotions					
24. Difficulty in achieving climax					
25. Weak fingernails					

26. Depression					
27. Increased sweating					
28. Mouth ulcers					
29. Slowing of movements					
30. Greasy skin					
31. Sleeping too much					
32. Difficulty passing water					
33. Flushing of face					
34. Muscle spasms					
35. Sensitivity to sun					
36. Diarrhoea					
37. Over-wet or drooling mouth					
38. Blurred vision					
39. Putting on weight					
40. Restlessness					
41. Difficulty getting to sleep					
42. Neck muscles aching					
43. Shakiness					
44. Pins and needles					
45. Painful joints					
46. Reduced sex drive					
47. New or unusual skin marks					
48. Parts of body moving of their own accord e.g. foot moving up and down					
49. Itchy skin					
50. Periods less frequent					
51. Passing a lot of water					

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References:
1. Day JC et al. BJ Psych 1995; 166: 650-653.

Appendix 6 The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) Recording Sheet

The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS)[1]
Recording Sheet

Date				
Overall score				
Items rated				
Very little (1)				
Little (2)				
Quite a lot (3)				
Very much (4)				
Extra-pyramidal SE score				
Anticholinergic SE score				
Other autonomic SE score				
Allergic reactions SE score				
Psychic SE score				
Hormonal SE score				
Miscellaneous SE score				
Red Herrings score				
Current medication				

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References:
1. Day JC et al. B J Psych 1995; 166: 650-653.

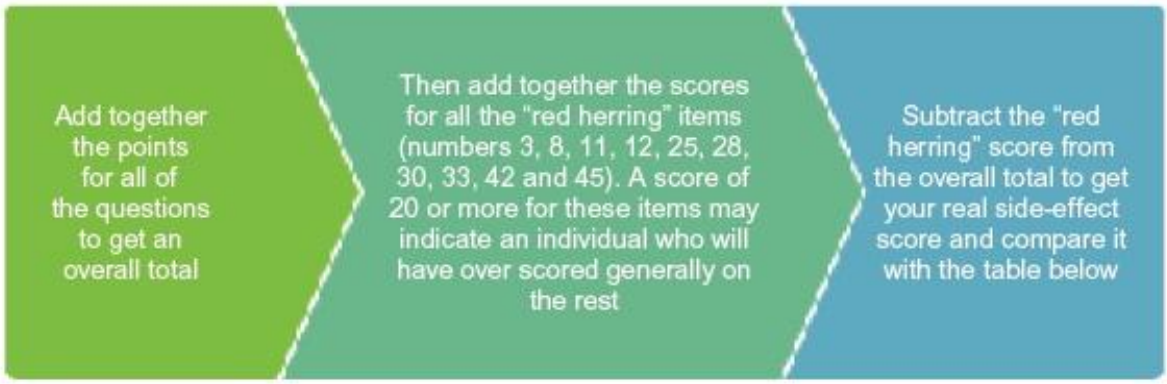
Appendix 7 The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) Scoring Guide

The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS)[1]

Scoring guide

For all questions

Answers	Score
Not at all	0 points
Very little	1 point
A little	2 points
Quite a lot	3 points
Very much	4 points



For all questions

Overall total	Side-effects rating
0-40	Low
41-80	Medium
81-100	High

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References:
1. Day JC et al. BJ Psych 1995; 166: 650-653.

Interpreting the results

The range for LUNSERS side-effects scores is:

Female: 0-164

Male: 0-156

You can also split the LUNSER side-effects scores by group as detailed below.

Extra-pyramidal side effects	Psychic side effects
19 muscle stiffness	2 difficulty staying awake during the day
29 slowing of movements	4 increased dreaming
34 muscle spasms	9 difficulty in concentrating
40 restlessness	14 tension
43 shakiness	18 tiredness
48 parts of the body moving of their own accord e.g. Foot moving up and down	21 difficulty in remembering things
37 over wet or drooling mouth	23 lack of emotions
	26 depression
	31 sleeping too much
	41 difficulty getting off to sleep
Possible range 0-28	Possible range 0-40

Anticholinergic side effects	Other autonomic
6 dry mouth	15 dizziness
10 constipation	16 feeling sick
32 difficulty passing water	20 palpitations
38 blurred vision	27 increased sweating
51 passing a lot of water	36 diarrhoea
Possible range 0-28	Possible range 0-40

Allergic reactions	Hormonal side effects
1 rash	7 swollen or tender chest
35 sensitivity to sun	13 period problems – women only
47 new or unusual skin marks	17 increased sex drive
49 itchy skin	24 difficulty in achieving orgasm
	46 reduced sex drive
	50 periods less frequent – women only
Possible range 0-16	Possible range women 0-24, men 0-16

Miscellaneous	Red herrings
5 headaches	3 runny nose
22 losing weight	8 chilblains
39 putting on weight	11 hair loss
44 pins and needles	12 urine darker than usual
	25 weak fingernails
	28 mouth ulcers
	30 greasy skin
	33 flushing of face
	42 neck muscles aching
	45 painful joints
Possible range 0-28	Possible range 0-40

References:
1. Day JC et al. B J Psych 1995; 166: 650-653.

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