Physical Health Monitoring of Patients on Antipsychotic Medication at a Medium Secure Unit

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Aims. People who have a serious mental illness have a higher prevalence of physical health problems as compared to the general population; with a 2–3 times greater risk of cardiovascular morbidity and mortality, double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome and five times the risk of dyslipidaemia than the general population. There is a concern that some antipsychotic drugs have metabolic consequences that contribute to the risk. As such, it is imperative that patients treated with antipsychotics receive appropriate health monitoring. Physical health monitoring of antipsychotic medications is an essential aspect of our practice, and despite assurance in previous audits, we agreed to monitor biannually to ensure we were maintaining standards. Additionally, this audit aimed to look more closely at special monitoring requirements for drugs such as Olanzapine, Chlorpromazine, Clozapine and Quetiapine which had not been measured in previous audits and would likely highlight some areas for improvement.

Methods. Audit standards were drawn from the Maudsley Prescribing Guidelines in Psychiatry 14th edition, in addition to NICE Guidance CG178 - Psychosis and schizophrenia in adults: prevention and management.

A random number generator was used to select patients from each of the 7 wards, giving a sample size of 21 patients. Data were collected on Weight, BP, ECG and various blood tests conducted from February 2021 – February 2022. Data was collected from a combination of patient electronic record, CPA reports, and online blood results system. Data were inputted to MS Excel which created percentage compliance in each domain.

Results.

1. Blood Pressure: General compliance in the taking of BP met our standard of 100%
2. Weight: Annual monitoring compliance was 93% however compliance fell short for special recommendations for Clozapine, Olanzapine and Chlorpromazine.
3. ECG: Our compliance fell short in the recording of an ECG on admission, or at reaching target medication dose. Annual monitoring compliance was 93%.
4. Bloods: Annual compliance for FBC, LFT, U&Es, Lipids, Prolactin and
5. Glucose were 100%, however our compliance fell short for baseline recording and interim 3-6 monthly monitoring for various blood tests.

Conclusion. Overall results demonstrate good, safe practice, particularly during a challenging period for clinical teams. Shortfalls particularly at baseline were related to risk issues making investigations impractical. It was agreed that there should be an increased frequency of regular glucose monitoring and that HbA1c monitoring was a reasonable measure for this.

Identifying and Advising on the Menopause in Secondary Mental Health

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Aims. Women aged 45 to 55 years can suffer psychological symptoms during the menopause including low mood, increased anxiety and poor memory. NICE guidelines recommend that hormonal replacement therapy (HRT) is considered to alleviate low mood symptoms that arises as a result of the menopause. It is not currently routine for perimenopausal symptoms to be explored during consultations and physical health checks with female patients in the community. Additionally, in secondary mental health settings the option of HRT is not routinely discussed. The aims of my completed initial audit are to improve the psychological symptoms in women experiencing the menopause or perimenopause. I aim to encourage doctors and nurses to routinely screen for perimenopausal symptoms of women aged 45 to 55 years. I aim to encourage doctors and nurses to routinely ask if women in this age category have used HRT or would consider discussing HRT options with their GP.

Methods. I performed retrospective data collection of 30 women aged 45 to 55 years in an Outpatient Clinic setting. I referred to the clinic letters of these women over the past 12 months and recorded if there was any documentation of HRT or perimenopausal symptoms. I used the progress note search feature to screen for any further documentation of the discussion of HRT or perimenopausal symptoms. I referred to the most recent completed PHIT (physical health) questionnaire for these women. I recorded if the sexual health section of the PHIT questionnaire had been completed and if any discussion of HRT or perimenopausal symptoms had been documented.

Results. I found that 3 out of the 30 women had discussions regarding HRT and/or perimenopausal symptoms documented in their clinic letter or progress notes. I found that 17 out of the 30 women had the sexual health section of their PHIT questionnaire completed in full. I found that 0 out of the 30 women had documentation of the discussion of HRT or perimenopausal symptoms in their PHIT questionnaire.

Conclusion. My results displayed that only a small percentage of women aged 45 to 55 years are having discussions in secondary mental health setting regarding HRT and perimenopausal symptoms. Therefore, there is a clear need for the further education and training on the menopause for doctors and nurses working in these settings. This will encourage the routine screening of perimenopausal symptoms in women of this age category so that HRT can be considered.