

CHECKING PHYSICAL CARE OF PEOPLE ON RISPERIDONE LONG TERM INJECTABLE DEPOT

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SUMMARY

Aims and methods: To assess the existing physical care of patients with severe mental illness and whether it has complied with national protocols and guidelines. Medical notes of patients who has been on risperidone long acting injectable depot for a year were reviewed and a form was filled with the information of each patient including weight, physical examination, fasting blood sugar (FBS), Serum lipid (S.L.), pulse, blood pressure and ECG liver function tests (LFT). 50% had comorbidity with other physical illness, at the start of treatment, at three months and six months intervals.

Results: 65 notes were reviewed. 70% males. 70% between 18-50 years. 80% had the illness more than 5 years and 50% more than 10 years. The following was done baseline: 50% had physical examination. 25% had pulse, blood pressure and ECG. Body weight 10%. Triglycerides 20%. Urea and electrolytes (U&E) 15%. 40% had their liver function tests (LFT). 50% had comorbidity with other physical illness.

The following were done on six monthly maintenance measures: Only 5% had maintenance ECG. LFT 10%. U&E 30%. Triglycerides 5%.

Clinical implications: Physical illnesses are neglected areas in the care of the severely mentally ill patients. It is an important area in the management of severe mental illness. Proper physical assessment and regular follow up should be adopted. Promotion of healthy living and eating, exercise and monitoring weight should be recommended. All these measures may improve the physical health of severely mentally ill patients and improve the total outcome of these illness.

Key words: schizophrenia - depot injections – physical health

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INTRODUCTION

It has been highlighted recently that people who suffer from severe mental illness neglect their physical health needs. They smoke a lot, they drink a lot and they don't do exercise. They eat unhealthy food and put on weight. Unfortunately, the antipsychotic medication does not help and some of the drugs are associated with side effects which make these problems worse. It has been stated that Schizophrenia is a life-shortening disease (Brown 1997), through suicide and obesity related diseases (Thakore 2004). Recent research has concentrated on the association of type II diabetes and the use of antipsychotic medication; studies conducted in the pre-neuroleptic era suggest that schizophrenia itself might predispose individuals to diabetes (Kohen 2004).

It has been found that there is a standardised mortality rate (SMR) for schizophrenia of 2.7 for diabetes and 2.3 for cardiovascular disease (Ösby 2000). Cardiovascular mortality increased in schizophrenia from 1976-1995, with the greatest increase in SMR in men from 1991-1996 (Ösby 2000).

For that reason, regular assessment and reviews of the physical health of patients with severe mental illness has become mandatory, in order to be able to manage these patients properly and identify any problem as soon as possible, to improve the outcome.

International and national initiatives have been started to promote public education and advocate healthy life style, in the form of healthy eating habits, reducing smoking, doing more exercise and reducing

weight, in order to prevent cardiovascular disease, in the general population and more especially with people with schizophrenia.

In mental health, efforts have been directed towards screening, early detection and treating metabolic abnormalities. Guidelines to monitor metabolic abnormalities have been drafted by different agencies (Taylor 2007, NICE 2009). It has been also noticed that screening practices by clinicians has consistently indicated that they are not satisfactory (Tandon 2010, Barnes 2007).

The National Prescribing Observatory for Mental Health (POMH) has included screening for metabolic syndrome in community patients receiving antipsychotics as a topic for its quality improvement programme (POMH-UK 2006).

The present study tried to assess whether patients who were on Risperidone long acting injectable (RLAI) form for a year have been screened for physical health according to current national guidelines or not.

METHODS

This is a retrospective case note review of patients who have been on (RLAI) for at least a year. A form was devised to record age, sex, marital status, diagnosis, medication, regular follow up and investigation of each patient which included weight, physical examination fasting blood sugar (FBS), Serum lipid (S.L.), pulse, blood pressure, ECG, liver function tests (LFT), comorbidity with other physical illness, at the start of treatment, at six months intervals.

Patients register was obtained from Basildon University Hospital Pharmacy, to identify patients who have been prescribed Risperidone long acting injectable form (RLAI). Medical notes of one of every five patients who had been on (RLAI) for a year were reviewed, if a patient was less than a year on it, that patient was excluded and the next patient's on the register was taken and his notes were reviewed instead. The details of each patient were input on the form. The survey was carried out from the first of January till the 30th of June 2008.

The notes were distributed between the researchers and each researcher reviewed more or less equal number of notes. The forms and the notes were then checked by the main researcher (HN).

The information was input on Excel Microsoft Computer programme and was analysed with its statistical package.

RESULTS

65 notes were reviewed. 70% males and 30% females demonstrates sex distribution. 80% of the sample reviewed was between 18-50 years (Table 1) demonstrates the age distribution. 44% of the sample was single, Duration of the illness indicated chronicity of the sample as it showed that 80% had the illness more than 5 years and 50% more than 10 years. Table 2 demonstrates duration of the illness.

Parameters checked at baseline were, 50% had physical examination. 25% had pulse, blood pressure and ECG done for them, Body weight was measured for 10% of the sample, Triglycerides 20%. Urea and electrolytes (U&E) 15%. 40% had their liver function tests (LFT) checked. 50% had comorbidity with other physical illness. Table 3 demonstrates parameters checked at baseline.

Table 3. Demonstrates Parameters monitored at Baseline

| Parameter | Checked | % | Not checked | % | Not documented | % |
|-----------------------------------|---------|-------|-------------|-------|----------------|-------|
| Physical Examination | 31 | 48.25 | 26 | 40.00 | 8 | 11.75 |
| Weight | 7 | 10.77 | 44 | 69.23 | 14 | 21.54 |
| BP&Pulse | 14 | 21.54 | 36 | 55.38 | 15 | 23.62 |
| ECG At baseline | 14 | 21.54 | 40 | 61.54 | 12 | 18.46 |
| ECG when maintenance dose reached | 3 | 4.62 | 40 | 61.54 | 23 | 35.38 |
| HbA1C/S.Glucose | 19 | 29.23 | 37 | 56.92 | 10 | 15.38 |
| History of Physical illness | 31 | 47.69 | 30 | 46.15 | 4 | 6.15 |
| LFT | 24 | 36.92 | 33 | 50.77 | 9 | 13.85 |
| U&E | 24 | 36.92 | 33 | 50.77 | 9 | 13.85 |
| Triglycerides | 4 | 6.15 | 48 | 73.85 | 14 | 21.54 |

Table 4. Demonstrates Parameters monitored six monthly for the first year

| Parameter | Checked | % | Not checked | % | Not documented | % |
|---------------|---------|-------|-------------|-------|----------------|-------|
| Weight | 1 | 1.54 | 43 | 66.15 | 21 | 31.31 |
| HbA1C/Glucose | 19 | 29.23 | 27 | 41.54 | 10 | 15.38 |
| LFT | 7 | 10.77 | 36 | 55.38 | 23 | 35.38 |
| U&E | 6 | 9.23 | 38 | 58.46 | 22 | 32.86 |
| Triglycerides | 2 | 3.08 | 44 | 67.69 | 19 | 29.77 |

Table 1. Shows the age Distribution

| Age | No. | % |
|---------|-----|-------|
| 18-30 | 14 | 21.54 |
| 31-40 | 19 | 29.23 |
| 41-50 | 13 | 20.00 |
| 51-60 | 14 | 21.54 |
| 60-over | 5 | 7.69 |
| Total | 65 | 100 |

Table 2. Demonstrates Psychiatric History

| | No. | % |
|------------------|-----|-------|
| Over 10 years | 33 | 50.77 |
| 5-10 Years | 21 | 32.31 |
| 1-5 years | 10 | 15.38 |
| Less than 1 Year | 1 | 1.54 |
| Total | 65 | 100 |

The results of the six monthly physical check-up was as follows, only 5% had maintenance ECG.LFT 10%. U&E 30%. Triglycerides 5%. Table 4 demonstrates maintenance physical check-up.

DISCUSSION

This study has demonstrated again that patients, who are prescribed long acting injectable (LAI) preparations, are more represented in the male population of people who suffer from schizophrenia. This may be due to their non-compliance, drug and alcohol abuse or their schizophrenic illness can be more severe. Again this sample demonstrates that the illness is chronic as more than 80% of this sample, suffered from their illness more than five years and only 1% had the illness less than a year. It is obvious that chronicity indicates more severe and enduring mental illness.

It has also demonstrated that high physical comorbidity of 50%, which indicates that these people have complex needs and it has been demonstrated that looking after the physical comorbidity improve the outcome of physical and mental disorder and their quality of life.

Although national, NICE, Maudsley (Taylor 2007, NICE 2009) and international guidelines have emphasised the importance of monitoring such patients because of their high morbidity and mortality it is alarming that this study has demonstrated that only quarter of those patients have their BP, Pulse and ECG checked before they start on RLAI. Only a third of them had their blood glucose, liver function tests and urea and Electrolytes checked before they were started on RLAI and only 4% had their triglycerides checked. It is more alarming to discover that our results are comparable with other studies nationally. POMH-UK conducted a retrospective case-note audit of patients prescribed antipsychotic medication with a standard of yearly monitoring of blood pressure, measure of obesity, glucose and lipids. Results showed that between 0 and 41% (0 and 48% at re-audit a year later) of trusts were monitoring for all four aspects on an annual basis. Our study is consistent with these results. (POMH-UK 2006).

There was no regular physical follow up and investigation and the investigation which were done were sporadic. Physical co-morbidity was 50% which warrants more physical check-up and care in order to insure that proper management of such patients is in place.

Psychiatrists may overlook the physical health of their patients, thinking that it is outside their remit and expertise. The CPA programme of 2008 indicates that mental health professionals should consider the service users' needs holistically and aim to improve their quality of life and their health. Assessments and care plans should identify and tackle the impact that mental illness symptoms and possible treatment programmes can have on physical health and the impact that physical symptoms can have on an individual's mental well-being (DOH 2008)

STRENGTHS AND LIMITATIONS

The present study tried to tackle an important and neglected area in clinical psychiatric practice. It has demonstrated that care is still substandard compared to its significance. It has shown that this area has a long way to go to achieve a satisfactory standard.

It is a retrospective study which has selected a sample of patients rather than the whole population, which makes it less representatives.

IMPLICATION

Physical illnesses are neglected areas in the care of the severely mentally ill patients. It is an important area in the management of severe mental illness. The causation of physical illness is multifactorial; genetic predisposition, life style and antipsychotic medications collaborate to make it more common and difficult to treat.

Proper physical assessment and regular follow up should be adopted. Promotion of healthy living and eating, exercise and monitoring body weight should be implemented. All these measures may improve physical health of severely mentally ill patients which will be reflected in the overall outcome.

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