AUDIT: MONITORING OF SIDE EFFECTS USING GASS (GLASGOW ANTIPSYCHOTIC SIDE-EFFECT SCALE)

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SUMMARY
Background: Anti-psychotics are often prescribed off-licence for personality and affective disorders. The aim of this audit was to identify patients on specific wards within St Andrews Hospital and to determine how many of the Glasgow Antipsychotic Side-Effect Scale (GASS) forms had been completed as per policy.

Methods: Thirteen patients of Dr Boris Iankov, Consultant Psychiatrist within the adolescent service at St Andrews, were identified. Their records were subsequently reviewed in order to determine how many had completed GASS forms.

Results: It was found only 31% of patients had completed the GASS forms. The remaining patients were supported to do so. As a result 92% of patients are compliant with the policy.

Recommendations: The suitability of the form for adolescents was brought into question due to the sensitive nature of certain side effects. Furthermore the form should be completed routinely on admission and at regular intervals.

Key words: Glasgow anti-psychotic side effect scale – GASS - side effects - anti-psychotics – psychiatry - adolescent

BACKGROUND

Fitzroy House, houses the adolescent pathway within St Andrews Hospital. It includes patients with a range of mental disorders, including personality and affective disorders. Anti-psychotics are often used (frequently off license) and although they have a therapeutic effect, side effects can emerge.

The aim of this audit was to identify patients on specific wards within Fitzroy house (Maple and Willow) and to determine how many of the GASS (Glasgow Antipsychotic Side-Effect Scale) forms had been completed as per policy. Further details on the policy are listed below.

It was agreed that the Gold standard is 100% compliance with the policy.

STANDARDS

The Glasgow Antipsychotic Side-Effect Scale (GASS) is a self-rating scale that allows clinicians to elicit and document the side effects of antipsychotics on their patients (Waddell and Taylor, 2008).

In accordance with St Andrew’s policy all patients with Fitzroy House should have completed the form, within one month of their admission. Tailored instructions to monitor side effects can also be found within each patient’s care plan (Hoffland, 2016).

The St Andrew’s antipsychotic care plan recommends completing the GASS rating scale within a month of starting an oral antipsychotic and then a minimum of annually.

For depots the recommendation is to complete within the first two months of starting then at least annually.

The care plans are detailed in medicines procedure M109 ‘medication care plan guidelines’.

METHODS

The patients of Dr Boris Iankov, Consultant Psychiatrist within the adolescent service at St Andrews, were identified on two wards – Maple and Willow. There were thirteen patients under his care within these two wards. After liaising with the clinical team, a review of the patient records was conducted to determine how many of the thirteen patients had completed the GASS form. This was found by searching through the patient’s physical health assessments.

RESULTS

By examining the patient records it was found only four out of a total of thirteen patients had completed the GASS forms: 31%.

The patients who had not completed the forms were supported to do so. Of the nine patients, eight completed the form. As a result 92% of patients are compliant with the policy.

RECOMMENDATIONS

It was acknowledged that there will always be patients who refuse to engage in this monitoring of side effects.

Action: It was agreed that for those patients documenting their refusal in completing the form, should then be offered another validated/recognised tool which would be suitable, when elucidating the side effects of medication that they are on.

Difficulty was encountered when asking patients to complete the forms due to the sensitive nature of a number of side effects. This was exacerbated by the fact the patients were adolescents and were uncomfortable disclosing sexual side effects.
**Action:** to consider if this tool is suitable for adolescents.

The discrepancy in the number of forms completed was discussed with the clinical team responsible for the patients.

**Action:** the form should be completed by patients within a week of admission. It should then be subsequently completed in conjunction with the annual physical health check. Furthermore if an antipsychotic is altered in dose or a new one is administered a GASS form should also be completed.

This may change if it is agreed that this type of side effect monitoring is not suitable for this patient group.

Once the form is completed and side effects are found measures to reduce them should be documented or any referrals to other health professionals if required.

**CONCLUSION**

As anti-psychotics prescribed for affective disorders and personality disorders have a variety of harmful side effects it is critical that they are regularly monitored. This ultimately provides an improvement in the quality of a patient’s care allowing them to receive the therapeutic benefit of pharmacological treatment with minimal side effects.

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**Contribution of individual authors:**

Boris Iankov: Devised and oversaw audit;
Shilpa Prabhakar: Supervised collection of data;
Anisah Rahman: Wrote article, collection and analysis of data;
Farzad Hosseini: Wrote article, collection and analysis of data.

**References**


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