

Assessing treatment response of all patients with schizophrenia and ensuring trial of clozapine in TRS

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- AIM**
- We would like to ensure 100% identification of treatment resistant schizophrenia (TRS) patients and those indicated for clozapine treatment from baseline by February 2015.
 - To increase the uptake, where appropriate, of clozapine use by 20% by February 2015.

Background
The National Audit of Schizophrenia presented by Royal College of Psychiatrists, 2014 found that: Assertive outreach Services look after patients with psychosis with high level of psychiatric morbidity and complex needs. Previous studies have suggested that patients under AOTs tend to have high-dose antipsychotic treatment and polypharmacy.

Patients under the AOS tend to have a chronic course of illness, and many have treatment resistant forms of psychosis with high rates of hospital admissions with a revolving pattern and impaired social functioning

Evidence-base and most leading guidelines e.g. NICE, the Maudsley guidelines recommends the use of clozapine as the treatment of choice of patients with treatment resistant schizophrenia (TRS), with improved social functioning

Literature in this area also shows significant patient as well as clinician-related barriers in the prescribing of clozapine in this population.

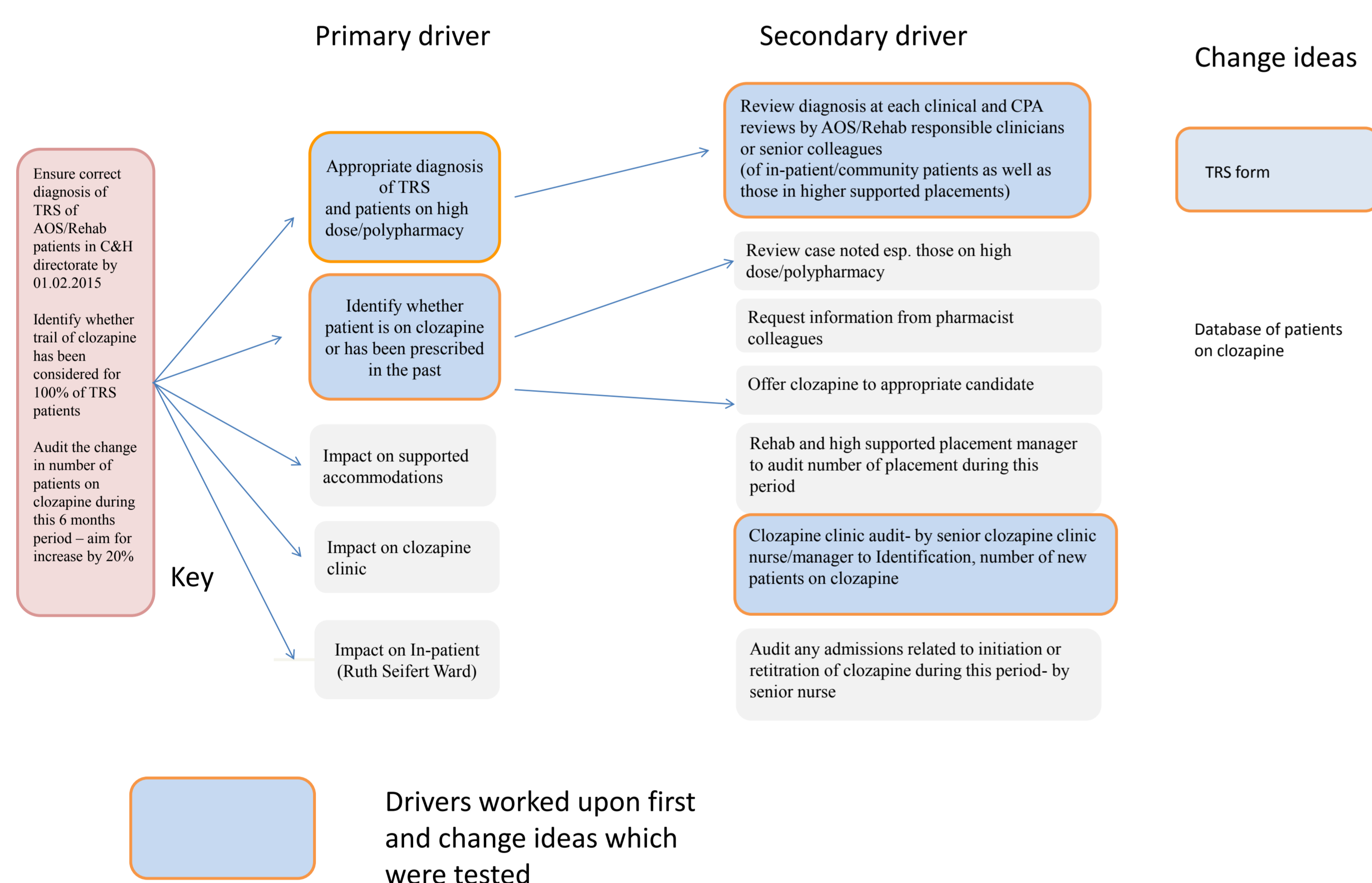
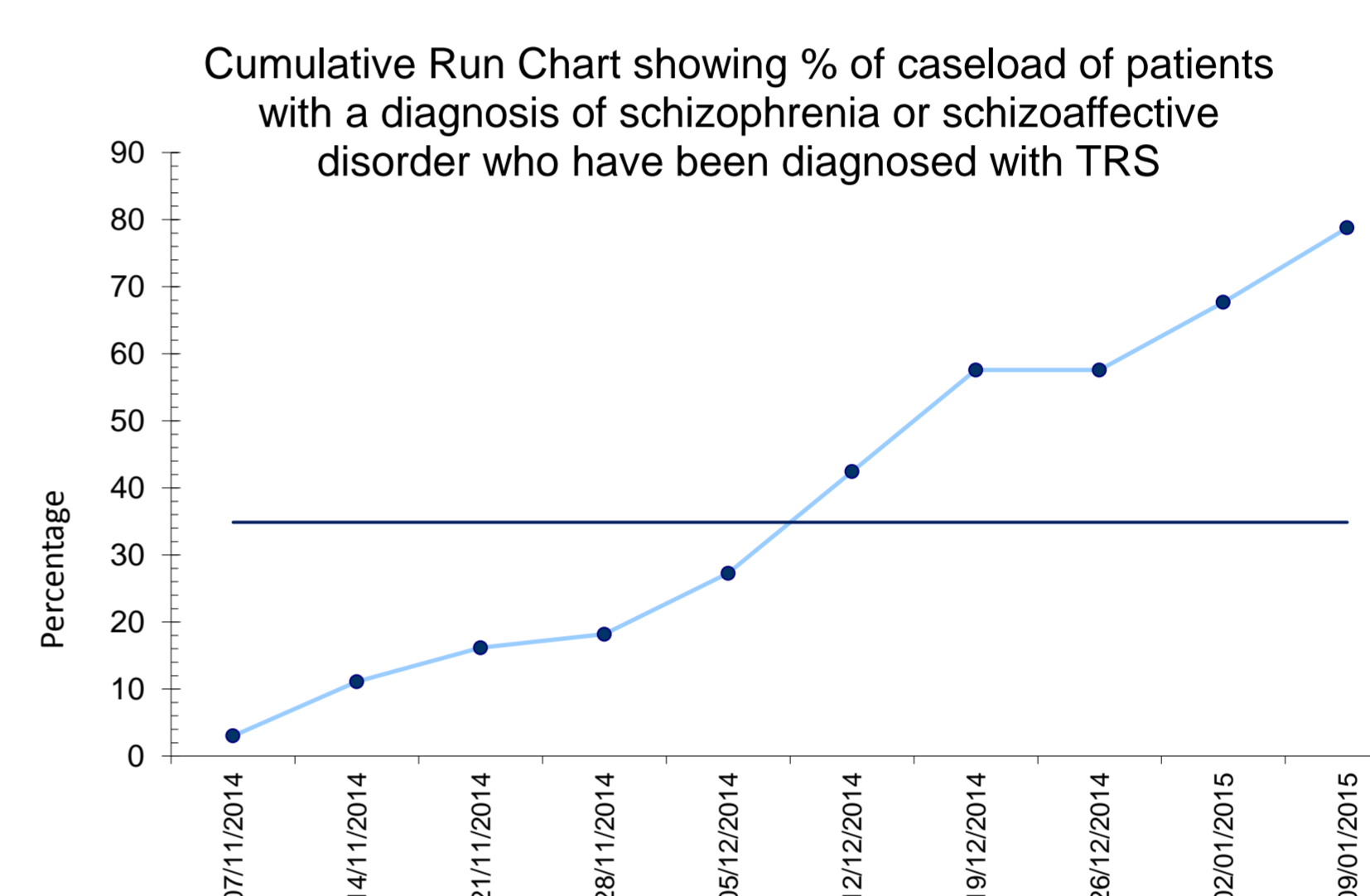
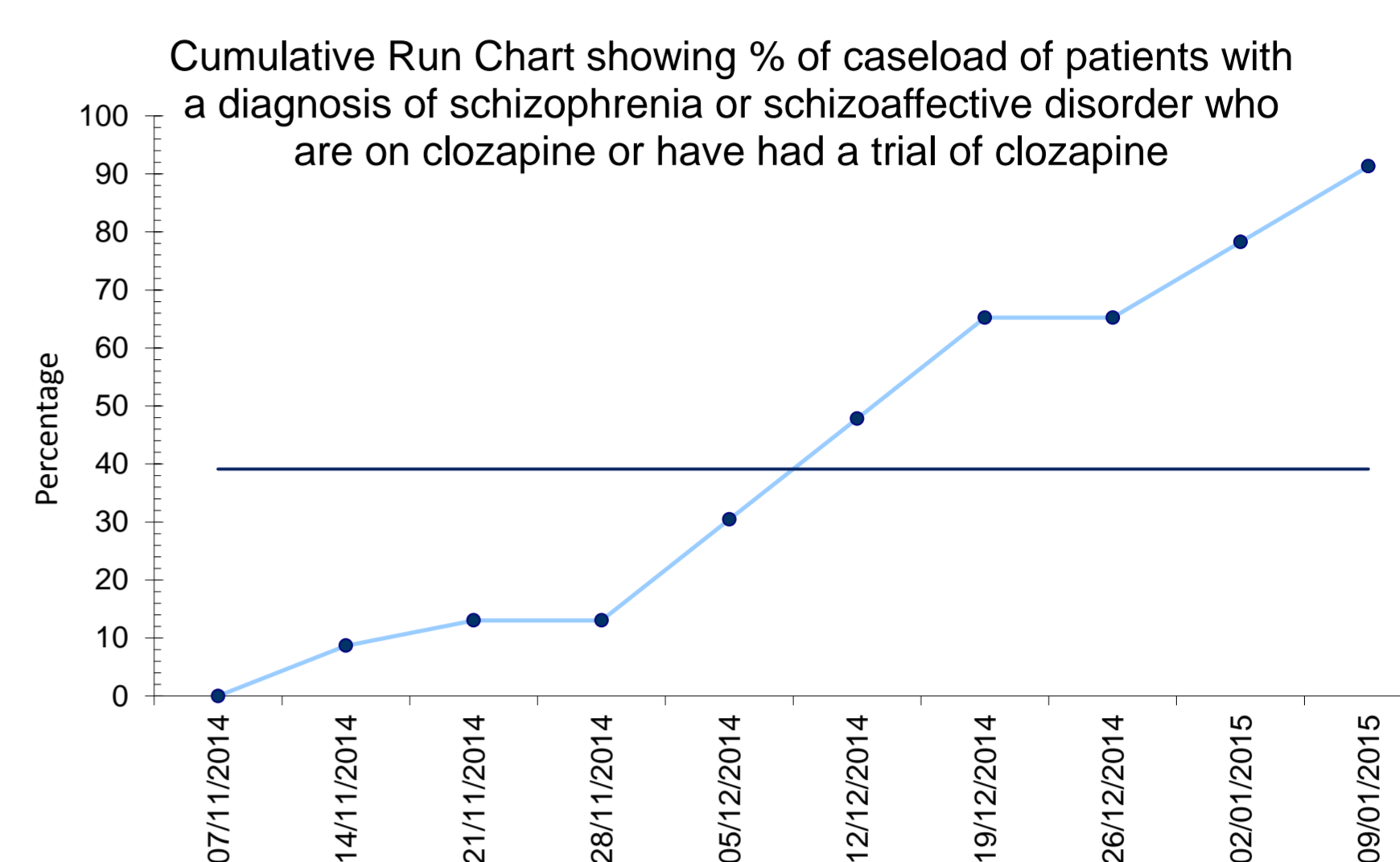
In recent times a great deal of concern has been expressed on the physical impact of high-dose treatment/polypharmacy

Recently the National Audit for Schizophrenia (NAS) has reported below national average use of clozapine and higher high-dose/polypharmacy usage in East London NHS Foundation trust. The same audit also expressed concerns about poor documentation to support the use of high-dose antipsychotic/polypharmacy

Local CCG mental health lead had requested the level of use of clozapine in the Hackney Directorate
This study was used aimed as a pilot project for possible rolling out to other community teams

Measures

Outcome measure: Number of patients on clozapine (clozapine clinic audit)
Process measures: % patients of caseload diagnosed with TRS, % patients on clozapine,
Balancing measure: Number of patients admitted to Ruth Seifert Ward, Impact on supported placement (6 months and 1 year)



14 Increase in number of patients taking clozapine during improvement project **16**

8 Reduction in number of patients on high dose antipsychotic therapy and polypharmacy during improvement project **6**

What does the data tell us?

- 100% of AOS patients with a diagnosis of F20/25 assessed for treatment resistance
- All patients with high-dose and polypharmacy reviewed, and assessed for possible clozapine initiation.
- Those identified for possible future clozapine treatment noted, with plans to improve patient factors e.g. adherence, insight and psycho-education and other barriers

Learning

- Reacquainted ourselves with principles when diagnosing TRS.
- Re-familiarised ourselves with NICE guidance.
- The project evolved over time as we included other ward members in the project.
- QI philosophy around failure and testing.
- It is possible to test multiple change ideas in parallel.
- Meeting every week even if it was only for a few minutes ensured that the project kept on track.
- It was important to have more than one person owning the project so that it continued even in the team leader's absence
- Consultants know who is TRS, just need the space to ensure that patients are correctly diagnosed and database is up-to-date

Next steps

- Understanding the barriers of why prescriber potentially don't use clozapine
- Top 3 barriers, and work on that.
- Understand the reasons why patients who are eligible for clozapine but have refused
- Try and include a patient in the next project
- Scale up and spread the use of the TRS form, database and the educational package that assists clinicians in diagnosing and treating TRS sooner.

How will you be applying your improvement skills next?

- To support other QI projects on the ward
- To think about approaching other quality issues with the same methodology

References

- Report of the second round of the National Audit of Schizophrenia (NAS2) 2014 <http://www.rcpsych.ac.uk/>
- Assessing the Risk of Violence: Development and Validation of the Brøset Violence Checklist. Roger Almvik, Thesis for the degree of Doctor Philosophiae. March 2008
- The National Audit for Violence. Leanne Shinkwin, Maureen McGeorge and Graham Hinchcliffe. Royal College of Psychiatrists. College centre for quality improvement. March 2007

