NSW GOVERNMENT

Safety Information 001/21

Minimising the risks of serious harm while switching antipsychotics

20 January 2021

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Drug and Therapeutics Committees

We recommend you also inform:

- Mental Health Units
- Emergency Departments
- Directors of Medical Services
- Directors of Pharmacy
- Nurse/Midwifery Unit Managers
- Directors of Nursing and Midwifery
- Directors Allied Health

Expert Reference Group

Content reviewed by:

- Medication Safety Expert Advisory Committee
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Background

The changeover period while switching from one antipsychotic to another can contribute to serious adverse outcomes, including homicide and suicide, due to severe deterioration of the patient's mental state which can occur during this time. Health Services and clinicians need to be aware of the risk and act to minimize this.

Switching antipsychotics may be considered when there has been inadequate response to treatment or when adverse effects are concerning for the patient. The process is best initiated under the oversight of a psychiatrist with continued close monitoring and care from mental health clinicians. Currently guidance to assist with the planning and monitoring of the changeover is limited.

Considerations when switching antipsychotics

The time frame for the changeover period is variable. The clinical impact may not be seen for weeks, depending on the pharmacology of the antipsychotic agents, the switching method, the formulation and route of administration. Long acting injectable antipsychotic medication may take months to reach a steady state. Clinicians require an understanding of these factors in order to predict and manage the adverse effects that may emerge during the changeover. The complex interactions between the cholinergic, dopaminergic and serotonergic systems need to be considered. Gender and ethnic differences in drug tolerance and metabolism, and treatment resistance also contribute to variability in the individual response.

Close monitoring of the patient during the changeover period is required to monitor for adverse effects of the new antipsychotic and therapeutic response, but also for dopamine super sensitivity psychosis, cholinergic rebound, serotoninergic rebound, activation syndromes or return of psychotic symptoms. Inadequate dosing and poor adherence also require consideration if mental deterioration occurs.

Partner with patients and carers to plan the switch

Patients and/or carers need to be well prepared for the changeover. Psychiatrists and mental health clinicians should:

- consider the preferences of patients and/or carers and involve them in treatment decisions. A care plan should be developed and agreed upon by all parties before the changeover
- discuss with the patient and/or carers about the potential benefits and harms of the changeover. Emphasise that it will take time for the new antipsychotic to be effective, particularly with depot formulations, and improvement is not guaranteed
- assess the external support available to the patient, such as family and social support, an established relationship with a general practitioner, access to community mental health services and non-government support organizations e.g. *One Door Mental Health*
- educate patients and/or carers to recognize and promptly respond to a deterioration in mental state or adverse effects that may occur during the changeover. Changes in sleep, thought, emotions and behaviour are common warning signs
- establish treatment goals with the patient and/or carers when planning the changeover to help determine whether to continue or stop (e.g. symptom improvement or adverse effects)
- provide verbal and written or visual information to the patient and/or carer on:

  - the instructions for how to switch antipsychotics
  - where to seek help if needed, including after hours
  - potential adverse or discontinuation effects, and warning signs or symptoms of relapse
  - the process for reporting signs of mental deterioration or adverse effects
  - the expected time frame for response
  - details of follow-up appointments or referrals, and when to expect contact from mental health clinicians.

PTO

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Suggested actions required by Local Health Districts/Networks

1. Distribute this Safety Information to all relevant clinical staff to ensure they are aware of the potential serious harms associated with switching antipsychotics and strategies to minimise these.
2. Health care facilities should:
   - identify this patient group as high risk of harm through local care planning procedures
   - train and support mental health clinicians to plan and deliver quality care to this patient group
   - facilitate effective collaboration between all clinicians involved in the patient's care, including when a transition of care occurs during the changeover. Procedures should align with *PD 2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services*
   - develop clear protocols and referral pathways for escalating care which enable appropriate action to be taken when the patient and/or carer report a deterioration in mental state. Refer to *PD2012_053 Mental Health Triage Policy.*
3. When this patient group presents for inpatient or emergency care advise clinicians to:
   - contact the patient's mental health team and/or general practitioner to access the care plan
   - consult with the patient's psychiatrist if medication issues arise
   - follow medication reconciliation procedures at each presentation, consultation or transition of care
   - liaise with the patient's mental health team and/or general practitioner to plan a transition of care or discharge.
4. To minimise the risk of harm during the changeover, psychiatrists and mental health clinicians should:
   - assess the external factors that may affect the patient's mental state e.g. safety of the home environment, substance misuse, financial hardship
   - provide a written antipsychotic changeover plan to patients and/or carers, and ensure it is accessible to all clinicians involved in the patient's care
   - develop a relapse prevention plan to direct patients to more intensive support if mental deterioration occurs
   - arrange follow-up care within the community within 7 days of discharge from an inpatient facility (in accordance with *PD 2019_045*) or earlier based on clinical need. Regular face to face consultations are recommended, or virtual care services can be utilized in rural and regional areas if a specialist psychiatric assessment is required or if there are barriers to attendance
   - perform a formal mental state assessment during follow-up consultations and document the patient's current mental state in accordance with *GL2014_002 Mental Health Clinical Documentation Guidelines*
   - consider the role of adjuvant medicines e.g. anticholinergics, benzodiazepines, antihistamines to assist during the changeover
   - refer to switching guidelines or algorithmic tools for guidance, and for information about the pharmacology behind the switch. For example the Australian Prescriber Online Antipsychotic Switching Tool or eTherapeutic Guidelines https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicfile=schizophrenia-and-related-psychoses#toc_d1e1511
5. Ensure a system is in place to document and review actions taken.

References

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