

# Medicines Optimisation Briefing

**This medicines optimisation briefing focuses on patients with schizophrenia and is designed for pharmacy professionals in any sector to use in their practice.**

## Patient experience

*I am interested in which medicines I am taking to aid my recovery and would like to ask you for more information about them. I may have been taking these medicines for a long time but you could encourage me to keep taking them if you talk to me, listen to my point of view and understand the problems I face.*

### Steps you can take:

- Ask me if I would like to talk about my medicines. Questions such as do I think my medicines are helping me, or am I confident about remembering to take my medicines because most people forget sometimes, can be a useful opening for conversation
- Use language that I understand, but don't assume that I am simple
- Get in the habit of talking to me, start to build the trust.

## Evidence – is the medicine appropriate?

*Some patients with schizophrenia are treated with long acting depot antipsychotic injections, others with the antipsychotic clozapine by the hospital. These won't appear on the GP prescription but are important for you to know about and you should note them on the PMR. Ask the patient about aspects of their care that you are unclear about and link in to the community mental health team (CMHT) as a matter of routine.*

### Steps you can take:

- It takes time to reach the full therapeutic effect. With the patient's permission liaise with the community mental health team if you or the patient have any concerns. There should be regular reviews to assess the need for medication
- Contact your local mental health trust to find out what patient information leaflets they use locally and how to access them; these provide information that helps patients to decide whether to take their medicines and you can support them with this.

The four principles of medicines optimisation\* describe how healthcare professionals can enable patients to improve their quality of life and outcomes from medicines use by having a sustained focus on the need to optimise patients' medicines.

\* [www.rpharms.com/medicines-safety/medicines-optimisation.asp](http://www.rpharms.com/medicines-safety/medicines-optimisation.asp)

## Safe and effective

*As symptoms improve, patients may feel that they don't need to take their medicines any longer, so understanding the anticipated duration of treatment will help you monitor this and advise accordingly. Finding out how the individual measures their condition will allow you to offer support that is personal.*

### Steps you can take:

- Engage with the CMHT so that you understand the patient's recovery plan and monitoring requirements
- Advise the patient that they shouldn't stop, or stop and start taking their medicines abruptly, as this could be hazardous. Invite the patient to return at a later point to ask any questions; avoid putting them under pressure to respond straight away
- Check that the patient is having their weight, glucose, lipids and blood pressure monitored, encourage a healthy lifestyle and review smoking habits as for anyone with cardiovascular risk factors.

## Medicines Optimisation as part of routine practice

*People with schizophrenia can become regular users of your pharmacy if you talk respectfully with them and show an interest as you would for any person. Keeping in touch with the CMHT allows you to alert them about patients you have concerns about. Wherever possible talk to the patient before discussing them with the CMHT.*

### Steps you can take:

- Work with patients to individualise their medicines to meet their needs and routine; assisting with adherence aids recovery. Ask the patient which side effects bother them the most and explain what action they could take. Note what you have suggested on the PMR
- Use a table or chart to support therapy, rather than a monitored dosage system
- Agree a follow up schedule with the patient and keep to it, but be flexible
- Try to agree a way for you to contact the person if they don't come for their medicines.

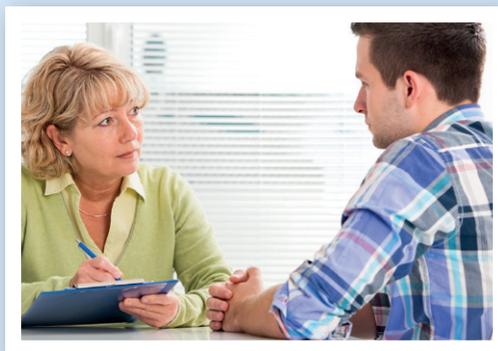
## Case studies

**Michael, a regular patient came in to collect his medicines from the pharmacy on Monday morning as usual. The pharmacist noticed that Michael was looking pale and tired so asked him if he was okay.**

Michael said that he felt awful and thought he had a cold as he had been in bed all weekend coughing and sneezing, he added that he hadn't eaten anything or taken his tablets since Friday because he had been feeling so sick. The pharmacist asked Michael if he would like to talk privately in the consultation room and Michael said he would. The pharmacist already knew that Michael took clozapine, which was supplied by the local hospital pharmacy, as well as the senna and hyoscine hydrobromide that he collected from the community pharmacy. On further discussion with Michael the pharmacist worked out that it was over 48 hours since Michael had taken his last dose of clozapine, this meant that Michael's clozapine dose needed to be re-titrated due to risks of serious adverse effects including hypotension, seizures and cardiac arrhythmias. Also the monitoring frequency for Michael's clozapine may need changing. The pharmacist explained this to Michael and advised him not to take any more clozapine and asked Michael if it would be alright to contact his community mental health team (CMHT) immediately to let them know what had happened. The pharmacist was also concerned that the infection that Michael described could be a sign of neutropenia as a result of his clozapine treatment and therefore it was important that he had a blood test as soon as possible. A few weeks later Michael called into the pharmacy to thank the pharmacist for putting him in touch with the CMHT. Michael explained that he had been admitted to hospital for treatment of pneumonia and his clozapine had been re-started slowly and his bloods, pulse and blood pressure had been monitored closely. Michael said that following his chest infection he wanted to give up smoking and asked the pharmacist for advice. The pharmacy provided a smoking cessation service so the pharmacist invited Michael to participate. Before proceeding, the pharmacist explained to Michael that they would need to liaise

closely with his CMHT as stopping smoking can significantly increase clozapine levels and lead to adverse effects.

During the following few weeks with support from the pharmacy and his CMHT, Michael successfully gave up smoking and his maintenance dose of clozapine was reduced accordingly. During the period of increased contact with Michael the pharmacy staff offered him other lifestyle advice including weight management and advice on healthy eating including how to prevent constipation (diet, fluid intake and mobility). This advice is particularly important for patients treated with clozapine as it causes significant weight gain putting patients at long term risk of cardiovascular disease and diabetes. Constipation, bowel obstruction and perforation are also a significant risk with clozapine so the pharmacist asked the CMHT to review Michael's continued need for hyoscine hydrobromide which can also cause constipation; this was subsequently stopped without any return of hypersalivation (a side effect of clozapine). The pharmacist also advised that senna was replaced by the osmotic laxative lactulose because prolonged use of stimulant laxatives such as senna can cause atonic colon.



### Lifestyle messages

- Antipsychotic medicines cause weight gain, so offer advice on diet and exercise
- Look out for healthy living or walking groups
- Offer smoking cessation advice (liaise with the community mental health team as antipsychotic doses may need adjusting)
- Offer brief alcohol advice.

### Where's the Evidence?

- NICE <http://www.nice.org.uk/>
- Maudsley Prescribing Guidelines
- Local formularies and experts such as mental health pharmacists.

### Signposting patients

- MIND and local branches <http://www.mind.org.uk/>
- SANE <http://www.sane.org.uk/>
- Young MINDS <http://www.youngminds.org.uk/>
- Hearing voices network <http://www.hearing-voices.org/>
- Local recovery college (if appropriate)
- Local support groups
- Local sports and leisure centres/Activity groups
- NHS Choices <http://www.nhs.uk/>
- Stop smoking services. Smoke free NHS <https://quitnow.smokefree.nhs.uk/>

### Where can I learn more about this?

CPPE learning programmes [www.cppe.ac.uk](http://www.cppe.ac.uk)

The Royal Pharmaceutical Society Mental health toolkit  
<http://www.rpharms.com/public-health-resources/mental-health.asp>

College of Mental Health Pharmacy

<http://www.cmhp.org.uk/>

Clinical knowledge summaries

<http://cks.nice.org.uk>



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