

Newsletter

September, 2007



Chairman's letter

Welcome to the UKPPG newsletter. The annual UKPPG conference seems to be just around the corner and you will have seen the exciting programme. It's also the time that the committee consider booking 2008's venue and there may be some changes next year.

Unfortunately, the UKPPG Travel Award has not been awarded this year and the committee are looking at alternatives to help members of the UKPPG get their great practice and research work to a larger audience. One idea is to encourage poster presenters by facilitating presentation and attendance at European symposia in 2008. Watch this space!

Conference also hosts the AGMs of both the UKPPG and CMHP. It's an important event for any organisation — the members chance to quiz the officers and to debate important ideas as motions presented to the AGM. The committee will be presenting, as promised at last year's AGM, an updated constitution.

The UKPPG committee is moving to a functional structure — every committee member is leading in a particular portfolio such as public relations, membership, education and training and so on. We will be looking for UKPPG members to support committee members in their portfolio.

Another issue that has been exercising us recently is the best way to promote and represent mental health pharmacists, particularly those working at a senior level within the NHS, in any consultation or involvement with external bodies such as NICE, RPSGB, CSIP, NPSA and the Health Care Commission. We're going to be working with chief pharmacists in the UK to take this forward.

Patient Advice Leaflets — it has been a rocky road but we are in the final stages of development of these leaflets. Over 60 leaflets will be available in English in two formats: one in which a trust logo can be included and one without. An organisation license for intranet use will be formally available and priced at £1000. Examples of the leaflets have been seen by CNST assessors and we believe we have covered the CNST requirements. Further news to follow shortly.

Look forward to seeing you at Conference!

Graham Parton
Chair, UKPPG
graham.parton@awp.nhs.uk

UKPPG

Report from British Association of Psychopharmacology (BAP) 2006: Posters with pharmacists as authors

Patel M, Young C, David A, Taylor D

Risperidone long-acting injection: a one-year observational study in a naturalistic setting. Institute of Psychiatry, London

Clinical trials do not necessarily reflect the conditions encountered in everyday clinical practice. This study investigated the predictors of admission to hospital in patients receiving risperidone long-acting injection (RLAI) in a one-year mirror-image observational study. Data were obtained retrospectively on admission to hospital for twelve months before and after initiation of treatment with RLAI in 142 patients. The data collected were used in regression analyses to search for potential predictors of admission to hospital.

Within a year of starting RLAI, 72% of patients had discontinued it, and 68% of patients had been admitted to hospital. Patients who stopped RLAI were more likely to be admitted to hospital than patients who continued on it (OR 3.08, 95% CI 1.4–6.8). Patients who had been admitted to hospital in the year preceding initiation of RLAI were very much more likely to be admitted to hospital after starting RLAI than patients who had not been admitted in the year preceding initiation of RLAI (OR 6.58, 95% CI 2.8–15.7).

Although not a randomised controlled trial, and accepting that admission to hospital is a crude measure of relapse, it would appear that RLAI may not be the best choice treatment in patients who have had an admission to hospital in the previous twelve months, and that to obtain maximum benefit from RLAI, patients need support to avoid inappropriate discontinuation.

Paton C, Barnes T, Lelliott P, Taylor D

Prescribing audit of high dose and combined antipsychotics for patients on adult acute and psychiatric intensive care wards. Pharmacy Department, Oxleas Hospital

Although there is no convincing evidence of benefit from the use of high doses or combinations of antipsychotics, the practice is widespread. As part of an initiative to improve prescribing quality, a point prevalence survey was conducted across 32 trusts collecting data relating to three standards derived from published clinical guidelines. The standards were:

- a standard dose of single antipsychotic should be used.
- combinations of antipsychotics should be used only when changing treatment, or for augmentation of clozapine therapy.
- first generation and second generation antipsychotics should not be prescribed concurrently.

Data were obtained for 3492 patients on 218 wards. Overall, 36% of patients received a high dose of antipsychotic, and this

figure increased to 43% when only patients with schizophrenia or related disorders were included. Multiple antipsychotics were prescribed in 43% of patients, mainly because of prn medication, with first and second generation antipsychotics being co-prescribed in 31% of patients. The most important factor leading to the use of high doses was the prescription of combinations of antipsychotics, which occurred most frequently (in 45% of cases) for the control of disturbed behaviour.

This large study gives an indication of the extent of the practices of using high doses and combinations of antipsychotics. Clinical audit of antipsychotic prescribing for patients with disturbed behaviour should perhaps be an important priority for all of us.

Paton C, Whittington C, Barnes T

Augmentation of clozapine with a second antipsychotic for treatment-resistant schizophrenia: a meta-analysis. Pharmacy Department, Oxleas Hospital

Augmentation of clozapine with an adjunctive atypical antipsychotic is common practice when patients fail to respond to an adequate trial of clozapine monotherapy. This study reviewed and performed a meta-analysis of the evidence for this practice. Four randomised controlled trials were identified, three with risperidone, one with amisulpride, involving a total of 166 patients. Duration of treatment proved to be an important factor in determining the outcome. In the two studies that lasted for more than ten weeks, more patients responded to treatment with adjunctive therapy than with monotherapy (NNT = 3, 95% CI 2.0–7.7). In studies lasting less than ten weeks, there was no difference between the two treatments. Similar findings were observed for improvements in symptom severity. This study suggests that in patients who fail to respond to monotherapy with clozapine, adjunctive treatment should continue for at least ten weeks before it can be considered to have failed.

Thomas A, Blackmore E, Deslandes P, Sewell R
Aripiprazole: early patient outcome experience. Pharmacy Department, Whitchurch Hospital

This poster described a study of outcomes of early experience with aripiprazole in clinical practice. A retrospective review of case notes for all patients who had been prescribed aripiprazole from June 2004 to March 2006 was undertaken. Data were available for 94 patients. The most common reason for prescribing aripiprazole was failure to respond to the previous treatment (50% of cases). Other reasons included adverse effects with the previous therapy (31%) and weight gain (15%). Discontinuation of aripiprazole occurred in 55% of patients, 1/3 of them because of failure to respond, and 1/5 because of adverse effects. Among the patients who had failed to respond to aripiprazole, 88% of them had failed to respond to at least two previous trials of antipsychotic medication. In general,

patients who had failed two previous trials of antipsychotic medication were more than twice as likely to discontinue treatment with aripiprazole than other patients. This study highlights the importance of ongoing pharmacovigilance with new medicines, and the need to take the patient's medication history into account when considering which antipsychotic to prescribe.

John Donahue

Executive MBA delegates visits poland mental health and learning disability charity

Dawn Price, secretary for the UKPPG and Head of Clinical Pharmacy Services at Northumberland Tyne and Wear (NTW) NHS Trust recently visited Krakow in Poland with delegates from Newcastle business school executive MBA (EMBA). The purpose of the visit was to provide a business and strategic plan to Ognisko, a Polish charity which was established several years ago to aid people with mental health and learning disability problems. Ognisko recently were successful in securing €100,000 from the European Union to establish a company to support the rehabilitation of people into work. Ognisko, however, lacked the business expertise to establish the enterprise and are operating in an environment which is culturally and politically very different in its social approach to the UK. For this reason they turned to Alistair Nicholson, who, in addition to teaching at Newcastle, leads on strategy at the London Business School and has strong links with business developments in Warsaw. The group were fortunate to be able to contribute substantially to the plan due to Dawn's experience of working with mental health and learning disabilities within the NTW trust which, in addition to the EMBA business background, provided pragmatic and achievable recommendations adapted from the UK models.



Visits to the charity rehabilitation sites showed the range of skills that these people had to provide products and services. A portfolio of developments were identified to progress the growth of Ognisko and an example of art therapy products are shown here.



From left to right: Guy Hetherington, Victor Products Ltd; Kasia, Ognisko SE Representative; Rafal, Ognisko SE Chief Executive; Kasia Zdunczyk, Newcastle University; Dawn Price, Head of Clinical Pharmacy NTW Trust; Majic, Interpreter; Joanna, Ognisko Representative; Zoe Bright, Head of School Newcastle University; Helen Warlow, Head of Pathology, Newcastle Hospitals Trust; Maciej Malinowski, Ognisko Marketing Manager

There was urgency around the plan due to the restrictions laid down by the European grant. The company was only established in April 2007 yet needed to demonstrate significant achievements by April 2008. As a result, this project has captured the hearts and minds of the group who are continuing to support this organisation in their spare time and it is hoped that sponsors can be found. Funding is needed for the group's return visit early next year to ensure recommendations have been implemented to aid the continued successful development of this necessary social enterprise.

Technician agenda

Having been on the committee for a number of months, it's probably time I gave some thought to the technician agenda, and for this, I am going to need some help.

During the years that the Mental Health Technician Network has been meeting, we have supported the clinical study days provided by the UKPPG by giving over our study days to the more practical approach of problem-solving, to the sharing of new and innovative ways of working for technicians and for pharmacy, and highlighting examples of best practice.

These study days have been well supported by both pharmacists and technicians willing to give their time to organise or speak, and by those giving up their time (and often money) to attend as delegates. As the final Chair of the Network, I would like to convey my sincere thanks to all those technicians who have served on the committee over the years, and who have helped to keep the technician agenda moving forward. We are here now because of your help and support.

The sharing of best practice and networking will continue by technicians utilising the annual conference of the UKPPG, and this needs a proactive approach. I would encourage all technicians to think about what they can share with others, how they can help and be helped, and how they can share and learn.

The technician network grew out of a need for shared thinking and peer support. If conference does not, for whatever reason, meet this need, we will all have to look at what else is available to us (website, e-groups) to ensure that technicians working in mental health are not left alone and floundering.

We always asked for guidance from the membership when setting agendas, and mostly we were able to provide what was asked of us. However, what we were not able to provide and what was asked for by many, was more formal education aimed at technicians working in mental health, and this, I feel, is the next 'big step', and where I will need the help and thoughts of as many technicians as possible. Can I therefore ask that any of you with thoughts/ideas on the development of technician education get in touch as soon as possible via email (Beverley.Faulkner@obmh.nhs.uk) so that I can be sure that any direction this takes will incorporate the wishes/needs of as many as possible?

Bev Faulkner

Pharmacy Services Manager, Oxfordshire and Buckinghamshire
Mental Health Partnership NHS Trust

Ten publications to tickle your transmitters

This new regular section includes some 'one-liners' (or perhaps 'one-sentences' might be more accurate, although not completely) from recently published papers. Hopefully this may stimulate your interest and fascination, so please look up the papers to get the full low-down, as a couple of lines can't really do a paper full justice. Some of these will be from well-known journals, others from the sort of journals only 'anoraks' like myself get to find out about!

1. Serotonin syndrome is not an idiopathic reaction but a predictable adverse consequence of excess serotonergic agonism. Its incidence may be under-rated, as there appears to have been about 7349 reported cases of serotonin syndrome and 93 deaths from it in the USA in 2002 (Bush *et al*, *J Palliat Med* 2006;**9**:1257–9).
2. In people with bipolar depression, an antidepressant (paroxetine up to 40mg/d or bupropion up to 375mg/d) plus a mood stabiliser (lithium, valproate, carbamazepine or a licensed antimanic agent, eg. olanzapine, risperidone, aripiprazole, quetiapine or ziprasidone) had a slightly poorer response (based on eight weeks of euthymia) than people receiving just a mood stabiliser and placebo. This suggests that longer-term adjunctive antidepressants have no therapeutic advantage in bipolar depression, but at least the antidepressant did not increase the risk of relapse or switch to mania nor have greater ADRs (Sachs *et al*, *N Engl J Med* 2007;**356**:1711–22).
3. Lamotrigine clearance may increase by 300% in late pregnancy in some women on monotherapy, resulting in significantly reduced plasma levels and potential loss of seizure control and so TDM would be fully justified. Limited data suggests that oxcarbazepine and levetiracetam levels may also decline in late pregnancy (Tomson and Battino, *Clin Pharmacokinet* 2007;**46**:209–19).
4. In a close study of 12 mothers, methadone concentrations in milk were surprisingly unrelated to maternal dose and may peak about three hours post-dose, but are small (at 21–314 ng/ml), so the recommendation that mothers can breast-feed while taking methadone, regardless of dose, seems reasonable (Jansson *et al*, *J Hum Lact* 2007;**23**:184–90).
5. There is an interesting systematic review of herbal remedies for anxiety and depression (Ernst, *Adv Psychiatr Treat* 2007;**13**:312–6). It concludes that there is only sound evidence for St John's wort for depression and Kava for anxiety, and that neither are free from risks
6. There is a case of methylphenidate 60mg/d used in a youngster for ADHD causing severe glaucoma (presenting as headache), non-responsive to normal treatments and requiring surgery to correct (Lu *et al*, *J Chin Med Assoc* 2006;**69**:589–90).
7. With CATIE's low retention rates, a review has been published that argues that long-acting injections may help improve retention, reduce relapse, reduce readmissions, brain tissue loss and deterioration (Nasrallah, *Acta Psychiatr Scand* 2007;**115**:260–7).
8. Lamotrigine levels may double when stopping an oral contraceptive, mostly during the first week, a rapid and significant effect (Christensen *et al*, *Epilepsia* 2007;**48**:484–9).
9. Significantly lower clozapine plasma levels have been reported with concomitant levomepromazine in two people (Bugamelli *et al*, *Prog Neuropsychopharmacol Biol Psychiatry* 2007;**31**:567–70).
10. As an adjunct to haloperidol 4–30mg/d in 121 treatment-resistant schizophrenics, ondansetron 8mg/d improved PANSS and reduced EPSE over 12 weeks (Zhang *et al*, *Schizophr Res* 2006;**88**:102–10).

Stephen Bazire

Chief Pharmacist, Norfolk and Waveney
Mental Health Partnership NHS Trust

Update on membership issues

Membership database

The web-based membership database is now up and running. Hopefully you will have had the opportunity to access it and to update your details. One of the benefits of this system is that members can choose for their contact details to be viewable by other members which will facilitate good networking. If you have not yet accessed the database, it can be reached via the UKPPG website or directly at http://pages.xaraonline.com/xo259350db/mem_public.htm.

A couple of things to remember:

- If the password entry box does not appear, it is most likely due to your PC blocking pop-ups which can be changed in the web-browser settings
- Your username to access this part of the website is your email address and the password is set as the last four digits of your membership number, but you can change these on-line if you wish. (Please note that these are different to the password you need to access the support documents on the website.)

Membership pack

From April 2007 we moved to sending out electronic membership packs for new members to reduce postage costs, save time and to do our bit for the environment. We plan to review the contents of the members' pack later in the year, so feedback regarding the pack contents from members who have joined in the last few months would be appreciated.

Membership fees

The committee agreed to increase membership fees for 2007–08 to £25.00. If you have not paid the increased amount for this year, please can you do so as soon as possible.

It is likely that from next year we will change to a set renewal date of 1st April each year, so, if you are changing your standing order details, it would be worthwhile changing the payment date as well.

We are still pursuing other options for payment (e.g. credit and debit cards, direct debit, etc.), but at the moment these are proving too expensive for us to justify.

Mick Marven
Chief Pharmacist, Oxfordshire and Buckinghamshire
Mental Health Partnership NHS Trust

UKPPG Committee update

Your committee met in London on 8th June 2007 (thanks to Janssen-Cilag for supporting accommodation). Members present included Pat, Denise, Dawn, Stephen Guy (for CMHP), Marina, Graham P, Ian, Justine, Bev, Denny and Steve Bazire. Apologies from Elaine and Mick. Items discussed included:

- UKPPG structure
- CMHP webpages
- Methods of facilitating and co-ordinating the huge number of work-streams – DoH, NICE, RPSGB, NWW, NIMHE/CSIP, POM-UK, etc. to avoid duplication, enhance people's abilities to represent and promote the many aspects of mental health pharmacy (remembering that services have developed often in very different ways in different areas depending on local needs)
- Conference
- Education
- Psych 1 successful, good meeting
- Technicians' courses.

News from CMHP

- The president, Celia Feetam, wishes to propose, through a motion at the AGM, an alternative route/form of membership (c.f. Fellow) for those who, by level of their strategic management/leadership role in mental health pharmacy, have much to offer the College but by virtue of their current limited clinical role, would find specialist accreditation by the existing route impossible.
- The CMHP has been involved with discussions over future changes to the RPSGB. The formation of a regulatory general pharmacy council with a separate college akin to a Royal medical college has been proposed.
- The re-accreditation process has started.

Postgraduate Certificate in Psychiatric Therapeutics, 17th April, 2007

The following candidates have been awarded the Certificate in Psychiatric Therapeutics:

Francesca Aaen*	Lucia Mora Garcia-Lomas*
Godwin Achunine	Raquel Muniz
Asiya Ahmad	Clare Neal*
Amaka Akpuaka	Louise Noble
Karen Allison	Adebola Ogunremi
Jonathan Bate*	David O'Reilly
Jaimini Bhavsar-Cavey-Wilcox	Sergio Palazuelos-Leon
Flora Coker	Mark Payne
Emma Court*	Maria Pedrosa Naudin
Andrew Down*	Meriel Pope*
Matthew Elswood*	Audrey Purcell*
Niina Ezewuzie	Jordi Saez Dominguez
Tracey Gaughan*	Iffah Salim*
Shribai Gomes	Lorna Sam*

Anshu Hinton
Joy Hipwell
Wai Fun Huynh*
James Innes*
Lynda Iyeke
Evelyn Johnson*
Svetlana Jokic*
Theresa Larcombe*
Selina Leung
Veronica Lim*
Patricia Mabeza
Ruth Massey
Caroline McDonough
Christine McKenzie*

Margaret Setchell*
Chetan Shah
Neelam Sharma*
Elizabeth Shaw
Susan Stevens
Ozma Tahir
Catherine Tate*
Julia Thackeray
Theresa Turner*
David Vincent*
Martine Wilkinson*
Erica Young*
Rebecca Young
Shiraz Ziblim

*To be granted award with distinction

Psychiatry course

Date: 19th–21st October, 2007
Cost: £295 per person
Venue: Woodland Grange Training and Conference Centre, Leamington Spa, Warwickshire (www.wgrange.com).

The topics to be covered in this residential training course include the presentation and treatment of:

- depression
- schizophrenia
- bipolar affective disorder
- anxiety

and an introduction to critical appraisal.

This course is now subsidised by the UKPPG and may be considered as an introduction to the Certificate in Psychiatry Therapeutics offered from Aston University.

Enquiries to: Penny Delaney, Psychiatric Pharmacy Office, School of Life & Health Sciences, Aston University, Birmingham, B4 7ET

List of useful names/addresses

Newsletter editor: Justine Raynsford, The Mount, 44, Hyde Terrace, Leeds LS2 9LN; e-mail: justine.raynsford@leedsmh.nhs.uk

UKPPG Chairman: Graham Parton, Chief Pharmacist, Avon and Wiltshire MH Care Partnership NHS Trust, NHS House, Newbridge Hill, Bath BA1 3QE; email: graham.parton@awp.nhs.uk

Treasurer and Membership Secretary: Mick Marven, Clinical Pharmacy Support Unit, Unit 46, Sandford Lane Business Park, Kennington, Oxford OX1 5RW; e-mail: Michael.Marven@oxmhctr.nhs.uk

Membership details and application form available from the website: www.ukppg.org.uk

College of Mental Health Pharmacists (CMHP) contacts:

President: Celia Feetam, 62 Park Hill, Moseley, Birmingham B13 8DT; email: celiafeetam@madasfish.com

Registrar: Stuart Gill-Banham, Pharmacy Dept, William Harvey Hospital, Ashford, Kent TN24 OLZ; email: stuart.gill-banham@ekht.nhs.uk

Secretary: Cathy Mortimer, Pharmacy Manager, Princess Marina Hospital, Upton, Northampton NN5 6UH; email: cathy.mortimer@nht.northants.nhs.uk

Diary

Thursday 13th September, 2007: Late-Life Depression Conference, Hilton Leeds City Hotel, Neville Street, Leeds. Topics include: phenomenology and epidemiology, physical illness and co-morbid depression, dementia, ECT, psychotherapy, treatment resistant depression.

Contact: Laura Ward, Customer Support Officer, The Andrew Sims Centre, The Mount, 44 Hyde Terrace, Leeds LS2 9LN or fax: 0113 305 5632.

Friday 21st September, 2007: UKPPG committee meeting (venue TBC).

Contact: Graham Parton, e-mail graham.parton@awp.nhs.uk with any item you would like to raise.

Thursday 4th October, 2007: Vivas for college membership, Wokelfield Park, near Reading:

Contact: Stuart Gill-Banham, Registrar, College of Mental Health Pharmacists, East Kent Hospitals NHS Trust, William Harvey Hospital, Ashford, Kent.

Friday–Sunday 5–7th October, 2007: 32nd Annual (14th International) Psychiatric Pharmacy Conference, Wokefield Park.

Thursday 18th October, 2007: Mental Health Pharmacy Technician Study Day, Leeds Mental Health Trust. Topics include: addictions, gender Identity and learning disabilities. Cost £55.00. Approved by Yorkshire Pharmacy Technicians CPD Strategy Group.

Contact: Ann Andrews Pharmacy Department, Mount, 44 Hyde Terrace, Leeds LS2 9LN. e-mail ann.andrews@leedsmh.nhs.uk. Tel: 0113 3055530.

Friday–Sunday 19th–21st October, 2007: Psychiatry 1. To be held at Woodland Grange Training & Conference Centre, Leamington Spa, Warwickshire (www.wgrange.com).

Contact: Penny Delaney, Psychiatric Pharmacy Office, School of Life & Health Sciences, Aston University, Birmingham B4 7ET.

Friday 16th November, 2007: UKPPG committee meeting. Contact: Graham Parton e-mail graham.parton@awp.nhs.uk with any item you would like to raise.

