A Clinical Audit on the Monitoring and Management of Antipsychotic-Induced Hyper Prolactinaemia

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Aims. Antipsychotic medications are one of the major iatrogenic causes of hyperprolactinaemia with the attendant short- and long-term effects and risks associated with it.

- The audit sought to answer the question: Are we monitoring and managing hyper prolactinemia caused by anti psychotic medications appropriately?

Methods.

- A literature search for relevant data and standards with regards to monitoring and management of hyperprolactinaemia was conducted.
- The audit was based on the standards derived from South West Yorkshire NHS Partnership Foundation Trust's (SWYPFT) standards, NICE guidelines, and the Maudsley Prescribing Guidelines in Psychiatry (14th edition), focusing on the Trust's standards.
- The total population under consideration included every patient under the care of the North Kirklees, Community mental health team (CMHT), Old age psychiatry services (OPS) that was using antipsychotic medication in the time period between 16 June 2022 and 15th July 2023.

Results.

- Total patients 61
- Female 30
- Male 31
- Age: 65 and above
- Already on antipsychotic: 49
- Started on antipsychotic: 12
- Two or more antipsychotic: 2
- Switch from one antipsychotic to other: 4
- Prolactin monitoring not required: 27 because were already using olanzapine, quetiapine and aripiprazole

Monitoring required: 34

- Initiation: 12
- Prolactin level done 2/12
- Prolactin level not done 10/12
- LAI (long acting antipsychotic) 11
  Prolactin level done 7/11
  Prolactin level not done 4/12
  Not done: 75% were with Care coordinator
  25% Wellbeing team
- On oral antipsychotic that require prolactin level monitoring: 11
- Prolactin level done 5/11
- Prolactin level not done 6/11

Conclusion. Patients who were on antipsychotics in community required prolactin monitoring. In more than 50% of patients prolactin were not monitored regularly because of communication gap between Psychiatrist and GPs as no clear instructions were mentioned from Psychiatrist to GPs, patients and care coordinators.

A small number of patients in whom prolactin was raised were highlighted to their respective medics and managed accordingly.

Audit of Resuscitation Equipment in a Mental Health Setting – Resulting in Trust-Wide Action

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Aims. The aim of this audit was to review the availability of recommended resuscitation equipment in Prospect Park Hospital (PPH), a psychiatric hospital based in Berkshire.

The objective was to improve patient safety standards and address staff concerns by ensuring that recommended resuscitation equipment was accessible and fit for purpose.

Our hypothesis was that the current standard of resuscitation equipment at PPH was unsatisfactory.

Background
This review followed concerns by doctors who struggled to obtain the necessary equipment required for emergency situations, particularly during their out of hours shifts.

This project was significant as within the previous year there had been two incident reports and extensive anecdotal evidence of equipment failure/absence.

Whilst each ward had been tasked with completing a weekly checklist issued by the Resuscitation team, these had not been audited to ensure that standards were being met.

Methods. Data was collected from ten locations at Prospect Park Hospital from 9th May to 15th May 2023.

Information was obtained by two doctors visiting the specified wards, reviewing the resuscitation bag equipment based on the standardised checklist.

The standards used were from local trust policy and Resuscitation Council UK policy.

Results. 7/10 locations did not meet the standards for resuscitation equipment, including missing or expired equipment such as adrenaline, suction devices and oxygen masks.

4/10 wards had not completed the weekly emergency drug checklist within the stipulated time frame.

70% of staff completed checklists were incorrect.

Conclusion. Our hypothesis was proven to be correct, in that the current standard of resuscitation equipment at PPH was unsatisfactory.

We worked closely with the Resuscitation lead to recommend improvements, including an updated, more detailed checklist, a standardised procedure for ward managers and regular future audits.

Due to the significance of the findings, this has since been re-audited and is in the process of being rolled out Trust-wide, including all inpatient and community settings.

As a result of this audit, the Resuscitation team have been granted additional staffing to action these changes and increased their remit to monitoring equipment in addition to training.

These findings demonstrate that it is vital that the recommended resuscitation equipment is available and suitably maintained, particularly in a community hospital setting with limited resources where it can be life-saving.

Prolactin Monitoring for Inpatients on Antipsychotic Drugs: A Clinical Audit

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Aims. Many antipsychotics are known to adversely affect prolactin levels causing hyperprolactinemia. National Institute for Health and Care Excellence (NICE) guidelines have suggested monitoring of prolactin levels. It specifies that prolactin should be checked 6 months after starting treatment, then every 12 months; and to ask about symptoms of raised prolactin which include low libido, sexual dysfunction, menstrual abnormalities, gynaecomastia, and galactorrhoea. This also mentions that it is not required for aripiprazole, clozapine, quetiapine, or olanzapine (less than 20 mg daily). We intended to audit the monitoring of prolactin in a sample of inpatients who are on antipsychotic drugs and to check whether action was taken in the event of a high prolactin level.
Methods. All the adult inpatients of a general psychiatric hospital on a specific date (34, 16 (47.1%) female and 18 (52.9%) male patients), who were on antipsychotics were considered for the audit. We checked the antipsychotic drugs, prolactin assessment within one year and level, action taken if there was hyperprolactinemia. The data was collected from electronic patient records and medication charts.
Results. The mean age of the sample was 39.1 ± 14.2 years (range 18–63). Most inpatients (91.2%, 31/34) were on antipsychotics and 25.8% (8/31) were on two antipsychotic drugs. Prolactin was measured in 80.6% (25/31) patients in the last year, with 48% (12/25) having hyperprolactinemia; and amongst these action was taken in 5 (41.7%). Hyperprolactinemia was present in 58.3% of female and 38.5% of male patients. Specifically, out of 31 patients, 14 (45.2%) were on antipsychotic drugs that need monitoring, and 9 (74.3%) of them had taken it for at least one year. Out of these 9 patients, prolactin was measured in 8 (88.9%) patients in the last year, it was elevated in 5 (55.6%), action was taken in 3 (60%) and action was not clear in 2 (40%) patients.
Conclusion. Almost half of the patients on antipsychotic drugs had hyperprolactinemia, highlighting the need to monitor prolactin levels. Along with this, symptoms of hyperprolactinemia should be consistently checked in routine clinical evaluations. Clinician and patient education regarding hyperprolactinemia and its symptoms might improve its monitoring.

Food for Thought: Evaluating Dietary Documentation in Psychiatric Settings

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Aims. This study aims to evaluate dietary history documentation by junior doctors in a psychiatric hospital setting in Scotland. With emerging evidence in nutrition psychiatry highlighting diet's impact on mental health, especially ultra-processed foods, this aspect often receives insufficient attention in clinical assessments. The audit benchmarks current documentation against UK Public Health nutritional guidelines and UK Parenteral & Enteral Nutrition Guidelines on Malnutrition, assessing adequacy and consistency across psychiatric diagnoses.
Methods. This audit conducted a systematic review of medical records in psychiatric wards, focusing on patients newly admitted over six months. The data collection examined admission sheets by junior doctors, covering patient identifiers, admission time, diagnosis, doctor's grade, and comprehensive details on dietary habits, eating behaviours, BMI, and substance use. The review incorporated a dietitian's input to align dietary assessments with UK Public Health Nutritional expectations and the prevention of Malnutrition Guidelines. The goal was to assess the regularity, quantity, variety, and documented changes in patients' dietary behaviours, screening for potential nutrient deficits, impacts of psychotropic medications, and eating disorder psychopathology.
Results. The results showed significant deficiency in the detail and consistency of dietary history documentation across all wards, regardless of the doctors' grade or the patients' psychiatric diagnoses. Most entries were inadequately documented or entirely missing. A particular discrepancy was noted in documenting dietary habits in patients with low BMI or those on metabolic altering antipsychotics, which should necessitate health behavior change dietary interventions. Furthermore, even in severe psychiatric conditions, there was a gap in dietary documentation indicating a widespread oversight in recognising the potential relevance of nutrition in the overall health and treatment planning of psychiatric patients, regardless of the severity or type of their condition.
Conclusion. The audit reveals a gap in psychiatric patient care concerning detailed dietary relevance history documentation. While Scotland's wards routinely use the Malnutrition Universal Screening Tool (MUST) for identifying malnutrition, this tool often overlooks key dietary elements like variety, quantity, and regularity, which are vital for linking diet content to mental health. This oversight is significant given the burgeoning field of nutritional psychiatry. Our findings suggest the necessity for systemic changes to improve dietary history documentation in psychiatric settings. This includes a more structured and systematic approach, integrating insights into the harmful effects of ultra-processed foods on mental health, to provide holistic care.

Audit of Non-Pharmacological and Rapid Tranquilisation Practices in Managing Distress Among Older Adults: A Comparative Study in Inverness Hospitals

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Aims. This audit evaluates the adherence of nursing and medical staff to local protocols for managing distress in older adults (aged >65 years) using non-pharmacological approaches and rapid tranquilisation (RT) in a psychiatric hospital's dementia ward, an acute medical unit, and a geriatric ward in a general hospital.