

SAND abstract No. 134 from the BEACH program 2008–09

Subject: Antipsychotic medication use in general practice patients

Organisation supporting this study: Pfizer Australia

Issues: Prevalence of antipsychotic medication use in Australian general practice patients; conditions for which antipsychotics are being used; current antipsychotic used; previous antipsychotic; reason for previous medication/ regimen change; side effects of current antipsychotic; management of side effects.

Sample: 2,961 patients from 101 GPs; data collection period: 19/08/2008 – 22/09/2008.

Method: Detailed in the paper entitled 'SAND Method 2008–09' available at: www.fmrc.org.au/publications/SAND_abstracts.htm.

Summary of results

The age distribution of the patient sample differed from that of 2007–08 BEACH encounters, with fewer patients aged 1–4 years (3.2%, 95% CI: 2.6–3.9 compared with 4.3%, 95% CI: 4.1–4.6) and marginally more patients aged 75 years and over (18.7%, 95% CI: 15.5–21.8 compared with 14.7%, 95% CI: 13.9–15.5). The sex distribution of patients was similar to that for all BEACH encounters, 58.4% being female.

Of the 2,961 respondents, GPs indicated that 103 patients (3.5%, 95% CI: 2.5–4.5) were currently taking antipsychotic medication. There were no statistically significant differences in prevalence across age groups of patients, but age-specific rates suggested a trend towards higher use of antipsychotic medication among the 25–44 years age group, the 45–64 years age group, and patients aged 75 years and over. There was no significant difference between the proportion of male (4.0%, 95% CI: 2.3–5.7) and female (3.1%, 95% CI: 2.2–4.1) patients on antipsychotic medication.

Of 85 respondents to the question on condition(s) being treated with the antipsychotic medication, 27 patients (31.8%) were being prescribed antipsychotic medication for schizophrenia, 22 (25.9%) for bipolar disorder, 18 (21.2%) for dementia, 11 (12.9%) for schizoaffective disorder, six (7.1%) for other psychoses and six for other conditions.

There were 102 medications listed for 88 patients. The most common current medications were olanzapine (28.4% of current medications), quetiapine (15.7%) and risperidone (13.7%). Information on who initiated the current antipsychotic medications was provided for 79 medications, the majority of which (73.4%) were initiated by a specialist.

Details of the most recent previous antipsychotic medications were provided for 16 patients, and these were equally likely to have been initiated by the GP (56.3%) or a specialist (43.8%). Five patients had a change of regimen in the same medication, and 11 changed to a new medication. Of these 11 previous medications, the most common was olanzapine ($n = 4$). Lack of efficacy was the most common reason given for medication/ regimen change.

Thirty (38.5%) of 78 respondents reported side effect(s) of their current antipsychotic medication. Weight gain (14.1%) and too much sedation (14.1%) were the most common. For the 29 respondents to the question on management of the side effect, GPs indicated that for 11, monitoring was the only management. For seven patients, management was referral to a psychiatrist, and for five patients, management was a change the dosage of the medication.

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PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **ANTIPSYCHOTIC MEDICATION**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Antipsychotic medication

Please advise whether this patient is **currently** taking an **antipsychotic medication**.

If **'No'** please **end questions here** for this patient.

Medication management

Please write the **name and form** of the **current antipsychotic medication(s)** taken by this patient. Please indicate the regimen (i.e. **strength, dose and frequency**) of the medication(s) and circle an option to advise whether the medication was **initiated** by a GP or a specialist.

If the patient's current antipsychotic medication is not the medication or regimen **originally** prescribed please provide **details** of the **most recent previous medication, or previous regimen**.

Side-effects of current medication

Please advise whether the patient has ever **experienced** any **side-effects** on their **current antipsychotic medication(s)**.

Please indicate the **severity of the side effect** in terms of harm to the patient (in your clinical opinion).

Mild - a reaction of limited duration not requiring further treatment; minimum impact on daily activities.

Moderate - a reaction of longer duration or which requires further treatment; limits daily activities.

Severe - a reaction of any duration which results in hospitalisation and/or long term limitation of daily activities.

Indication for antipsychotic medication

If the patient is currently taking an antipsychotic medication please advise the **condition(s)** for which it was prescribed.

Change in medication

If the patient's **antipsychotic medication or regimen** was **changed** since originally prescribed, please use the tick boxes to advise the **reasons for the most recent change**.

If the medication or regimen was changed because of **side-effects** or **other reasons** please **specify** these in the spaces provided.

Management of side-effects

Where the patient has **experienced side-effects** on their **current antipsychotic medication(s)** please use the tick boxes to indicate **how you will or did manage the patient**.

<p>Is this patient currently taking an antipsychotic medication?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → End questions</p>	<p>Prescribed for:</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Schizoaffective dis.</p> <p><input type="checkbox"/> Bipolar disorder</p> <p><input type="checkbox"/> Dementia</p> <p><input type="checkbox"/> Other psychoses</p> <p><input type="checkbox"/> Other _____</p> <p>(please specify)</p>	<p>Current antipsychotic medication is/are:</p> <table border="0"> <tr> <td>Name & Form</td> <td>Strength</td> <td>Dose</td> <td>Freq</td> <td>Initiated by</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ GP / Specialist</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ GP / Specialist</td> </tr> <tr> <td colspan="5" style="text-align: center;">(please circle)</td> </tr> </table> <p>Most recent previous antipsychotic medication was:</p> <table border="0"> <tr> <td>Name & Form</td> <td>Strength</td> <td>Dose</td> <td>Freq</td> <td>Initiated by</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ GP / Specialist</td> </tr> </table>	Name & Form	Strength	Dose	Freq	Initiated by	_____	_____	_____	_____	_____ GP / Specialist	_____	_____	_____	_____	_____ GP / Specialist	(please circle)					Name & Form	Strength	Dose	Freq	Initiated by	_____	_____	_____	_____	_____ GP / Specialist	<p>If med/regimen has changed, what was the reason(s):</p> <p><input type="checkbox"/> Lack of efficacy</p> <p><input type="checkbox"/> Side effects... please specify _____</p> <p><input type="checkbox"/> Suboptimal dosage</p> <p><input type="checkbox"/> Other _____</p> <p>(please specify)</p> <p><input type="checkbox"/> Don't know</p>	<p>Any side-effects on current medication:</p> <p><input type="checkbox"/> Extrapyramidal side-effects...Mild / Mod / Severe</p> <p><input type="checkbox"/> Weight gain.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Raised prolactin.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Increased cholesterol.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Too much sedation.....Mild / Mod / Severe</p> <p><input type="checkbox"/> Other.....Mild / Mod / Severe</p> <p>(please specify)</p> <p><input type="checkbox"/> No (please specify)</p>	<p>Severity (please circle)</p> <p>If side-effect on current med how will/did you manage this?</p> <p><input type="checkbox"/> Change in dosage</p> <p><input type="checkbox"/> Referral to psychiatrist</p> <p><input type="checkbox"/> Treatment of side effects</p> <p><input type="checkbox"/> Monitor patient only</p> <p><input type="checkbox"/> Cease medication</p> <p><input type="checkbox"/> Other: _____</p> <p>(please specify)</p>
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