



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 373

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**Survey on the practice of Olanzapine prescription in psychiatric out-patient clinics in Kowloon East Cluster (KEC)**

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**Keywords:**

Olanzapine

Prescription

Out-patient

Indication

Side effects

**Introduction**

Olanzapine is a commonly prescribed medication in psychiatric practice for treatment of a broad array of clinical conditions such as Psychotic Disorder and Mood Disorder. It is listed under the category of Special Drugs in the HA drug formulary. Soaring psychotropic drugs expense is posing challenge to the sustainability of financial resources to clinical service. Moreover, the use of antipsychotics is associated with increased risks of metabolic syndrome. International guidelines for the prescription of antipsychotics emphasize the importance of clear documentation on the indication and clinical effectiveness, avoiding antipsychotic poly-pharmacy and close monitoring of side effects profile.

**Objectives**

This survey was conducted to evaluate the quality of documentation of the use of Olanzapine in two psychiatric clinics, KEC

**Methodology**

Psychiatric out-patients receiving Olanzapine treatment during the period of 1 January 2012 – 30 June 2012 were identified by Clinical Data Analysis and Recording System (CDARS). Medical officers who were in-charge of those patients were asked to fill in a questionnaire to provide demographic and clinical data and subsequently to discuss with his or her supervisor about the indication of Olanzapine and any appropriate action that should be taken.

**Result**

264 patients were receiving Olanzapine treatment during the survey period. 215 patients (81.4%) were diagnosed to have Schizophrenic-spectrum disorders; 35 (13.3%) to have affective disorder; and 14 (5.3%) to have other psychiatric disorders. 29 cases (11%) had prior discussion with supervisor before starting Olanzapine, while

71 cases (26.9%) had documented review on the indication of continuing Olanzapine. Concerning antipsychotics poly-pharmacy, 92 cases (34.8%) had concomitant use of other antipsychotics, among which 49 cases (18.7%) were receiving at least one concurrent antipsychotic including depot injection and 43 cases (16.3%) were taking other concurrent oral antipsychotics. Concerning side effects, 95 cases (36%) had documented side effects such as metabolic syndrome, overweight and over-sedation. 192 cases (72.7%) had regular metabolic screening. 26 cases (9.8%) had evidence of dubious drug adherence to Olanzapine. After discussion with supervisors, 174 (65.9%) cases continued Olanzapine at the same dose; 50 cases (18.9%) had dose reduction; 27 cases (10.2%) discontinued Olanzapine; and 6 cases (2.3%) had the treatment regimen simplified. Conclusion: This survey showed that regular review of cases on Olanzapine could bring improvement in documentation and eventually practice in its prescription and monitoring. Supervisors can play a key role in assisting trainees to lead to judicious and cost-effective choice of drugs through ongoing clinical and educational supervision as well as clinical audit.