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A review on the Use of Atypical Antipsychotic Agents in a Psychogeriatric Outpatient Clinic

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Introduction

The use of atypical antipsychotics is rising due to fewer extrapyramidal side effects, but it is also associated with metabolic disturbances, for which accumulating evidence and current guidelines advocate regular monitoring. Clinical monitoring of body weight, waist circumference, blood pressure, fasting blood glucose, lipid profile and initial electrocardiography (ECG) screening are recommended.

Objectives

(1) To examine the current metabolic screening practice with the use of oral atypical antipsychotics when compared with American Diabetes Association (ADA) and American Psychiatric Association (APA) consensus guideline, National Institute for Health and Clinical Excellence (NICE) schizophrenia guideline and HA Clinical Practice guideline (for schizophrenia in adult); (2) to review the usage pattern of oral atypical antipsychotics in a local setting.

Methodology

Patients aged 60 years old or above prescribed with oral atypical antipsychotics from a psychogeriatric outpatient clinic in a specified 6-month period were recruited. Medical records retrieved from CMS were reviewed to assess the following study outcomes: (1) Adherence rate of metabolic monitoring for the respective parameters within the suggested timeframe and (2) Dosage and duration patterns of atypical antipsychotic therapy.

Result

From July 2013 to January 2014, 916 patients of age 80.90±7.25 years-old were recruited. Based on electronic record, 32.1% of the patients with concurrent hypertension or cardiovascular disease had baseline ECG checking performed. Monitoring rate for the other parameters were as follow: body weight (42.2%), blood pressure (89.5%), fasting glucose/ HbA1c (55.5%) and fasting lipid profile (47.5%).

Majority of the recruited patients (67.7%) were diagnosed with Behavioral and Psychological Symptoms of Dementia (BPSD) and the most commonly prescribed agent was quetiapine (54.0%). Schizophrenic patients received significantly higher doses and significantly longer duration of antipsychotic therapy. ($p<0.001$) Conclusions: The results from this study revealed some differences in the metabolic monitoring of patients treated with oral atypical antipsychotics as compared with international/ local guideline recommendations. Pharmacists at outpatient clinics can collaborate with doctors and play an active role in the development of a structured metabolic monitoring checklist for the purpose of enhancing compliance to international and local guidelines. Pharmacists can also provide reminders for doctors on a regular basis for the enhancement of guidelines compliance.