shpa

14 June 2019

Jessica Gibney
Senior Editor, Therapeutic Guidelines
Ground Floor, 473 Victoria Street
West Melbourne VIC 3003

Dear Ms Gibney

RE: Review of Therapeutic Guidelines: Psychotropics

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional, for-purpose organisation for leading pharmacists and pharmacy technicians working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA thanks Therapeutic Guidelines Limited for giving the opportunity to provide comments regarding Therapeutic Guidelines: Psychotropics, ahead of its revision for the next edition. This guideline is an essential reference for our members who work in mental health units and any inpatient, outpatient, ambulatory or primary care settings where patients of any age with mental health conditions, receive pharmacy services. SHPA convenes a Mental Health Specialty Practice stream, with approximately 503 members, and its Leadership Committee has made the following comments regarding this consultation.

Special considerations with psychotropic treatment

SHPA suggests the addition of the following key references:

- **Stephen Bazire, Psychotropic Drug Directory**: Bazire, S., & Taylor, D. (2018). *Psychotropic Drug Directory 2018 2018: The Professionals' Pocket Handbook and Aide Memoire*. United Kingdom: Lloyd-Reinhold Publications Ltd.
- **Maudsley Prescribing Guidelines in psychiatry:** Taylor, D., Barnes, T., & Young, A. (2018). *The Maudsley Prescribing Guidelines*(13th ed.). United States: John Wiley and Sons Ltd.

Depression in adults

SHPA believes that the use of vortioxetine should be mentioned in this section. There is currently no mention on how vortioxetine is used to manage depression in adults despite the National Institute for Health and Care Excellence recommending it as an option for treating major depressive episodes[1].

In Table 8.14, the relative side effects of vortioxetine, tricyclic antidepressants and monoamine oxidase inhibitors should be added to the table.

In the Antidepressant Discontinuation section, it would be beneficial for clinicians to provide specific stepwise protocols regarding the process for withdrawal from antidepressants rather than discussing this generally. SHPA notes this is discussed briefly in the Australian Medicines Handbook, however articles from NPS MedicineWise[2] and Harvard Medical School[3] have recently been published on this topic.

The Society of Hospital Pharmacists of Australia
PO Box 1774 Collingwood Victoria 3066 Australia
(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

Schizophrenia and related psychoses

The use of newer antipsychotics more recently registered with the Therapeutic Goods Administration (TGA) such as brexpiprazole, aripirazole depots and lurasidone should be discussed in this chapter. Similarly, discontinued antipsychotics sertindole and fluphenazine should be removed from Therapeutic Guidelines.

Delirium

There is a statement in 'Prevention' that discourages the use of haloperidol to prevent delirium which is supported by SHPA. In addition, SHPA members also observe melatonin being prescribed for prophylaxis of delirium without any evidence. To assist quality prescribing, a statement that discourages the use of melatonin for this indication would be useful.

Furthermore, the 'Prevention' section does not encourage practitioners to avoid – where possible – medications that are associated with delirium, such as benzodiazepines and drugs with anticholinergic side effects. The role of medicines in causing and contributing to delirium is noted in the 'Management' section, but should also be mentioned in the 'Prevention' section.

Dementia

It is increasingly common in practice for aripiprazole to be prescribed for the treatment of behavioural and psychological symptoms of dementia (BPSD), especially now that it is off-patent and become an affordable option for health services and patients. SHPA members would appreciate guidance on the use of aripiprazole in treating BPSD in the context of other medicines, given that it can be helpful in patients with Parkinson's disease or Lewy body disease due to its lower risk of extrapyramidal side effects. Furthermore, recent evidence given at the Royal Commission into Aged Care Quality and Safety has uncovered evidence of inappropriate prolonged antipsychotic use for treatment of BPSD. SHPA suggests the next edition of Therapeutic Guidelines: Psychotropic recommends not using antipsychotic medicines for BPSD for more than three months in line with SHPA's Choosing Wisely Australia recommendation[4].

SHPA suggests the current recommendation for oxazepam in the treatment of BPSD to be reviewed in the next edition. In practice, oxazepam is not often used due to increased awareness of benzodiazepines causing cognitive decline and dependency in patients. If oxazepam is still recommended as a treatment option for BPSD in the next edition, there should be advice that limits its use in BPSD to a short and fixed period.

Finally, SHPA members report that the use of sodium valproate to treat BPSD is increasingly observed in practice, in particular when patient aggression is the main BPSD symptom, despite there being no good quality evidence to support this. SHPA would appreciate guidance on sodium valproate in this context from Therapeutic Guidelines.

Attention deficit hyperactivity disorder (ADHD)

Since the last edition, newer medicines for ADHD such as guanfacine and lisdexamfetamine have been approved by the TGA, as such SHPA believes their clinical use in context of other ADHD medicines should be discussed in the next edition.

Autism spectrum disorder

SHPA would appreciate the discussion of escitalopram for the treatment of depression in adolescents in this chapter given that it has received approval by the Food and Drug Administration in the United States ten years' ago[5], and is observed in current Australian practice, but is not mentioned in the current edition of Therapeutic Guidelines: Psychotropic.

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If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership on jdewever@shpa.org.au.

Yours sincerely,

Kristin Michaels
Chief Executive

References

[1] National Institute for Health and Care Excellence. (2015). Vortioxetine for treating major depressive episodes. Available at: https://www.nice.org.uk/guidance/ta367

[2] Keks, N., Hope, J., Keogh, S. (2016). Switching and stopping antidepressants. Aust Prescr 2016;39:76-83 DOI: 10.18773/austprescr.2016.039

[3] Harvard Women's Health Watch. (2018). How to taper off your antidepressant. Harvard Health Publishing. Available at: https://www.health.harvard.edu/diseases-and-conditions/how-to-taper-off-your-antidepressant

[4] Choosing Wisely Australia. (2016). The Society of Hospital Pharmacists of Australia: treatments pharmacists and consumers should question. Available at: http://www.choosingwisely.org.au/recommendations/shpa

[5] Yan, J. (2009). FDA Approves Antidepressant for Use in Adolescents. Available at: https://psychnews.psychiatryonline.org/doi/full/10.1176/pn.44.9.0002

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