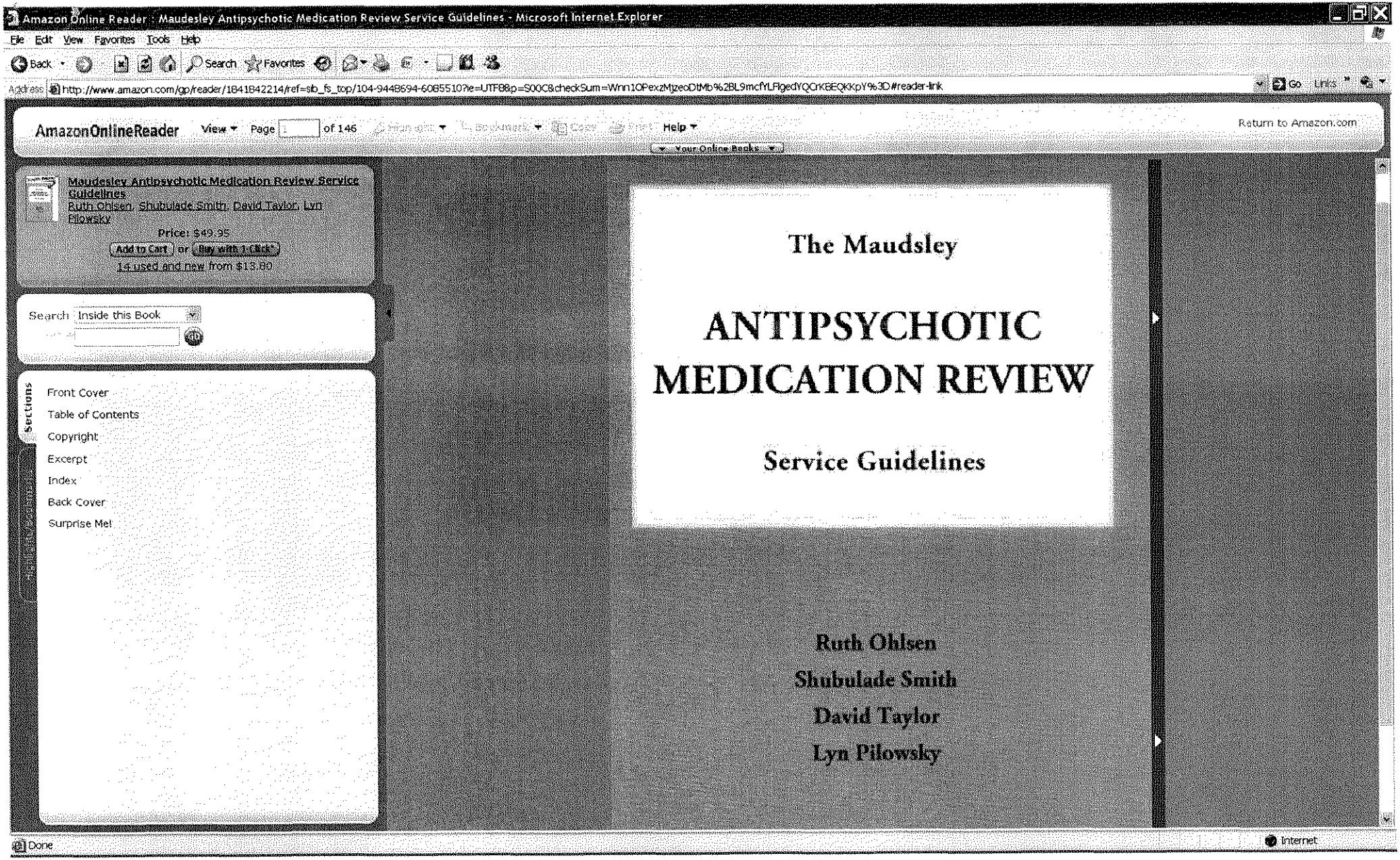

Contents

1 The Maudsley Medication Review Service – an evolving strategy

The 1990s heralded a revolution in the pharmacological management of schizophrenia. The re-emergence of clozapine, and evidence for its efficacy even in treatment-resistant patient groups, stimulated antipsychotic drug discovery. Many new compounds were brought to therapeutic use.

The Maudsley Antipsychotic Medication Review Service was developed primarily as a 'test-bed' for atypical antipsychotic drugs so that a level of expertise with these compounds could build up and inform practice throughout the trust. Before that, information on new atypical antipsychotic drugs in naturalistic settings was anecdotal and sparse. The goal of the service was to give patients, intolerant or poorly responsive to typical antipsychotic medication, a chance to try novel atypical antipsychotic drugs in a systematic fashion, and to be monitored and closely supervised by senior psychiatric and nursing staff. The Maudsley Medication Review Service was conceived as both a centre of, and a place to develop expertise with patients in an evidence-based fashion. The intention was also to try to adhere to clinical standards which would form part of an audit cycle. These standards were:

- To avoid extrapyramidal side-effects
- To avoid hyperprolactinaemia
- To avoid antipsychotic polypharmacy
- To avoid anticholinergic medication
- To avoid weight gain
- To systematically evaluate progress with formal clinical rating scales.

Patients were followed for 2 years and the service was independently audited (Stone et al, 2002). Data revealed that patients improved symptomatically and functionally. It was found to be possible to switch the majority of patients from typical antipsychotic treatment to atypical antipsychotic monotherapy without adverse consequences.

As the service evolved, referrals came from standard care settings asking simply for a thorough review of their patients' medication in the light of their past history and present state. In many cases the review was driven by user dissatisfaction with side-effects, or a wish by the referrer to get another opinion. The medication review became an opportunity where patient and carers could gather information and engage in a dialogue about the options available. Often the decision was taken to stay on the same regimen.

The opinion of the Medication Review Service and clinical ratings of the patient were made available to the consulting referrer and acted as a benchmark for future care. It became obvious that this was a model of care that could be transferred to standard clinics. Instead of attendance at a depot clinic for passive receipt of medication (which might nevertheless be entirely appropriate), these clinics could be modernized to act as centres for a therapeutic revamp, even in chronic, apparently stabilized patients. The Medication Review Service would provide a critical reassessment normally only available to patients at times of (unwished for) crisis – for example, ward summaries obtained after an inpatient admission. Here we have attempted to distil the principles and practice of an approach that can be incorporated into standard care settings, and provide a general approach for evidence-based antipsychotic prescribing.

The Maudsley Guidelines Series

The Maudsley Antipsychotic Medication Review Service Guidelines is the definitive guide to best prescribing practice today. Informed prescribing and best practice relies not only on clinical experience and expertise, but also an up-to-date knowledge of all the currently available antipsychotic drugs, and an understanding of the neurobiology and neuropharmacology involved in the process and treatment of psychosis.

Navigating the vast division covering antipsychotic psychopharmacology is a daunting task, leaving many clinicians overwhelmed, confused and unwilling to 'fall back' on older prescribing methods because of the lack of readily available information about newer, more suitable alternatives. Clinicians can now turn to this authoritative work, which provides a truly practical 'how to' guide to antipsychotic prescribing.

The book is replete with valuable advice for day-to-day clinical practice and includes case studies, switching algorithms and a comprehensive guide to history-taking and rating scales administration. Chapters cover the pharmacology of atypical antipsychotic drugs, treatment assessment guidelines, a guide to drug interactions and successful switching, case studies, and a wide range of rating scales as well as information on plasma levels and side effect management.

The Maudsley Medication Review Clinic is a landmark service innovation that has pioneered evidence-based switching and prescribing techniques. This book also includes practical information on the setting up and management of a clinic and how to incorporate comprehensive assessment and evaluation tools into everyday clinical practice.

The authors each bring a high level of expertise from different fields of psychiatry. Ruth Ohlsen has many years of nursing and medication management experience, David Taylor is Chief Pharmacist at the Maudsley Hospital and author of the *Maudsley Prescribing Guidelines*. Shubulade Smith is an experienced forensic and community psychiatrist, and Lyn Pilowsky is an experienced forensic case and community psychiatrist with a background in neuropharmacology and brain imaging. All the authors are involved in research as well as clinical work.

Ruth Ohlsen RGN RMN Dip Nur, Clinical Research Nurse, Institute of Psychiatry, London, UK

Shubulade Smith MBBS MRCPsych FRSM, Consultant Psychiatrist, Maudsley Hospital, South London and Maudsley NHS Trust, London, UK

David Taylor BSc MSc MRPharmS, Chief Pharmacist, South London and Maudsley NHS Trust and Honorary Senior Lecturer, Institute of Psychiatry, London, UK

Lyn Pilowsky BM BS MRCPsych PhD, Reader in Neurochemical Imaging and Psychiatry, Medical Research Council Senior Clinical Fellow, Honorary Consultant Psychiatrist, South London and Maudsley NHS Trust, London, UK

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Martin Dunitz
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