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Ruth Ohlsen, Shubulade Smith, David Taylor, Lynn Pilowsky

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The Maudsley
**ANTIPSYCHOTIC
 MEDICATION REVIEW**
 Service Guidelines

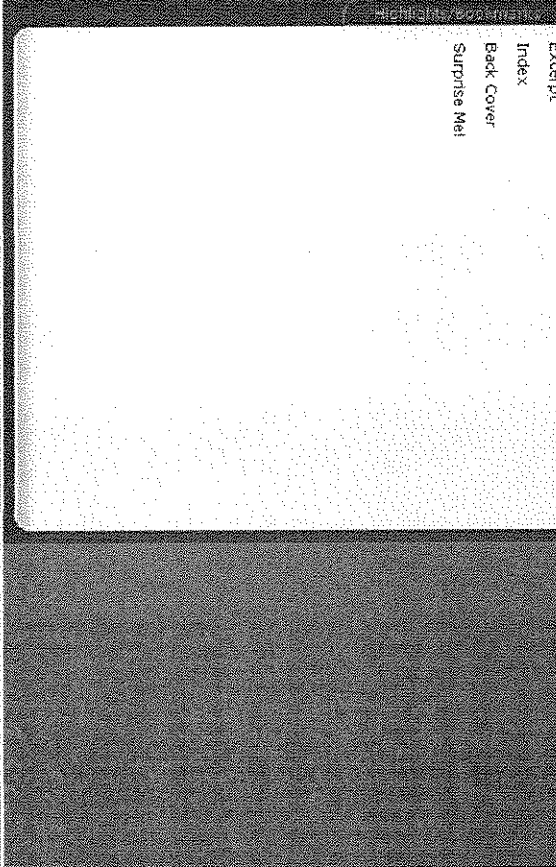
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The Maudsley Medication Review Service - an evolving strategy

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 non-clinical settings was anecdotal and sparse. The goal of the service was to give patients, clinicians 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 psychiatrist 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 escitalopram side-effects
- To avoid hyperproliferation
- 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 findings of the patient were made available to the consulting referrer and used 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 rethink, 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.

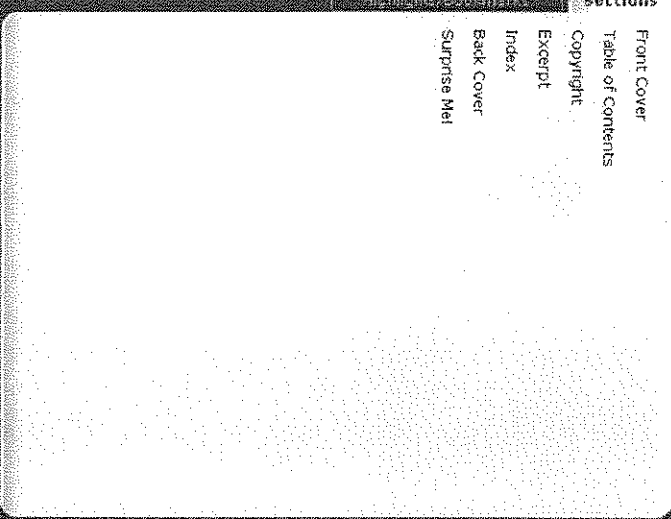
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The Maudsley Guidelines Series

The Maudsley Antipsychotic Medication Review Service Guidelines is the definitive guide on best prescribing practice, written, researched and peer-reviewed by the leading experts in clinical psychiatry and experience. It offers a practical approach to the use of antipsychotic medication in the primary and secondary care setting.

Developing the new standards concerning antipsychotic prescriptions, this handbook has been written by the leading experts in the field, including the authors of the Maudsley Antipsychotic Medication Review Service Guidelines. It offers a practical approach to the use of antipsychotic medication in the primary and secondary care setting.

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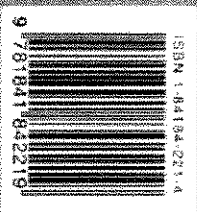
The authors, with their 30 years of experience from different levels of psychiatry, have chosen the most up-to-date, evidence-based, and readable text, drawing on their own experience. David Taylor is Chief Pharmacist at the Maudsley Hospital and author of the Maudsley Antipsychotic Medication Review Service Guidelines. Smith is an experienced hospital and community psychiatrist, and Dr. Poleski is an experienced hospital and community psychiatrist with a background in neuropharmacology and clinical research. All the authors are involved in research as well as clinical work.

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