Kent and Medway
NHS and Social Care Partnership Trust

Prescribing Guideline

Pharmacological Management of Challenging Behaviour in Learning Disabilities and Autism

Target Audience / staff Groups	All healthcare professionals across Kent and Medway involved in the prescribing, monitoring, and review of medication in behaviour that challenges.
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Ratifying group	Drugs and Therapeutics Committee Integrated Medicines Optimisation Steering Group
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Document history

Prescribing guideline in pharmacological management of challenging behavior in MHLD				
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1.0	Approved	Dec 2024	DTC KMPT ICB IMOC	

1. Introduction

1.1. This guidance has been produced to provide advice to prescribers who may consider prescribing medication to manage adults with a learning disability displaying behaviour that challenges. It is based on NICE guidance NG11, published May 2015 and the STOMP (stopping the overmedication of people with a learning disability, autism, or both) Campaign supported by NHS England.

2. Aim and objectives

2.1. To provide safe and effective advice on the prescribing of psychotropic medication to manage behaviour that challenges in the absence of a psychiatric disorder when non-medication management strategies have failed or in exceptional cases, are not available.

3. Scope of the policy

3.1. This policy sets out principles of safe prescribing in adults with a diagnosis of learning disability and/or autism.

3.2. Any comorbid illnesses should be managed in accordance with any relevant national, organisational and local guidance. Accurate diagnosis is critical due to the overlap between medicines and their range of potential licensed and unlicensed indications for use. This guidance does not cover the non-pharmacological interventions that must be undertaken either before or in conjunction with pharmacological interventions, nor the use of psychotropic medication for psychiatric conditions.

4. General Principles Underlying the Prescribing of Medicines for Behaviour that Challenges

4.1. A significant proportion of people with a learning disability display behaviour that may be seen as challenging. This behaviour may be a manifestation of their inability to effectively communicate their level of confusion, distress, or pain.

4.2. Challenging behaviour includes aggression, self-injury, stereotypic behaviour (repetitive acts with no apparent function), withdrawal and disruptive or destructive behaviour. It can also include violence, arson, or sexual abuse, and may bring the person into contact with the criminal justice system.

4.3. There may be a number of reasons for behavioural problems, including physical or mental health conditions as well as contributing factors such as negative childhood experiences, maladaptive coping strategies and under- or over-stimulating environments.

4.4. These reasons and factors should be taken into consideration where possible before making a decision on when and what to prescribe.

4.5. Optimise existing medication in line with the NICE guideline on Medicines Optimisation, NG5 for coexisting mental health conditions or physical health issues such as pain, dehydration, constipation which have been identified as factors in the manifestation and exacerbation of any behaviour that challenges.

4.6. Behavioural interventions should be trialled before consideration is given to prescribing medication for behaviour that challenges. Guidance on what good positive behavioural support for people with a learning disability looks like can be found at https://www.bild.org.uk/resource/what-does-good-pbs-look-like/

4.7. Consider the use of medication to manage behaviour that challenges only if:

1) psychological or other interventions alone are not effective within an agreed time, or
2) treatment for any coexisting mental or physical health condition has not led to a reduction in the behaviour, or
3) there is a risk to the person or others (for example, because of violence, aggression, or self-injury)

Psychological interventions should continue to be offered alongside the use of medication.

4.8. In exceptional circumstances, there may be conditions where medication may be appropriate without psychological interventions being trialled first (for example, if there are no psychological interventions available, or if there is a risk of care or placement breakdown). In these cases, psychotropic medication may be considered as the first step to treatment; however, psychological intervention must be continually sought alongside the prescribing or psychotropic medication.

4.9. When choosing which medicine to offer, consider the person's preference and where appropriate include that of their family members, next of kin or carer. It should also take into consideration side effects (including a possible increased sensitivity to side effects), response to previous psychotropic medication, and interactions with other medication the patient may be on.

4.10. The use of psychotropic medication is off-label (the use of licensed medicines for unlicensed conditions) for the management of behaviour disorders in people with a learning disability. Therefore, local policies for prescribing unlicensed medicines (medicines that do not have a marketing authorisation for any health conditions in the UK) or prescribing medication off-label must be followed in such instances.

4.11. The prescriber should follow relevant professional guidance, taking full responsibility for the decision to prescribe medication. The person offered the medication should provide informed consent, which should be documented. Where necessary, this can be done by individuals with the authority to give consent on the person's behalf.

4.12. Healthcare professionals should follow the Department of Health's advice on consent. If someone does not have capacity to make decisions, healthcare professionals should follow the code of practice that accompanies the Mental Capacity Act and the supplement code of practice on deprivation of liberty safeguards. This may include a best interests meeting being held if appropriate.

5. Principles of Good Prescribing and Monitoring Good Prescribing Principles

General prescribing principles

5.1 When prescribing any medication to manage challenging behaviour, the prescriber should:

- Identify the target behaviour.

- Decide on a measure to monitor effectiveness (for example, direct observations, the Aberrant Behaviour Checklist, or the Adaptive Behaviour Scale), including frequency and severity of the behaviour and impact on functioning.
- Perform baseline physical health monitoring checks including blood tests as recommended in national and local policies. This will include ECG particularly if:
  - the patient is at cardiovascular risk,
  - the patient has a family history of cardiovascular disease,
  - specified in the Summary of Product Characteristics (SPCs). This should be documented in the core assessments in RiO. (Refer to appendix 3 for the complete list of monitoring requirements).
- As far as possible, only prescribe one medication at a time.
- Start the medication at a low dose and use the minimum effective dose for the shortest possible duration.
- Generally, any medication prescribed should be within its licensed recommended dose limits.
- Have ongoing consideration for withdrawing medication and exploring non-pharmacological management options.
- There is a lack of studies on combinations of psychotropic medication to manage behaviour problems among adults with a learning disability.
- If an add-on medication is indicated:
  - The rationale for using an add-on medication must be documented.
  - The effectiveness of and adverse effects should be monitored in the same way as the first medication. See Sections 13 and 14.
  - If the add-on medication is ineffective, the medication should not be continued and the situation should be reassessed.
  - Try to return to monotherapy as soon as possible.
- When prescribing antipsychotics, if the total antipsychotic prescription exceeds 100% of the BNF maximum dose either as a single medicine or the combination of multiple medicines, the prescriber must ensure appropriate additional physical health monitoring is in place, including blood tests, physical health observations, and ECG monitoring. Refer to KMPT's High Dose Antipsychotic Therapy (HDAT) policy, which can be found on the KMPT formulary, and also at the following link: https://www.kmptformulary.nhs.uk/therapeutic-sections/psychosis-related-disorders/.
- Monitor side effects in line with:
  - NICE guidance (CG178) for patients with schizophrenia/psychosis or,
  - NICE guidance (CG 185) in the case of bipolar disorder or,
  - NICE guidance (NG11) for patients with challenging behaviour and learning disabilities.
- If prescribing a 'when required' (PRN) medication, consider prescribing a regular medication if there is a response to the PRN medication and if there are regular, frequent episodes of the behaviours that challenge (see section 4.9).

- Review the medication if there are changes to the person's environment (for example significant staff changes or moving to a new care setting) or their physical or mental health.
- If a medication is not tolerated, consider switching treatment to another antipsychotic considering its side effect profile (see section 5.5).
- Only continue to prescribe medication that has proven benefit.
- Local policies and guidelines should be followed if patients are to be referred to secondary care psychiatric services.

Documentation

5.2 Ensure that the following points are documented:

- A rationale for medication which should be explained to the person with a learning disability and everyone involved in their care, including their family members and carers. This should also include whether the medication being used is unlicensed or is being prescribed off-label.
- Information (verbal and written) regarding the medication is provided to the patient tailored to their requirements.
- **How long the medication should be taken for**.
- **An agreed strategy for reviewing the prescription and stopping the medication.**
- If there is a positive response to any prescribed medication, record the extent of the response, how the behaviour has changed and any side effects or adverse events the patient has experienced.

Transfer of care

5.3 When prescribing is transferred to primary or community care, or between services, the specialist must give clear guidance to the practitioner responsible for continued prescribing about:

- Indication for the medication.
- Which behaviours are being managed.
- Monitoring of response to medication.
- Any side effects experienced by the patient.
- Taking the lowest effective dose.
- Dosing interval and maximum daily dose.
- How long the medication should be taken for.
- Plans for stopping the medication.
- A clear referral pathway back to specialist services if required

Reviewing medication

5.4 In instances where the behaviour that challenges partially improves or does not improve, the prescriber should:

- Review the rationale for prescribing the medication and assess whether the medication is still correctly indicated.
- Check that the medication is used at an adequate dosage and for an adequate duration.
- Check for tolerability and adverse effects.
- Check adherence to medication.

- Review whether the formulation of the medication is appropriate for the patient (e.g. tablet or liquid form) and if they have any difficulties taking it.
- Assess the impact of other interventions.
- Consider whether there is a need to increase the dose of the existing medication to the clinically effective maximum dose without causing adverse effects.
- Consider planned withdrawal if the medication is no longer indicated.

5.5 In instances where the behaviour that challenges deteriorates during treatment:

- The prescriber should assess the possible reasons for deterioration in the behaviour, including adverse effects of the medication.
- If the deterioration is caused by the medication, the prescriber should withdraw the medication as detailed in section 14 of this guidance.

5.6 In instances where the behaviour that challenges re-emerges after reducing the dose or withdrawing the medication:

- The prescriber should be aware of the discontinuation symptoms of certain medication and allow adequate time for the behaviour to settle before reconsidering the use of medication.
- Discontinuation symptoms of antipsychotics include headache, nausea, and insomnia.
- The prescriber should consider non-medication-based interventions and reassess the initial rationale for using medication.
- The prescriber may consider PRN medication before re-instating regular medication.

6 Antipsychotic medication

6.1 Antipsychotics are used across a broad range of behavioural disturbances and may be useful for management of aggression and irritability.

6.2 Amongst second generation antipsychotics (SGAs) the best evidence is for risperidone at low doses (0.5-2 mg) for aggression and mood instability. Risperidone is not licensed in adults over 18 for the short-term treatment of persistent aggression in conduct disorders. If prescribed, please monitor closely for adverse effects such as weight gain and somnolence.

6.3 Aripiprazole is not licensed for the treatment of behaviour that challenges however there is some evidence to suggest that it may be effective as a short-term intervention for some behavioural aspects of ASD in children.

6.4 If behaviour is due to a psychotic illness, then a trial of antipsychotic medication should be considered. Refer to the KMPT formulary.

7 Antidepressants

7.1 Selective Serotonin Reuptake Inhibitors (SSRIs) are helpful for severe anxiety and obsessionality in autistic spectrum disorder.

7.2 SSRI's use in challenging behaviour is off-licence unless an additional diagnosis of anxiety disorder or Obsessive Compulsive Disorder (OCD) is made, though this is not applicable to all SSRIs.

7.3 SSRIs are also used as a first-line alternative to antipsychotics for aggression and impulsivity

7.4 Please note that generally, quality of trials is poor and effects may be exaggerated by use in less severe cases.

7.5 Caution is required because of the risk of precipitation of hypomania in this population and major concerns related to overprescribing.

8 Benzodiazepines

8.1 There is little or no indication for the use of benzodiazepines for the treatment of behavioural and emotional disturbance.

8.2 Benzodiazepines are not recommended as interventions for behavioural disturbances alone but are indicated in the context of general mental illness (e.g. anxiety) and their use must be in accordance with BNF recommendations i.e. maximum of 4 weeks treatment duration.

8.3 Benzodiazepines should be used with caution as they may cause disinhibition and irritability in individuals with organic brain impairments.

9 When Required 'PRN' Medication

9.1 In line with the 2015 NICE guidance on behaviours that challenge, PRN, alongside other regular psychotropic medication use, is strictly to be seen as a second line treatment behind Positive Behavioural Support.

9.2 The over-use of PRN medication may represent chemical restraint and thus be seen as a safeguarding issue.

9.3 In the community teams, LD psychiatrists may make recommendations to the GP for initiating such prescriptions. However, at times, PRN medication may be prescribed by LD psychiatrists using LD FP10s.

9.4 Where PRN medication has been prescribed by LD psychiatrists, directions of use must be clearly communicated in writing to the GP and carers according to section 6.5. Easy read information should be added for the benefit of the patient.

9.5 Clear PRN guidelines for administration should be available to the staff/carers, as per Appendix 1 and Appendix 2.

10 Interventions for sleep problems

10.1 Medication is not routinely recommended for insomnia related to behaviour that challenges unless sleep problems persist after a behavioural intervention (e.g., functional analysis of the problem sleep behaviour, structured bedtime routines, sleep hygiene).

10.2 Where sleep remains problematic and behavioural approaches are ineffective or require adjunctive medication:

10.2.1 Consider prescribing melatonin in accordance with NICE NG11 recommendation particularly in individuals with autism or dementia, to aid sleep if the sleep problem persists after a behavioural intervention.

10.2.2 Melatonin is prescribed off-label for the treatment of sleep interventions in adults with learning disability.

10.2.3 Melatonin prescribed for this indication should be initiated and continued in secondary care.

10.2.4 Review this medication regularly to evaluate continuing need and ensure that the benefits outweigh the risks.

10.2.5 Benzodiazepines, z-drugs (e.g., zopiclone), and promethazine are not recommended for insomnia related to behaviour that challenges under NICE NG11.

10.2.6 Promethazine is not licensed for anxiety or agitation in challenging behaviour.

11 Rapid Tranquilisation

11.1 This section only applies to inpatient services in KMPT.

11.2 For the use of rapid tranquilisation, the KMPT rapid tranquilisation protocol should be followed, applying the prescribing recommendations listed in this policy.

12 Adverse effects

12.1 There is no good quality evidence to either support or refute concerns that people with learning disability may be at greater risk of the adverse effects of medication than people from the general population.

12.2 People with learning disabilities often have additional problems or disabilities which make them more likely to experience adverse effects including worsening of seizures, sedation, extrapyramidal reactions (including with risperidone at normal doses, especially in individuals who already have mobility problems), problems with swallowing and worsening of cognitive function with anticholinergic medications. Therefore, the potential benefits and risks of the treatment should be considered carefully.

12.3 Second generation antipsychotics (SGAs) carry a certain amount of risk associated with adverse effects relating to weight gain, cardiac abnormalities, and various metabolic abnormalities, including impaired glucose tolerance.

12.4 It is good practice to start at lower doses and increase more slowly than might be usual in general psychiatry practice.

12.5 It is recommended that advice about serious and important adverse events should be made available to the person and their carer at the time of prescribing or as soon as possible. Specially, prescribers should inform the person and their carer of the following rare but serious adverse events:

- **Neuroleptic malignant syndrome (NMS) with antipsychotics:**

  The main symptoms of NMS include very stiff muscles, a high temperature, increased heart rate, increased confusion or agitation, sweating, and shaking or tremor. A blood test can also show changes in white blood cells and an increase in creatine kinase. This most commonly occurs with antipsychotics but can also occur with other dopamine-blocking medicines (for example, prochlorperazine and metoclopramide for nausea and vomiting).

  If these symptoms are experienced, the person and their carer should be advised to seek immediate medical treatment, stop all antipsychotics and other dopamine-blocking medicines, and to keep hydrated and cool.

- **Serotonin syndrome with antidepressants:**

  The main symptoms of serotonin syndrome include increased confusion, agitation or restlessness, muscle twitching, sweating or fever, shivering / shaking, increased heart rate, and nausea. In severe cases serotonin syndrome can cause seizures. Serotonin syndrome can occur with medicines that increase serotonin levels in the brain, including most antidepressants, lithium, and triptans (medicines used for migraine, e.g. sumatriptan).

  If these symptoms are experienced, the person and their carer should be advised to seek immediate medical treatment, and to stop all medicines that can increase serotonin levels.

12.6 Information leaflets about adverse effects should be made available to the patient, their family and carers where appropriate. Easy read medicine information leaflets can be accessed via the following link (http://www.ld-medication.bham.ac.uk), via The Elfrida Society (http://www.elfrida.com) and via the Choice and Medication links on the KMPT website (http://www.choiceandmedication.org/KMPT).

13 Monitoring of treatment

13.1 Side effects of antipsychotic medication should be reviewed at least once a year. The review should include an assessment for the presence of extrapyramidal side effects and screening for the four aspects of metabolic syndrome: obesity, hypertension, impaired glucose tolerance and dyslipidaemia in accordance with NICE schizophrenia guideline update CG82, 2009.

13.2 The Lester UK Adaptation: Positive Cardiometabolic Health Resource supports the recommendations relating to monitoring physical health in the NICE guidelines on Psychosis and Schizophrenia in Adults (cg178). www.rcpsych.ac.uk/quality/NAS/resources

13.3 Treatment effects should be monitored effectively by using standardised rating scales (see section 5.8).

13.4 All adverse effects should be assessed using an appropriate rating scale (e.g. GASS – see appendix 4) and should be recorded clearly. This should be done within the first month of the medication being initiated, within 1 to 4 weeks of any dose changes and whenever there are any concerns raised around side effects.

13.5 The patient's capacity should be re-assessed at each review.

13.6 At each follow up, reduction or withdrawal of medication should be considered.

13.7 The following link is to a leaflet prepared by Voluntary Organisations Disability Group (VODG) for family and support workers to use when preparing to visit a doctor to talk about psychotropic medication. https://www.vodg.org.uk/wp-content/uploads/2017-VODG-Preparing-to-visit-a-doctor-to-talk-about-psychotropic-medication.pdf

14 Discontinuation of treatment plan

14.1 Once a medication is prescribed, the prescriber should continue to evaluate the risk/benefit profile regularly, with particular emphasis on the individual and their family or carer's quality of life.

14.2 In instances where the behaviour that challenges improves, the prescriber should consider careful reduction and withdrawal of medication. The rate and timing of withdrawal should be based on the patient and the purpose of the medication. Withdrawal of long-term treatments should be considered within 6-12 months.

14.3 The rate of withdrawal may depend on the type of the medication used, the severity of the behaviour, the non-medication management options, and previous response to withdrawal.

14.4 The decision to withdraw medication should only be made after discussion with the patient and or the family or carers. Withdrawal of medication should be undertaken in a planned and systematic manner, with careful monitoring of effects on behaviour (see Appendix 5 for summary of NHS England guidance on reducing inappropriate psychotropic drugs in people with a learning disability).

References

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9. Royal College of Psychiatrists. *Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines - Faculty of Psychiatry of Intellectual Disability (2016) Available at:* https://www.rcpsych.ac.uk/docs/default-source/members/faculties/intellectual-disability/id-faculty-report-id-09.pdf?sfvrsn=55b66f2c_6

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Useful Information:

- Information on STOMP Programme
- Key Therapeutic Topics NICE on STOMP
- The benefits of Stopping Andrew's psychotropic medication
- Jack's story about how STOMP helps children and young people
- RMOC: STOMP Resources
- Shared decision-making and people with learning disabilities

Easy Read Documents for Patients and Carers

- https://choiceandmedication.org/kmpt for selection of Very Easy-Read Leaflets (VERAs) and Quick Information Leaflets (QuILLs) for psychiatric medications
- Booklet about supporting people when they visit the doctor - Easy read section for patients when visiting their GP to talk about psychotropic medication.
- Preparing to visit a doctor to talk about psychotropic medication – resource for support worker who is accompanying a person with a learning disability, autism, or both to a GP consultation appointment to talk about psychotropic medication.
- How to take multiple medicines - easy read PDF
- How to take my medicine - easy read PDF.

Appendix 1

Kent and Medway
NHS and Social Care Partnership Trust

MENTAL HEALTH OF LEARNING DISABILITY SERVICE

Protocol for prescribing 'When required (PRN)' medications in managing behaviour that challenge.

The aim of this protocol is to provide safe and effective advice on the prescribing of psychotropic medication to manage behaviour that challenges in the absence of psychiatric disorder, when non-medication management strategies have failed.

In line with NICE guideline NG11 2015, first line management of behaviour that challenges should be the use of proactive strategies designed to improve the client's quality of life such as Positive Behavioural Support (PBS) and the removal of the conditions that are likely to promote these behaviours.

Use of PRN alongside other regular psychotropic medications as a planned reactive strategy should be used only as a second line management when client have not responded to the proactive strategies that are in place. Appropriate use of PRN medications may prevent the need for use of rapid /tranquillisation to manage an acute episode.

- The over-use of PRN medication may represent chemical restraint and thus be seen as a safeguarding issue.
- The prescribing of 'as required' medication should be part of an overall treatment care plan and, when possible, should be prescribed after discussion with the individual and/ or their family and carers and other relevant care professionals
- Where PRN medication has been prescribed by LD psychiatrists, directions of use must be clearly communicated in writing to the GP and carers. Easy read information should be added for the benefit of the patient.
- Clear PRN protocol for administration should be available to the staff/carers, see appendix 2
- Prescriber should clearly record the reason for prescription, duration, and review plans in client electronic record
- The reason for prescribing 'as required' medication must be recorded clearly in the notes and objectives should be set at the outset for measuring the outcome over an established period of time.

- The ‘as required’ prescription must be monitored at regular intervals, the time period for which should be set at the time of prescribing.

Appendix 2

Kent and Medway
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MENTAL HEALTH OF LEARNING DISABILITY SERVICE

'When required' (PRN) protocol for managing behaviour that challenge.

Name	
Date of birth	
NHS number	
Medication, strength, and form	
Route of administration	
Directions and dosage interval	
Maximum dose in 24hours	
Side effects ***Full details of side effects are available in the SPC.*** ***Suspected adverse reactions to drugs including vaccines should be reported on the yellow card available at the back of the BNF. Also at www.yellowcard.gov.uk***	
Contra-indications	
Circumstances under which to administer PRN	

- **The PRN medication must only be administered if proactive Positive Behavioural Strategies (PBS) steps have failed.**

GREEN	This is the phase where xxxx is calm and relaxed. **PRN medication is NOT required in this stage.**
AMBER	This is the phase where xxxx is starting to display behaviour that challenges. Take quick action and use the PBS to help to prevent xxxx's behaviour from escalating. **Continue to use all de-escalation strategies/ PBS**
RED	This is the phase where xxxx is continuing to display behaviour that challenges following failed PBS. You need to do something quickly to achieve safe and rapid control over the situation and to prevent unnecessary distress or injury to xxxx, yourself or others. **Offer PRN medication** **Continue to apply Positive Behavioural Support Plan.**
BLUE	This is the phase where xxxx is calming after being in the RED reactive phase

Monitoring	Mental state, signs of improvement, side effects, temperature, pulse, BP, respiratory rate, level of hydration and level of consciousness 1 hour after administration and repeat until there are no concerns about physical health status
Instruction on identifying and managing possible adverse outcomes	Please contact MHLD team during working hours or out of hours GP if side effect occurs, vital signs are abnormal or mental state deteriorates.
Documentation	• Document clearly on Medication Administration Record Sheet MARS (date, time, dose) and other relevant recording sheets. • Record the above monitoring parameters • Monitor and record any signs of improvement or worsening using e.g. ABC chart, incident report as relevant.
Review date	
Medical / Non-medical prescriber	Name: Signature: Date:
MHLD Nurse	Name: Signature: Date:
Care service manager/ representative	Name: Signature: Date:

Appendix 3

Kent and Medway
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MENTAL HEALTH OF LEARNING DISABILITY SERVICE

Monitoring of physical health and antipsychotics in patients with psychosis, schizophrenia, bipolar disorder and challenging behaviour and learning disabilities:

Monitoring requirements	At baseline	at 4 weeks	at 3 months	at 12 months and annually
	Secondary Care			Primary Care
Pulse and BP	✓		✓	✓
Weight (including BMI) **Waist circumference**	✓ (weekly for first 6 weeks) ✓	✓	✓	✓ ✓
Blood tests • Fasting blood glucose and HbA1c • Lipids (fasting if possible) • U & E's including eGFR • LFT's	 ✓ ✓ ✓ ✓		 ✓ ✓	 ✓ ✓ ✓ ✓
Prolactin levels	✓			✓ (only if patient is symptomatic for hyperprolactinaemia)
Extrapyramidal side effects (Glasgow side effect Scale recommended)	✓		✓	✓
Smoking status and offer of intervention to stop smoking (in keeping with NICE guidance) *Cigarette smoking has a significant impact on the increased metabolism of antipsychotics, most notably Olanzapine and Clozapine*	✓		✓	✓
Healthy eating/physical activity programme offered	✓		✓	✓
ECG is required base line and yearly if: • Physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure) or • There is a personal or family history of cardiovascular disease, a history of sudden collapse, or other cardiovascular risk factors such as cardiac arrhythmia or • The patient is being admitted as an inpatient or • If specified in the summary of product characteristics (SPC). • Patient is on High Dose Antipsychotics i.e. one or more antipsychotics above the recommended 100% BNF dose.	✓			✓

Appendix 4

Glasgow Antipsychotic Side-effect Scale (GASS)

Name:	**Age:**	**Male:** **Female:**	**Date:**

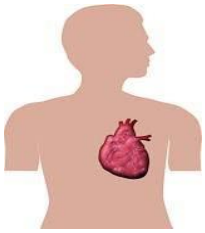
This is to find out how you have been recently. It is to find out if you have had any side effects from your medication.

Please place a tick ☑ in the column if you have experienced any of the following side effects.

Tick ☑ the **end** box if you found that the side effects upset you.

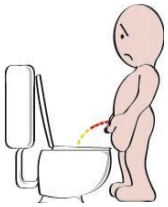
	Over the **past week:**	Never	Once	A few times	Every day	Tick this box if it upsets you
	I felt sleepy during the day					
	I felt drugged or like a zombie					

	I felt dizzy when I stood up and/or have fainted					

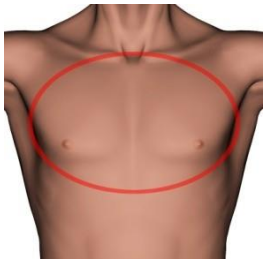
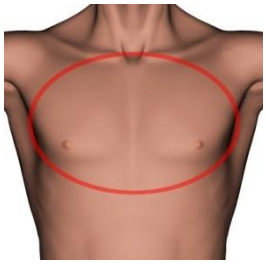
	Over the **past week:**	Never	Once	A few times	Every day	Tick this box if it upsets you
	I have felt my heart beating **faster**					
	My muscles have been tensed or jerky					
	My hands or arms have been **shaky**					
	My legs have felt restless and/or I couldn't sit still					

	I have been drooling					

	Over the **past week:**	Never	Once	A few times	Every day	Tick this box if it upsets you
	My movements or walking have been **slower**					
	I have had, or people have noticed movements of my face or body					
	My vision has been blurry					

	My mouth has been dry					
	I have had difficulty passing urine					

	Over the **past week:**	Never	Once	A few times	Every day	Tick this box if it upsets you
	I have felt sick or have vomited					
	I have wet the bed					

	I have been **very** thirsty and/or passing urine frequently					
	The areas around my nipples have been **sore and swollen**					
	I have noticed **fluid** coming from my nipples					

	Over the **past week:**	Never	Once	A few times	Every day	Tick this box if it upsets you
	I have had problems enjoying sex					
	**<u>Men only</u>**: I have had problems getting an erection					
	**<u>Men and women</u>:** I have difficulty in emptying my bowel					

Tick yes or no for the following questions about the **<u>last three months</u>**		No	Yes	Tick if distressing
	**<u>Women only</u>**: I have noticed a change in my periods			
	**<u>Men and women</u>**: I have been gaining weight			

Staff Information

1. Allow the patient to fill in the questionnaire themselves. Questions 1-21 relate to the previous week and questions 22-23 to the last three months.

2. Scoring

   For questions 1-21 award 1 point for the answer “once”, 2 points for the answer “a few times” and 3 points for the answer “everyday”.

   Please note zero points are awarded for an answer of “never”.

   For questions 22 and 23 award 3 points for a “yes” answer and 0 points for a “no

   Total for all questions = ……

   Date completed: ……

   Action taken: ……

   ……

3. For male and female patients, a total score of:

   0-21 = absent/mild side effects
   22-42 = moderate side effects
   Over 43 = severe side effects

4. Side effects covered by questions:

   1-2 sedation and CNS side effects
   3-4 cardiovascular side effects
   5-10 extra-pyramidal side effects
   11-13 anticholinergic side effects
   14 gastro-intestinal side effects
   15 genitourinary side effects
   16 screening for diabetes mellitus
   17-20 and 22 prolactinaemic side effects
   21 constipation side-effects
   23 weight gain

The column relating to the distress experienced with a particular side effect is not scored but is intended to inform the clinician of the service user’s views and condition.

Appendix 5

Summary of NHS England guidance aimed at reducing inappropriate psychotropic drugs in people with a learning disability.