**Depot Antipsychotic Guidance**

**During the COVID-19 outbreak it may be necessary to take extra precautions when administering depot antipsychotics to patients. If a patient is displaying signs and symptoms of COVID-19 (a high temperature, or new continuous chronic cough), or is a confirmed case; it is necessary to check national and local protocols regarding Personal Protective Equipment (PPE) with your manager. Ensure strictly that infection control procedures are followed.**

**Summary**

This document provides guidance on depot antipsychotic interventions. It has sections on:

* Missed doses of depot antipsychotic injections
* Points to consider when deciding to switch from a depot to oral medication
* Tables to help decision making for service users on
  + Weekly depot injection
  + Fortnightly (every two weeks) depot injection
  + Three weekly depot injection
  + Four weekly or monthly depot injection
* Injection sites for depot antipsychotics

**NB: The information contained within this document should be used as a guide. Each service user’s care should be assessed on a case by case basis with respect to clinical needs and inherent risks. The pharmacy department cannot provide specific advice regarding the clinical needs of individual service user(s). The final decisions related to this, need to be agreed following discussions with the team and prescriber e.g. consultant psychiatrist.**

**MISSED DOSES OF DEPOT ANTIPSYCHOTIC INJECTIONS**

**If there are any queries regarding the following, please contact LYPFT Medicines Information for advice on either** [**pharmacyleedspft.lypft@nhs.net**](mailto:pharmacyleedspft.lypft@nhs.net) **or telephone 0113 8555534:**

* **Missed doses of atypical antipsychotics (Olanzapine, Aripiprazole, Paliperidone, Risperdal Consta), where advice is not clear as per the LYPFT Medicines Code**
* **If increasing the dose of depot due to a missed dose exceeds normal BNF limits, all new doses that are above 100% BNF maximum should also be discussed with Consultant Psychiatrist before prescribing and administration.**

**SWITCHING FROM A DEPOT TO ORAL MEDICATION**

Most service users (SU) are prescribed a depot due to compliance issues with medication; therefore please consider the **long & short term risk(s) of switching to oral preparation** and the following points prior to considering this route:

* The SU understands and is in agreement to adhere to oral medication
* A member of staff has access to the patient during the changeover to ensure any signs of relapse are detected accordingly –
* The patient is able to access support should they feel their mental health is deteriorating
* There will be a continued prescription available so the SU is able to access their medication **– clear plan as to who will prescribe**
* The SU is able to access their medication via a community pharmacist or other means

**If all the above has been considered and the SU is deemed appropriate to be switched back to oral medication, please seek advice from the pharmacy on** [**pharmacyleedspft.lypft@nhs.net**](mailto:pharmacyleedspft.lypft@nhs.net) **or telephone 0113 8555534**

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| **WEEKLY DEPOT INJECTION** | | | |
| **Generic Drug Name** | **Missed ONE dose**  **(i.e. 7-13 days since last dose)** | **Missed TWO doses**  **(i.e. 14-20 days since last dose)** | **Missed THREE or more doses**  **(i.e. 21-27 days since last dose)** |
| **Flupentixol Decanoate**  **Zuclopentixol Decanoate** | A dose can be given a day or two early or late without significant effects on plasma levels  If missing a week, give the next dose due on the schedule date but add 50-75% (within licensed limits), then revert to normal dose a week after that. If this is above 100% BNF max please discuss with Consultant Psychiatrist. | Give 50% extra dose when restarting, and then go back to the original dose weekly.  Plasma drug level to return to previous within a week | Give 50% extra dose when restarting, and then go back to the original dose weekly.  Plasma drug levels to return to previous within a week or two  If this is above 100% BNF max please discuss with the Consultant Psychiatrist.  If more than 27 days has elapsed since the last dose contact pharmacy. |
| **Haloperidol Decanoate**  **Pipotiazine Palmitate (Discontinued in UK)**  **Fluphenazine Decanoate (Discontinued in UK)** | A dose can be given a day or two early or late without significant effects on plasma levels  If missing a week, give the next dose due on the schedule date but add 50-75% (within licenced limit, then revert to normal dose a week after that. If this is above 100% BNF max please discuss with the Consultant Psychiatrist. | Start again with next dose due (3/52 after last dose given) at double the dose, and then revert to normal dose.  If this is above over 100% BNF max please discuss with the Consultant Psychiatrist. | Start again with next dose due ( 3/52 after last dose given) at double the dose  The subsequent dose can have up to 25% added if felt clinically necessary, then revert to the normal dose.  If this is above 100% BNF max please discuss with the Consultant Psychiatrist |

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| **FORTNIGHTLY (EVERY TWO WEEKS) DEPOT INJECTION** | | | |
| **Generic Drug Name** | **Missed ONE dose**  **(i.e. 14- 27 days last dose)** | **Missed TWO doses**  **i.e. 28-41 days since last dose** | **Missed THREE or more doses**  **(i.e. more than 42 days since last dose)** |
| **Flupentixol Decanoate**  **Zuclopentixol Decanoate** | Give the missed dose a week late (i.e. this will be 21 days after the previous injection). Then prescribe the depot injection every fortnight from this new date.  **Or**: add (up to) 50% to the next due fortnightly dose (i.e. 28 days after the last dose was given).  The dose chosen will need to consider licenced limits. If this is above 100% BNF max please discuss with the Consultant Psychiatrist. | Add 50% to the dose last given.  If this is above 100% BNF max please discuss with the Consultant Psychiatrist.  If needed top up with oral supplementation if required. | Start again but there should be no need for a test dose. NB: oral or alternative antipsychotic management may be required during this time |
| **Haloperidol Decanoate**  **Pipotiazine Palmitate (Discontinued in UK)**  **Fluphenazine Decanoate (Discontinued in UK)** | Start again with the next dose plus (up to) about 50%, and then revert to the normal dose.  **Or**  Give 50% a week after the missed dose then resume the previous dose on the previous fortnightly routine.  **Or**  Give the full dose up to 6 days late | Give the next dose as scheduled plus up to 75% extra (within BNF limits).  Plasma levels should not rise above the previous highest. | Give the next dose when due , plus extra 75% ( within BNF limits)  **Or**  If needed to get back to therapeutic plasma levels as soon as possible, restart fortnightly with the original dose, then give an extra 50% a week after the first dose.  Plasma levels will be back to the previous steady in the week after third dose. |
| **Risperidone (Risperdal Consta)** | Because of delayed release, a dose can be given as soon as possible and can be continued on fortnightly from that point.  Do not give double or give higher doses because this could lead to toxic levels 3-5 weeks later.  NB: Oral supplementation may be needed and should be a considered option in the short term |  |  |

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| **THREE WEEKLY DEPOT INJECTION** | | | |
| **Generic Drug Name** | **Dose 1 week late**  **(i.e. 21-27 days since last dose)** | **Dose 2 week late**  **(i.e. 28 days since last injection )** | **Dose 29 days late or more** |
| **Flupentixol Decanoate**  **Zuclopentixol Decanoate** | Give the missed dose a week late then resume normal dosing  Anticholinergic cover may be needed for a week or more after the subsequent injections. | Can give the dose two weeks late.  Then revert to the usually three weekly schedule ( i.e. a week after the 2/52 dose given late ) but 50% of the usual dose (i.e. 50% lower dose).Then continue as normal thereafter | Contact Pharmacy for advice |
| **Haloperidol Decanoate**  **Pipothiazine Palmitate (Discontinued in UK)**  **Fluphenazine Decanoate**  **(Discontinued in UK)** | Can give the usual dose and resume the previous routine | Can give 75% of the usual dose( i.e. a lower dose) and then resume as before  (i.e. give the usual maintenance dose a week later) | Contact pharmacy for advice. |

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| **FOUR WEEKLY OR MONTHLY DEPOT INJECTION** | | | | |
| **Generic Drug Name** | **Dose 1 week late**  **(i.e. 28- 35 days since last dose)** | **Dose 2 weeks late**  **42 days since the last dose** | **Dose 3 weeks late**  **(i.e. 49 days since last dose)** | **Dose 4 weeks late**  **(i.e 50 days or more since the last dose)** |
| **Flupentixol Decanoate**  **Zuclopentixol Decanoate** | Give missed dose a week late, then carry on as before.  Anticholinergic cover may be needed for a week or more after subsequent injections | Can give 2/52 weeks late then revert to the usual 4/52 days , but the subsequent dose ( two week after the dose given 2/52 late) should be 50% of the usual dose (i.e. a lower dose ) | Plasma levels will have dropped to low levels so start again with the usual dose | Contact pharmacy for advice |
| **Haloperidol Decanate**  **Pipotiazine Palmitate (Discontinued in UK)**  **Fluphenazine Decanoate (Discontinued in UK)** | Give the full dose and revert to routine | Give the full dose and revert to routine | Give 60 - 75% of the usual dose.  Then give the full dose a week after (on the routine day) | Contact pharmacy for advice |

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| **INJECTION SITES FOR DEPOT ANTIPSYCHOTICS** | |
| **Name of Antipsychotic Depot** | **Available Injection Sites** |
| **Flupentixol** | Deep IM injection into gluteal or lateral thigh |
| **Haloperidol** | Deep IM injection into gluteal muscle |
| **Zuclopentixol** | Deep IM injection into gluteal or lateral thigh |
| **Fluphenazine (DISCONTINUED IN UK)** | Deep IM injection into gluteal muscle |
| **Pipothiazine (DISCONTINUED IN UK)** | Deep IM injection into gluteal or lateral thigh |
| **Aripiprazole** | Deep IM injection into gluteal or deltoid muscle |
| **Olanzapine** | Deep IM injection into gluteal muscle |
| **Paliperidone** | Deep IM injection into gluteal or deltoid muscle (first two loading doses must be deltoid) |
| **Risperdal Consta** | Deep IM injection into gluteal or deltoid muscle |

**References:**

* Bazier, S. (2018) Psychotropic Drug Directory. Lloyd-Reinhold Publications Ltd
* Janssen (2016) Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections. 5th Edition. Available Online [Accessed 23/03/2020]. Available from: <https://www.hpft.nhs.uk/media/1707/guidance-on-administration-of-oil-based-depot-and-long-acting-im-antipsychotic-injections-sept-2011.pdf>
* NHS England (2020) Coronavirus Guidance for Clinicians and NHS Managers. NHS England and NHS Improvement. Available Online [Accessed 23/03/2020]. Available from: <https://www.england.nhs.uk/coronavirus/>