

Non-Medical Prescribers' Bulletin

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[Substance misuse treatment for adults: statistics 2022 to 2023](#)

Statistics on alcohol and drug misuse treatment for adults from the National Drug Treatment Monitoring System (NDTMS).

Topic: Non Medical Prescr Format: Website Access options: Available online

Publication: GOV-UK

[Disulfiram for the treatment of cocaine dependence](#)

Cocaine is a psychostimulant used by approximately 0.4% of the general population worldwide. Cocaine dependence is a chronic mental disorder characterised by the inability to control cocaine use and a host of severe medical and psychosocial complications. There is current no approved pharmacological treatment for cocaine dependence. Some researchers have proposed disulfiram, a medication approved to treat alcohol use disorder.

This is an update of a Cochrane review first published in 2010.

Topic: Non Medical Prescr Format: Systematic Review Access options: Available online

Publication: Cochrane Library

[Pharmacological treatments in panic disorder in adults: a network meta-analysis](#)

A panic attack is a discrete period of fear or anxiety that has a rapid onset and reaches a peak within 10 minutes. The main symptoms involve bodily systems, such as racing heart, chest pain, sweating, shaking, dizziness, flushing, churning stomach, faintness and breathlessness. Other recognised panic attack symptoms involve fearful cognitions, such as the fear of collapse, going mad or dying, and derealisation (the sensation that the world is unreal). Panic disorder is common in the general population with a prevalence of 1% to 4%. The treatment of panic disorder includes psychological and pharmacological interventions, including antidepressants and benzodiazepines.

Topic: Non Medical Prescr Format: Meta-Analysis Access options: Available online

Publication: Cochrane Library

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Readmissions after appointments with nurse prescribers: A register-based study

Increasing number of nurse prescribers could be part of a solution to the shortage of physicians, improve access to treatment and curb the rise in healthcare costs; however, readmissions after nurse prescribers' appointments are under-researched.

Aims

To describe and compare clients' initial appointments with nurse prescribers and physicians. In addition, client readmissions within 60 days in the target organisation after nurse prescribers' and physicians' appointments were investigated.

Design

Retrospective register-based follow-up study.

Methods

Data included client appointments ($n = 3986$) with nurse prescribers and physicians, and clients' readmissions ($n = 9038$) from 1 January 2018 to 31 December 2019 from one hospital district in Finland. Data were analysed statistically using frequencies, percentages, rate ratios and cross-tabulation. STROBE checklist was used.

Results

Initial appointments including trimethoprim, pivmecillinam, phenoxymethyl penicillin, chloramphenicol, fusidic acid and cephalexin prescriptions with nurse prescribers ($n = 36$) were 2131, and physicians ($n = 140$) 1855. On average, client readmissions (within 60 days) per initial appointment were 2.10 after appointments with nurse prescribers and 2.46 after physicians. After initial appointments, including phenoxymethyl penicillin prescriptions, with nurse prescribers, clients had more readmissions in all age groups than after initial appointments with physicians. However, in all, after initial appointments with physicians, clients had a higher proportion of readmissions.

Conclusion

Clients have fewer readmissions after appointments with nurse prescribers than physicians, including the same prescriptions. Nurse prescribers' skills may not have been fully utilised. Physicians treated many patients whose diseases nurse prescribers might have been able to treat based on the nurse prescribers' rights. However, physician clients may have more demanding service requirements.

Topic: Non Medical Prescr Format: Journal article Access options: OpenAthens login required

Publication: Journal of Clinical Nursing

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Despite evidence of adverse effects, continuous antipsychotic maintenance treatment is still often the preferred intervention for people with a long-term psychotic disorder. Antipsychotic treatment should be discussed with patients and the option of deprescribing should be explored. There is, however, a lack of guidance on antipsychotic deprescribing as well as a conflict in mental health services between recovery-oriented practice, which promotes collaboration and patient choice, and the more traditional approach of promoting adherence to the clinician's recommendation. The author conducted a literature review to gather clinical and academic perspectives on antipsychotic deprescribing in adults with a psychotic disorder in the context of recovery-oriented practice. Findings suggest that the adverse effects of long-term antipsychotic use are such that deprescribing should be considered, the challenge for nurses being to find a balance between patient autonomy and risk mitigation.

Topic: Non Medical Prescr Format: **Journal article** Access options: Available online

Publication: Mental Health Practice

Clinical practice recommendations for nurse-administered intramuscular injections in mental health: A modified Delphi study.

To develop clinical practice recommendations for nurse-administered intramuscular injections in mental health.

Background

Intramuscular injection is the main route of long-acting injectable antipsychotics' administration that appear to improve the long-term prognosis of mental illness. Specific guidelines related to the nurse administration of intramuscular injections need to be updated and to explore not only the technical aspects of this procedure.

Design

A modified RAND/University of California Los Angeles (UCLA) appropriateness method Delphi study was conducted between October 2019 and September 2020.

Methods

A multidisciplinary steering committee conducted a literature review and developed a list of 96 recommendations. These recommendations were submitted in a two-round Delphi electronic survey to a panel of 49 experienced practicing nurses from five mental health hospitals in France. Each recommendation was rated for its appropriateness and applicability in clinical practice on a 9-point Likert scale. Consensus among nurses was evaluated. The steering committee discussed the results after each round and approved the final set of recommendations.

Results

A final set of 79 specific recommendations were accepted for their appropriateness and applicability in clinical practice. Recommendations were classified in five domains: legal and quality assurance aspects, nurse-patient relationship, hygiene, pharmacology, and injection technique.

Conclusion

The established recommendations placed patients at the heart of the decisions concerning the intramuscular injection and underlined the need for specific training programs. Future research should focus on the integration of these recommendations in clinical practice, by both before-and-after studies and regular assessments of professional practices with relevant indicators.

Impact

The recommendations developed for good nursing practices explored not only the technical aspects but integrated the nurse-patient relationship. These recommendations may impact usual practices of administration of long-acting injectable antipsychotics and most of them could be applied in many countries.

Topic: Non Medical Prescr Format: Journal article Access options: Contact the Library for fulltext

Publication: Journal of Advanced Nursing

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[Nurses' use of pro re nata medication in adult acute mental healthcare settings: An integrative review](#)

This integrative review explores the current pro re nata (PRN) medication practice in acute adult mental health settings. PRN medication is commonly used in acute mental health settings but there is lack of evidence of effectiveness of this practice. PRN medications have a number of adverse effects and increase the risk of morbidity in patients with a mental illness. Articles were identified from MEDLINE, CINAHL, Scopus, PubMed, PsycINFO, and Web of Science database. The STROBE critical appraisal tool was used to evaluate the quality of evidence, and inductive thematic analysis was used to extract main themes. Five themes regarding prescription practices, poor documentation, reasons to administer, medication misuse, and insufficient use of non-pharmacological interventions emerged among the 12 eligible articles. The study identified PRN medication practice gaps in adult mental health settings included insufficient documentation practice, underuse of therapeutic non-pharmacological interventions, and significant variability in PRN medication practice across the mental health professionals due to different levels of knowledge and experience.

Topic: Non Medical Prescr Format: Journal article Access options: Available online

Publication: International Journal of Mental Health Nursing

[A description of risk associated with use of antipsychotics among community dwelling older adults: A descriptive cross-sectional study](#)

The objective of this research was to analyze the risk of adverse effects in patients older than 65 years with dementia and in concomitant treatment with antidementia and antipsychotic drugs and who are cared for by community nurses. A retrospective cross-sectional descriptive study was carried out. A total of 332 patients who were cared for by primary care teams participated. Most of the patients were women, totally dependent for the basic activities of daily living and residing in the family home. They were polymedicated and there was poor therapeutic adherence. The risk of adverse effects was higher in polymedicated patients who had been taking antipsychotics for longer periods and in those who had a main caregiver. However, those patients who had been assessed by the community nurse were protected from suffering adverse effects. This study demonstrates how integrated and continuous nursing care can reduce adverse effects in this type of patient.

Topic: Non Medical Prescr Format: Journal article Access options: Contact the Library for fulltext

Publication: Geriatric Nursing

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[Pharmacotherapy for Treatment of Tobacco Use Disorder](#)

Tobacco use disorder (TUD), the leading cause of preventable deaths in the United States, disproportionately impacts those with psychiatric disorders. There are multiple first-line, U.S. Food and Drug Administration–approved pharmacotherapy options for the treatment of TUD. The current review focuses on these medications, underlining practical tips to improve cessation rates, while emphasizing a harm reduction and patient-centered approach to treatment. [Journal of Psychosocial Nursing and Mental Health Services, 61(11), 6–9.]

Topic: Non Medical Prescr Format: Journal article Access options: OpenAthens login required

Publication: Journal of Psychosocial Nursing and Mental Health Services

[Multidisciplinary development of guidelines for ketamine treatment for treatment-resistant major depression disorder for use by adult specialist mental health services in New Zealand](#)

The evidence base for racemic ketamine treatment for treatment-resistant major depressive disorder (TRD) continues to expand, but there are major challenges translating this evidence base into routine clinical care.

Aim

To prepare guidelines for ketamine treatment of TRD that are suitable for routine use by publicly funded specialist mental health services.

Method

We consulted with senior leadership, clinical pharmacy, psychiatrists, nursing, service users and Māori mental health workers on issues relating to ketamine treatment. We prepared treatment guidelines taking the evidence base for ketamine treatment and the consultation into account.

Results

Ketamine treatment guidance is reported. This offers two treatment pathways, including a test of ketamine responsiveness with intramuscular ketamine and the dominant use of oral ketamine for a 3-month course to maximise the opportunity for the short-term benefits of ketamine to accumulate.

Conclusions

We have responded to the challenges of translating the evidence base for ketamine treatment into a form suitable for routine care.

Topic: Non Medical Prescr Format: Journal article Access options: Available online

Publication: BJPsych Open

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[Benefits of deprescribing for older people with frailty and polypharmacy: part two](#)

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Benefits of deprescribing for older people with frailty and polypharmacy: part two

Sue Lyne Frailty practitioner, East Sussex Healthcare NHS Trust, East Sussex, England

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Why you should read this article:

To understand why polypharmacy is a significant issue for many older people, including those with frailty

To consider how you could use medication reviews and deprescribing to optimise medicines use in older people with frailty and polypharmacy

Polypharmacy is a significant issue for many older people, including those with frailty, and it is associated with a range of adverse effects. Therefore, it is important to address polypharmacy by optimising patients' medicines use. Medication reviews are one of the main approaches to medicines optimisation, and various tools are available to support healthcare professionals with conducting these. Another approach is deprescribing, which can improve health outcomes for patients and may have financial benefits for healthcare organisations, but can also present various challenges. This article, the second of two parts, explores the benefits of medicines optimisation in the form of medication reviews and deprescribing for older people with frailty and polypharmacy.

Topic: Non Medical Prescr Format: **Journal article** Access options: Available online

Publication: Nursing Older People

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[A population pharmacokinetic model to guide clozapine dose selection, based on age, sex, ethnicity, body weight and smoking status.](#)

Aims: Guidance on clozapine dosing in treatment-resistant schizophrenia is based largely on data from White young adult males. This study aimed to investigate the pharmacokinetic profiles of clozapine and N-desmethylclozapine (norclozapine) across the age range, accounting for sex, ethnicity, smoking status and body weight.

Methods: A population pharmacokinetic model, implemented in Monolix, that linked plasma clozapine and norclozapine via a metabolic rate constant, was used to analyse data from a clozapine therapeutic drug monitoring service, 1993–2017.

Results: There were 17 787 measurements from 5960 patients (4315 male) aged 18–86 years. The estimated clozapine plasma clearance was reduced from 20.2 to 12.0 L h⁻¹ between 20 and 80 years. Model-based dose predictions to attain a predose plasma clozapine concentration of 0.35 mg L⁻¹ was 275 (90% prediction interval 125, 625) mg day⁻¹ in nonsmoking, White males weighing 70 kg and aged 40 years. The corresponding predicted dose was increased by 30% in smokers, decreased by 18% in females, and was 10% higher and 14% lower in otherwise analogous Afro-Caribbean and Asian patients, respectively. Overall, the predicted dose decreased by 56% between 20 and 80 years.

Conclusion: The large sample size and wide age range of the patients studied allowed precise estimation of dose requirements to attain predose clozapine concentration of 0.35 mg L⁻¹

. The analysis was, however, limited by the absence of data on clinical outcome and future studies are required to determine optimal predose concentrations specifically in those aged over 65 years

Topic: Non Medical Prescr Format: Journal article Access options: OpenAthens login required

Publication: British Journal of clinical pharmacology

[ADHD medication discontinuation and persistence across the lifespan: a retrospective observational study using population-based databases. \[Abstract\]](#)

Although often intended for long-term treatment, discontinuation of medication for ADHD is common. However, cross-national estimates of discontinuation are missing due to the absence of standardised measures. The aim of this study was to determine the rate of ADHD treatment discontinuation across the lifespan and to describe similarities and differences across countries to guide clinical practice.

Methods

We did a retrospective, observational study using population-based databases from eight countries and one Special Administrative Region (Australia, Denmark, Hong Kong, Iceland, the Netherlands, Norway, Sweden, the UK, and the USA). We used a common analytical protocol approach and extracted prescription data to identify new users of ADHD medication. Eligible individuals were aged 3 years or older who had initiated ADHD medication between 2010 and 2020. We estimated treatment discontinuation and persistence in the 5 years after treatment initiation, stratified by age at initiation (children [age 4–11 years], adolescents [age 12–17 years], young adults [age 18–24 years], and adults [age \geq 25 years]) and sex. Ethnicity data were not available.

Findings

1 229 972 individuals (735 503 [60%] males, 494 469 females [40%]; median age 8–21 years) were included in the study. Across countries, treatment discontinuation 1–5 years after initiation was lowest in children, and highest in young adults and adolescents. Within 1 year of initiation, 65% (95% CI 60–70) of children, 47% (43–51) of adolescents, 39% (36–42) of young adults, and 48% (44–52) of adults remained on treatment. The proportion of patients discontinuing was highest between age 18 and 19 years. Treatment persistence for up to 5 years was higher across countries when accounting for reinitiation of medication; at 5 years of follow-up, 50–60% of children and 30–40% of adolescents and adults were covered by treatment in most countries. Patterns were similar across sex.

Interpretation

Early medication discontinuation is prevalent in ADHD treatment, particularly among young adults. Although reinitiation of medication is common, treatment persistence in adolescents and young adults is lower than expected based on previous estimates of ADHD symptom persistence in these age groups. This study highlights the scope of medication treatment discontinuation and persistence in ADHD across the lifespan and provides new knowledge about long-term ADHD medication use.

Topic: Non Medical Prescr Format: **Journal article** Access options: Contact the Library for fulltext

Publication: The Lancet Psychiatry

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[The Effect of Shared Decision-Making by Mental Health Nurses on Medication Adherence in Patients with Alcohol Use Disorders: Provider-Patient Communication Pathway Model](#)

The involvement of patients with mental health issues in their own treatment decision-making has often been overlooked. This study aimed to investigate the impact of shared decision-making between mental health nurses and patients with alcohol use disorders (AUD) on medication adherence. The provider-patient communication pathway model was utilized to examine the ways in which therapeutic communication strategies employed by mental health nurses positively influence medication adherence. The study employed a percentile bootstrap method and pairwise comparison tests in structural equation modeling. The results revealed that shared decision-making between AUD patients and mental health nurses directly enhanced medication adherence, as well as indirectly influenced adherence through the mediating factors of therapeutic alliance and alcohol abstinence self-efficacy. These findings hold both theoretical and practical implications for involving patients with AUD in therapeutic decision-making within psychiatric and mental health nursing settings, as well as for improving medication adherence among this patient population.

Topic: Non Medical Prescr Format: Journal article Access options: Contact the Library for fulltext

Publication: Journal of Health Communication

[Bipolar disorder: assessment and management](#)

Update to Bipolar disorder: assessment and management. This guideline covers recognising, assessing and treating bipolar disorder (formerly known as manic depression) in children, young people and adults. The recommendations apply to bipolar I, bipolar II, mixed affective and rapid cycling disorders. It aims to improve access to treatment and quality of life in people with bipolar disorder.

Topic: Non Medical Prescr Format: Guideline Access options: Available online

Publication: National Institute for Health and Care Excellence

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[Deprescribing of antidepressants for depression and anxiety](#)

Antidepressants have an important role in the therapeutic management of depression and anxiety, when used appropriately in line with the NICE guidelines on depression in adults or generalised anxiety and panic disorder.

The national medicines optimisation opportunities 2023/24 supports the appropriate use of antidepressants. However, antidepressant use may be considered inappropriate when:

- the antidepressant is not working
- the depression or anxiety has resolved
- the harms of the antidepressant outweigh the benefits
- the patient wants to stop taking the antidepressant
- the patient has experienced previous difficulties with withdrawing

Inappropriate use may lead to patient harm from problematic polypharmacy, adverse-effects, or both.

NICE guidelines on medicines associated with dependence or withdrawal symptoms advises using a shared decision making approach to discuss the deprescribing of antidepressants with the patient. Deprescribing in practice means reducing the dose at a pace that is tolerable for the patient, which for some patients can mean tapering for several months or longer.

Topic: Non Medical Prescr Format: Guidance Access options: Available online

Publication: Specialist Pharmacy Service

[Medicines management for nurses: explaining legal governance](#)

Prescribing is a safety-critical activity due to the high volume of errors made and the potentially serious consequences for patients, which can be life-changing or even fatal (Guthrie et al 2011, Guthrie 2016). Prescribing is also one of – if not the most – commonly applied interventions in healthcare (Elliot et al 2018, Cope et al 2020, NHS Confederation 2021). Clinical governance, up-to-date knowledge and experience are essential factors in safe prescribing, and legal governance provides boundaries that are designed to protect patients. The law provides both restrictions and permissions that govern the clinical practice of prescribers.

Topic: Non Medical Prescr Format: Commentary Access options: Available online

Publication: Nursing Standard

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[Antidepressant withdrawal: recommendations for support from people with lived experience](#)

Antidepressant prescriptions are on the increase, and this is partially driven by more people staying on them for longer (Kendrick, 2021; Kendrick et al., 2015; McCrea et al., 2016; Moore et al., 2009). While antidepressants can be useful at preventing relapse for many people (Sim et al., 2015), up to half of individuals taking antidepressants long-term are doing so without a guidance-based reason (Ambresin et al., 2015; Eveleigh et al., 2014). This is a problem because antidepressants can come with significant side effects (Kendrick, 2021).

However, whilst many people might like to stop taking antidepressants, doing so can be a challenge. Interviews with patients tell us that one of the biggest barriers to stopping is fear of relapse or withdrawal symptoms, alongside issues such as insufficient coping strategies and lack of support from healthcare professionals (Maund et al., 2019).

Topic: Non Medical Prescr Format: Blog

Access options: Available online

Publication: The Mental Elf

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