

Psychosis HIT

Directors: **Sarah Sullivan**, Simon Downer,
Martin Jones, James Robinson, Martha
Sneyd

1. Psychosis in Primary Care study (P.I.P.C.)

- Workstream 4 “Better integration of care pathways”
- Increasing pressure on secondary care services to discharge people who have recovered from psychosis.
 - what happens to this group once they are in primary care?
 - Do they go to their GP?
 - If so – what for?
 - Do they receive physical health checks and medication reviews?
 - how the discharge process works for;
 - Secondary care
 - Primary care
 - Service users and carers

1. Psychosis in Primary Care study (P.I.P.C.)

- What have we done so far?
 - Conducted an initial study funded by APCRC RCF
 - Quantitative
 - Secondary care audit of all eligible discharges over 12 months
 - Data linkage from secondary to primary of those in the audit
 - Qualitative
 - Questions about the discharge process and how this group could be best be cared for in primary care
 - Interviews with 15 secondary care clinicians
 - Interviews with 10 GPs
 - Interviews with 10 service users and carers

1. Psychosis in Primary Care study (P.I.P.C.)

Results so far

- Secondary care audit
 - 90 people discharged in 12 months (over 18 years of age, a diagnosis of psychosis, under the care of a Bristol Crisis, Recovery, EI, AO, or Intensive team)
- Data linkage – ongoing – will only be able to link 30 – will collect
 - Number of GP consultations since discharge
 - Reason for consultation (including re-referral)
- Qualitative study
 - Thematic analysis complete
 - 2 main themes – problems with the discharge process
 - Poor communication between primary and secondary care

1. Psychosis in Primary Care study (P.I.P.C.)

- Future plans
 - Using qualitative findings – new 3 part intervention
 - One page discharge summary covering essential information
 - Single point of contact for GPs with psychiatrist or care coordinator
 - Role for Recovery Navigator in helping service user negotiate primary care
 - Grant application to NIHR HS & DR to further develop intervention and trial

2. Antipsychotic polypharmacy and metabolic disorders

- Workstream 3. **Physical Health Outcomes**
- Partly funded by CLAHRC West
- People with psychosis die approximately 20 years younger than those without this disorder
 - Smoking
 - Lack of exercise
 - Poor diet
 - **Medication side effects – metabolic disorders**

2. Antipsychotic polypharmacy and metabolic disorders

- Atypical anti-psychotics increase risk of metabolic disorders
- 10-60% of people with psychosis on >1
 - Against NICE guidelines
- Polypharmacy of anti-psychotics may greatly increase the risk
- Using primary care data (CPRD) to investigate association between polypharmacy of anti-psychotics and hypertension, hypercholesterolemia, diabetes, obesity

2. Antipsychotic polypharmacy and metabolic disorders

- Future plans
 - If association found investigate the relative risk of different combinations
 - Typical + typical
 - Atypical + typical
 - Atypical + typical
 - Contribute to national treatment guidelines