

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE CG178) 9/14

**Subject: NICE Clinical Guideline CG178 –
Psychosis and schizophrenia in adults: treatment
and management (updates and replaces CG82)**

For action by:

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care to also cascade to:
Head of Pharmacy and Medicines Management
Family Practitioner Services Leads – for cascade to relevant
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade
to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant
staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for
cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:

Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers' Forum

Summary of Contents:

This guideline updates and replaces NICE Clinical Guideline 82. It
offers evidence-based advice on the care of adults with psychosis or
schizophrenia.

Enquiries:

Any enquiries about the content of this Circular should be addressed
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Circular Reference: HSC (SQSD) (NICE CG178) 9/14

Date of Issue: 04 April 2014

Related documents:

HSC (SQSD) 3/13

Superseded documents

Status of Contents:

Action

Implementation:

As per circular. Generally, Clinical Guidelines should be
implemented within 12 months of endorsement.

Additional copies:

Available to download from

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

Dear Colleagues

[NICE Clinical Guideline CG178 - Psychosis and schizophrenia in adults: treatment and management](#) (updates and replaces CG82)

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland. It should be noted that this guidance updates and replaces NICE Clinical Guideline CG82 on Schizophrenia. The Trusts should have recently completed their planning processes for the implementation of CG82; therefore the actions outlined below should build on this work. For information, additional appendices (Appendix 2 and 3) have been included with this circular and these provide update information and details on recommendations from NICE Clinical Guideline CG82 that have been amended. This is a strategically important guideline as it relates to a key client group among those with severe and enduring mental illness and this revised guidance significantly moves the standards for comprehensive holistic management forward.

In accordance with the process outlined in [circular HSC \(SQSD\) 3/13](#), the following actions should be taken

1. HSC Board / PHA
 - a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
 - b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
 - c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
 - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.
2. HSC Trusts
 - a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
 - b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
 - c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
 - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
 - a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
 - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached in appendix 1 details from the Departmental review including estimates of costs / savings based on the NICE costing template, where this is applicable. You should also consider and take account of other relevant Departmental policies and strategies in their planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the [Department's website](#).



Dr Michael McBride
Chief Medical Officer

Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline - CG178
Title	Psychosis and schizophrenia in adults: treatment and management – (updates and replaces CG82 Schizophrenia)
Summary of guidance	<p>This clinical guideline (published by NICE in February 2014) updates and replaces NICE clinical guideline 82.</p> <p>This guideline covers the treatment and management of psychosis and schizophrenia and related disorders in adults (18 years and older) with onset before 60 years.</p>
Number of people expected to take up or benefit from the service / therapy	Unable to estimate for NI
Costs / savings associated with implementation	Unable to estimate for NI. NICE has provided a Costing Statement only for this guideline due to the variation in clinical services nationally. There may be some cost implications locally in areas such as psychological therapies, drug treatments and monitoring of physical health. Savings and benefits are likely to be long-term rather than short-term.
Related strategically relevant DHSSPS policies	None
Inter-Departmental interest	None
Legislative / policy caveats	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>The Mental Capacity Act 2005 and the Department of Health document 'Reference Guide to Consent for</p>

	<p>Treatment or Examination' do not apply in NI, but work is under way to bring forward similar legislation for NI, incorporating mental capacity and mental health provisions. The DHSSPS guidance 'Reference Guide to Consent for Examination, Treatment or Care (2003)', which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from: http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</p>
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Update information

This guideline updates and replaces NICE clinical guideline 82 (published March 2009).

Recommendations are marked as **[2009]**, **[2009, amended 2014]**, **[2014]** or **[new 2014]**.

- **[2009]** indicates that the evidence has not been reviewed since 2009.
- **[2009, amended 2014]** indicates that the evidence has not been reviewed since 2009 but changes have been made to the recommendation wording that change the meaning (**see Appendix 3**).
- **[2014]** indicates that the evidence has been reviewed but no changes have been made to the recommendation.
- **[new 2014]** indicates that the evidence has been reviewed and the recommendation has been updated or added.

Recommendations from NICE clinical guideline 82 that have been amended

Recommendations are labelled **[2009, amended 2014]** if the evidence has not been reviewed since 2009 but changes have been made to the recommendation wording that change the meaning.

Recommendation in 2009 guideline	Recommendation in current guideline	Reason for change
<p>Work in partnership with people with schizophrenia and their carers. Offer help, treatment and care in an atmosphere of hope and optimism. Take time to build supportive and empathic relationships as an essential part of care. [1.1.1.1]</p>	<p>Use this guideline in conjunction with Service user experience in adult mental health (NICE clinical guidance 136) to improve the experience of care for people with psychosis or schizophrenia using mental health services, and:</p> <ul style="list-style-type: none"> • work in partnership with people with schizophrenia and their carers • offer help, treatment and care in an atmosphere of hope and optimism • take time to build supportive and empathic relationships as an essential part of care. [2009; amended 2014] [1.1.1.1] 	<p>The GDG amended this recommendation to direct readers to the NICE guidance on service user experience, which replaces some of the recommendations from the 2009 schizophrenia guideline.</p>
<p>Ensure that people with schizophrenia receive a comprehensive multidisciplinary assessment, including a psychiatric, psychological and physical health assessment. The assessment should also address the following:</p> <ul style="list-style-type: none"> • accommodation • culture and ethnicity 	<p>Carry out a comprehensive multidisciplinary assessment of people with psychotic symptoms in secondary care. This should include assessment by a psychiatrist, a psychologist or a professional with expertise in the psychological treatment of people with psychosis or schizophrenia. The assessment should address the following domains:</p> <ul style="list-style-type: none"> • psychiatric (mental health problems, risk of harm to self or others, alcohol consumption and 	<p>The GDG amended the recommendation in line with 'Psychosis and schizophrenia in children and young people' (NICE clinical guideline 155) to ensure that the comprehensive assessment is better tailored to the needs of people with psychosis or schizophrenia and better designed for developing a care plan.</p> <p>The GDG considered it important to align this guideline and 'Psychosis and schizophrenia in children and young people' because the latter</p>

<ul style="list-style-type: none"> • economic status • occupation and education (including employment and functional activity) • prescribed and non-prescribed drug history • quality of life • responsibility for children • risk of harm to self and others • sexual health • social networks. [1.1.4.1] 	<p>prescribed and non-prescribed drug history)</p> <ul style="list-style-type: none"> • medical, including medical history and full physical examination to identify physical illness (including organic brain disorders) and prescribed drug treatments that may result in psychosis • physical health and wellbeing (including weight, smoking, nutrition, physical activity and sexual health) • psychological and psychosocial, including social networks, relationships and history of trauma • developmental (social, cognitive and motor development and skills, including coexisting neurodevelopmental conditions) • social (accommodation, culture and ethnicity, leisure activities and recreation, and responsibilities for children or as a carer) • occupational and educational (attendance at college, educational attainment, employment and activities of daily living) • quality of life • economic status. [2009; amended 2014] [1.3.3.1] 	<p>promotes early intervention in psychosis services (as an alternative to child and adolescent mental health services) for people aged 15 and older, some of whom (over 18) will be covered by this guideline. The GDG therefore wished to ensure that both guidelines were consistent in their key aspects.</p>
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Recommendation in 2009 guideline	Recommendation in current guideline	Reason for change
<p>Routinely monitor for other coexisting conditions, including depression and anxiety, particularly in the early phases of treatment.[1.1.4.2]</p>	<p>Routinely monitor for other coexisting conditions, including depression, anxiety and substance misuse particularly in the early phases of treatment. [2009; amended 2014] [1.3.3.3]</p>	<p>The GDG judged that substance misuse should be added to the recommendation because of its prevalence in people with psychosis and schizophrenia.</p>
<p>Carry out a full assessment of people with psychotic symptoms in secondary care, including an assessment by a psychiatrist. Write a care plan in collaboration with the service user as soon as possible. Send a copy to the primary healthcare professional who made the referral and the service user.[1.2.1.2]</p>	<p>Write a care plan in collaboration with the service user as soon as possible following assessment, based on a psychiatric and psychological formulation, and a full assessment of their physical health. Send a copy of the care plan to the primary healthcare professional who made the referral and the service user. [2009; amended 2014] [1.3.3.4]</p>	<p>The first sentence has been deleted because it was replaced by the assessment recommendations in sections 1.2.2 and 1.3.3. The second sentence was amended to reflect best practice as defined by the GDG.</p>
<p>If it is necessary for a GP to start antipsychotic medication, they should have experience in treating and managing schizophrenia. Antipsychotic medication should be given as described in section 1.2.4. [1.2.3.1]</p>	<p>Antipsychotic medication for a first presentation of sustained psychotic symptoms should not be started in primary care unless it is done in consultation with a consultant psychiatrist. [2009; amended 2014] [1.3.2.1]</p>	<p>The GDG judged that the context in which the 2009 recommendation had been made had changed, and that it was important to emphasise that antipsychotics should not be initiated in primary care unless done with supervision from a consultant.</p> <p>The GDG considered it important to align this guideline and 'Psychosis and schizophrenia in children and young people' because the latter promotes early intervention in psychosis services (as an alternative to child and adolescent mental health services) for people aged 15 and older, some of whom (over 18) will be covered by this guideline. The GDG therefore wished to ensure that both guidelines were consistent in their key aspects.</p>

Recommendation in 2009 guideline	Recommendation in current guideline	Reason for change
<p>For people with newly diagnosed schizophrenia, offer oral antipsychotic medication. Provide information and discuss the benefits and side-effect profile of each drug with the service user. The choice of drug should be made by the service user and healthcare professional together, considering:</p> <ul style="list-style-type: none"> • the relative potential of individual antipsychotic drugs to cause extrapyramidal side effects (including akathisia), metabolic side effects (including weight gain) and other side effects (including unpleasant subjective experiences) • the views of the carer if the service user agrees. <p>[1.2.4.1]</p>	<p>The choice of antipsychotic medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees. Provide information and discuss the likely benefits and possible side effects of each drug, including:</p> <ul style="list-style-type: none"> • metabolic (including weight gain and diabetes) • extrapyramidal (including akathisia, dyskinesia and dystonia) • cardiovascular (including prolonging the QT interval) • hormonal (including increasing plasma prolactin) • other (including unpleasant subjective experiences). <p>[2009; updated 2014] [1.3.5.1]</p>	<p>This recommendation was amended in line with 'Psychosis and schizophrenia in children and young people' (NICE clinical guideline 155).</p> <p>The GDG considered it important to align this guideline and 'Psychosis and schizophrenia in children and young people' because the latter promotes early intervention in psychosis services (as an alternative to child and adolescent mental health services) for people aged 15 and older, some of whom (over 18) will be covered by this guideline. The GDG therefore wished to ensure that both guidelines were consistent in their key aspects.</p>
<p>Treatment with antipsychotic medication should be considered an explicit individual therapeutic trial. Include the following:</p> <ul style="list-style-type: none"> • Record the indications and expected benefits and risks of oral antipsychotic medication, and the expected time for a change in symptoms 	<p>Treatment with antipsychotic medication should be considered an explicit individual therapeutic trial. Include the following:</p> <ul style="list-style-type: none"> • Discuss and record the side effects that the person is most willing to tolerate. • Record the indications and expected 	<p>This recommendation was amended because the GDG wished to make a separate recommendation about monitoring, in line with 'Psychosis and schizophrenia in children and young people' (NICE clinical guideline 155). Therefore the 4th bullet point of the original recommendation was used as the</p>

<p>and appearance of side effects.</p> <ul style="list-style-type: none"> • At the start of treatment give a dose at the lower end of the licensed range and slowly titrate upwards within the dose range given in the British National Formulary (BNF) or SPC. • Justify and record reasons for dosages outside the range given in the BNF or SPC. • Monitor and record the following regularly and systematically throughout treatment, but especially during titration: <ul style="list-style-type: none"> – efficacy, including changes in symptoms and behaviour – side effects of treatment, taking into account overlap between certain side effects and clinical features of schizophrenia, for example the overlap between akathisia and agitation or anxiety – adherence – physical health. • Record the rationale for continuing, changing or stopping medication, and the effects of such changes. • Carry out a trial of the medication at optimum dosage for 4–6 weeks. [1.2.4.3] 	<p>benefits and risks of oral antipsychotic medication, and the expected time for a change in symptoms and appearance of side effects.</p> <ul style="list-style-type: none"> • At the start of treatment give a dose at the lower end of the licensed range and slowly titrate upwards within the dose range given in the British national formulary (BNF) or SPC. • Justify and record reasons for dosages outside the range given in the BNF or SPC. • Record the rationale for continuing, changing or stopping medication, and the effects of such changes. • Carry out a trial of the medication at optimum dosage for 4–6 weeks. <p>[2009; amended 2014] [1.3.6.3]</p>	<p>basis of a new recommendation (see 1.3.6.4).</p> <p>The GDG considered it important to align this guideline and 'Psychosis and schizophrenia in children and young people' because the latter promotes early intervention in psychosis services (as an alternative to child and adolescent mental health services) for people aged 15 and older, some of whom (over 18) will be covered by this guideline. The GDG therefore wished to ensure that both guidelines were consistent in their key aspects.</p>
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Recommendation in 2009 guideline	Recommendation in current guideline	Reason for change
<p>For people with an acute exacerbation or recurrence of schizophrenia, offer oral antipsychotic medication. The choice of drug should be influenced by the same criteria recommended for starting treatment (see section 1.2.4). Take into account the clinical response and side effects of the service user's current and previous medication.[1.3.2.1]</p>	<p>For people with an acute exacerbation or recurrence of psychosis or schizophrenia, offer oral antipsychotic medication or review existing medication. The choice of drug should be influenced by the same criteria recommended for starting treatment (see sections 1.3.5 and 1.3.6). Take into account the clinical response and side effects of the service user's current and previous medication. [2009; amended 2014] [1.4.3.1]</p>	<p>This recommendation was amended in line with 'Psychosis and schizophrenia in children and young people' (NICE clinical guideline 155), to state that existing medication should be reviewed.</p> <p>The GDG considered it important to align this guideline and 'Psychosis and schizophrenia in children and young people' because the latter promotes early intervention in psychosis services (as an alternative to child and adolescent mental health services) for people aged 15 and older, some of whom (over 18) will be covered by this guideline. The GDG therefore wished to ensure that both guidelines were consistent in their key aspects.</p>
<p>Mental health services should work in partnership with local stakeholders, including those representing BME groups, to enable people with mental health problems, including schizophrenia, to access local employment and educational opportunities. This should be sensitive to the person's needs and skill level and is likely to involve working with agencies such as Jobcentre Plus, disability employment advisers and non-statutory providers. [1.4.7.2]</p>	<p>Mental health services should work in partnership with local stakeholders, including those representing black, Asian and minority ethnic groups, to enable people with mental health problems, including psychosis or schizophrenia, to stay in work or education and to access new employment (including self-employment), volunteering and educational opportunities. [2009; amended 2014] [1.5.8.2]</p>	<p>The recommendation has been amended to reflect recent terminology relating to ethnic groups and to remove reference to specific agencies in order to ensure that the recommendation remains current for as long as possible. The GDG also wished to challenge the assumption that people with psychosis and schizophrenia are not already in employment by stating that they should be enabled to 'stay in work or education'.</p>

