

SHPA Standards for the Practice of Psychiatric Pharmacy

The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Psychiatric Pharmacy

These are standards of professional practice and not standards prepared or endorsed by the Standards Association of Australia. They are not legally binding.

1. INTRODUCTION

Drug therapy is an important form of treatment for various psychiatric illnesses. The nature of treatment is often complex and highly specialised and is complicated by the unique problems inherent in the management of mental illness. Examples include paranoia and suspicion about treatment, hallucinatory distractions, lack of insight and understanding, and confusion.

Pharmacists have extensive training in pharmacology, pharmaceuticals, pharmacokinetics and other biomedical disciplines relevant to advancing the rational use of drugs and can apply this knowledge to help to ensure that patients affected by psychiatric illnesses receive optimum treatment. The skills and clinical expertise of pharmacists should be promoted to other members of the multidisciplinary health team so that their input may be utilised as a means to optimise drug therapy and patient compliance.

These updated guidelines are based upon, and supersede previous 'SHPA Guidelines for the Practice of Psychiatric Pharmacy',¹ and are to be used in conjunction with the 'SHPA Guidelines for Clinical Pharmacy Practice'² and other guidelines promulgated by relevant committees of specialty practice. The 'SHPA Code of Ethics'³ also acts as a useful guide for pharmacists practising in psychiatry.

2. AIMS AND OBJECTIVES

As part of the multidisciplinary healthcare team, pharmacists involved in the care of patients with mental illnesses should aim to ensure that drug therapy is rational, safe, cost-effective and acceptable to patients. Patients affected by psychiatric illness have been identified as being at risk for adverse drug reactions and other medication-related problems and pharmacists can play an important role in preventing, detecting and managing these unwanted effects.⁴

3. EXTENT AND OPERATION OF PSYCHIATRIC PHARMACY SERVICES

The guidelines outlined in the 'SHPA Standards of Practice for Clinical Pharmacy'² are applicable in the context of psychiatric pharmacy practice. A range of issues specific to the practice of pharmacy in the case of psychiatric patients are emphasised in Section 4.

The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Psychiatric Pharmacy: **Chris Alderman** (Chairman), **Naomi Burgess** (Convenor), **David Ellis**, **Jan Jones**, **Olimpia Nigro**, **Karin Nyfort-Hansen** Corresponding members: **Deidre Alderton**, **Jenny Blennerhassett**, **Natasha Corbett**, **Loretta Ellis**, **Linda Fellows**, **Judith Longworth**, **John Parke**, **Felicity Te Hira**
Address for correspondence: Chris Alderman, Director of Pharmacy, Repatriation General Hospital Daw Park, Daw Park SA 5041
E-mail: chris.alderman@rgh.gov.au

4. PROCEDURES FOR PRACTICE OF PSYCHIATRIC PHARMACY

4.1 Drug Therapy Monitoring

Pharmacists working in psychiatric practice should undertake frequent review of current patient medication profiles and participate in ward rounds, case conferences and other relevant meetings in which there is an opportunity to monitor drug therapy for safety and efficacy.

4.1.1 Medication order review

Pharmacists should actively monitor patient medication therapy. The aims of this type of activity include:

- promotion of the optimum management of both psychiatric and non-psychiatric illnesses. This is especially important in the extended care setting;
- monitoring the safety and efficacy of drug dosage levels, which should be substantiated by evidence in the scientific literature;
- working to minimise the use of unnecessarily high doses and polypharmacy;
- ensuring that extended treatment is justified by objective evidence of ongoing psychopathology (due to the long-term adverse effects of some psychotropic drugs);
- addressing quality of life issues, particularly when medication changes are assessed.

4.1.2 Adverse drug reaction management

Certain patients with mental illnesses are particularly susceptible to problems arising from the use of psychotropic drugs.

- Dosage rates and titration techniques will often require modification for paediatric and geriatric patients, principally due to differences in pharmacokinetics and the pharmacodynamic response profiles in these groups.
- Coexisting medical illnesses may be profoundly influenced by concurrent treatment with psychotropic drugs.
- Patients with pre-existing neurological disease or organic brain disease (including patients infected with HIV) are also particularly sensitive to the effects of psychotropic drugs. A conservative approach to treatment strategies should be adopted for these patients.

Monitoring for adverse drug reactions is a particularly important part of psychiatric pharmacy practice.

Pharmacists practising in psychiatry should maintain a working knowledge of the important adverse effects that may be encountered in patients treated with psychotropic agents and other drug treatments. This knowledge should include information about incidence, nature, prognosis and treatment of these reactions. The

pharmacist should promote or implement biochemical, haematological, neurological, psychological and other specialised monitoring methods for these reactions.

Pharmacists should maintain appropriate adverse drug reaction monitoring and documentation procedures, as outlined in the 'SHPA Standards of Practice for Clinical Pharmacy'.²

Adverse effects may also occur after the cessation of psychotropic drugs. Although the potential for withdrawal effects after the cessation of benzodiazepines, barbiturates, opioids and alcohol is well known, withdrawal effects/discontinuation syndromes may also be observed after the abrupt withdrawal of some antidepressant and antipsychotic agents.

Problems associated with withdrawal effects may include patient discomfort, potentially significant medical complications and negative effects upon the future therapeutic alliance between the patient and the treating team. Pharmacists should be aware of the potential for withdrawal effects or discontinuation syndromes after the cessation of psychotropic drugs, and should recommend strategies for minimising the impact of these.

An issue which warrants particular attention is the potential for drug interactions involving psychotropic agents:

- Many psychotropic drugs influence hepatic drug metabolism, giving rise to the potential for interactions between these agents and other drugs.
- In some cases, psychotropic drugs may interact with agents used for non-psychiatric conditions.
- Drug interactions of a pharmacodynamic nature may also be important, (e.g. the 'serotonin syndrome').
- In view of the potentially serious nature of these interactions, pharmacists involved in psychiatric practice must maintain a current knowledge of drug interactions involving psychotropic drugs.

The nature of many psychiatric illnesses is such that the patient's medications can be used as a means of self-harm, including suicide. The pharmacist should consider the patient's index of risk for self-harm or suicide, and arrange for an appropriate issue of medication.

Patient-specific issues to be considered include:

- expressed suicidal ideation;
- previous suicide attempts; and
- seriousness of prior attempts.

Medication-specific issues to consider include:

- the potential toxicity of each drug in the setting of overdose;
- the number of dosage units issued to the patient;
- amount of drug present in each individual dosage unit.

Patients at risk for suicide or self-harm must not be allowed to self-administer drugs as an inpatient without very close supervision.

4.1.3 Therapeutic drug monitoring

Where patients are treated with psychotropic or other drugs for which a therapeutic range for serum concentrations is clearly defined, the pharmacist should encourage and participate in therapeutic drug monitoring to ensure the maintenance of safe and effective drug therapy. This is particularly important for drugs of narrow therapeutic index.

4.2 Drug Information Services

Pharmacists working in psychiatry should strive to maintain the highest standards of drug information service, where necessary referring to the 'SHPA Standards of Practice for Drug Information Services'.⁵

Pharmacists should be involved in the dissemination of well-researched scientific information through appropriate publications.

4.3 Drug and Therapeutics Committees

Pharmacists should be represented on the drug and therapeutics committees of their institutions and should have an active input in the formulation of institutional policy as it relates to drug use. Psychiatric pharmacy practitioners are well placed to assist in the development of protocols for psychotropic drug use (e.g. protocols for the management of acutely disturbed patients). Pharmacists should also be active in specialised subcommittees such as formulary working parties, institutional ethics committees and research management committees.

4.4 Patient Education and Counselling

One of the major problems faced by therapists in stabilising patients with psychiatric illness is that of sub-optimal adherence to prescribed regimens. This problem is also one of the main reasons for their readmission into hospital. Pharmacists working in psychiatric practice should exercise sound patient counselling techniques, such as those outlined in 'SHPA Standards of Practice for Clinical Pharmacy'.²

In addition, considerations in this area which are specific to the practice of psychiatric pharmacy include:

- assessment of the patient's cognitive state;
- their ability to comprehend and retain information;
- issues of informed consent;
- questions of patient confidentiality;
- treatment enforcement orders;
- practice of counselling through the agency of legal guardians.

The pharmacist should liaise closely with the clinical team, and wherever possible patient education should be carried out in accordance with an agreed strategy for individual patients.

Patient education is especially important in the practice of psychiatric pharmacy, given that poor compliance commonly exerts a significant negative influence on treatment outcomes. Whilst seeking to maximise compliance, the pharmacist must be aware of and uphold the rights of the patient, which under certain circumstances may include the right to refuse or discontinue drug therapy.

5. EDUCATION AND TRAINING

5.1 Continuing Professional Development

It is essential that pharmacists working in psychiatric pharmacy maintain the highest possible standards in their own continuing professional development. In particular, it is important that such continuing education activities should embrace the fields of pharmacology, pharmacokinetics and toxicology, particularly as they relate to the care of psychiatric patients. This requirement for adequate ongoing education may, in part, be addressed by pharmacist participation in Continuing Professional Development (CPD) programs of The Society of Hospital Pharmacists of Australia.

It is important to recognise that patients affected by psychiatric illnesses may also be affected by other medical illnesses. These could have a significant impact on the course of psychiatric illness, as well as the overall condition of the patient and, thus, it is essential that pharmacists working in psychiatric pharmacy maintain a current knowledge base in relation to the treatment of non-psychiatric disease states.

In view of the unique nature of the practice of psychiatric pharmacy, it is also important for pharmacists to acquire and maintain a current knowledge of other relevant disciplines, including behavioural sciences, psychotherapy, neuropsychological testing techniques, social welfare issues, communication skills and a grasp of ethical considerations in psychiatry. Furthermore, it is important for pharmacists to maintain an up-to-date knowledge of relevant legislation that may affect the provision of pharmaceutical care. Areas to consider here include local, state and federal law governing testamentary capacity, informed consent and the pharmacist's duty of care to both the patient and the wider community. Other specific considerations will include the impact of other state and federal legislation concerning privacy and freedom of information. Pharmacists working in psychiatric practice may also be required to act as an expert witness in relation to pharmacotherapy issues being examined by the judiciary.

The Board of Pharmaceutical Specialties of the American Pharmaceutical Association currently recognises psychiatric pharmacy as one of five specialty areas in pharmacy practice, offering an annual certification examination for pharmacists who satisfy eligibility requirements. Certification as a psychiatric pharmacy specialist is an excellent mechanism to demonstrate advanced standing as a specialist practitioner in this field, and can be undertaken by pharmacists practising outside of the USA.

5.2 Responsibility to Colleagues

Pharmacists working in psychiatric pharmacy should contribute to the continuing professional development of colleagues working in other fields. This may be achieved through presentations or publications in pharmaceutical or medical forums such as continuing education or branch and federal conferences as well as peer-reviewed journals such as *The Australian Journal of Hospital Pharmacy*. Additionally, pharmacists practising in psychiatry should be involved in teaching the relevant sections of the curriculum for undergraduate and postgraduate pharmacy students and in pre-registration training.

Whenever practical, pharmacists should also participate actively in the provision of education services for medical, nursing and other health professionals. Desirable aspects of this involvement could include formal lectures and tutorials as part of undergraduate and postgraduate training, the provision of appropriate in-service materials and participation in the formulation of local policies and procedures.

5.3 Responsibility to Patients

Pharmacists working in psychiatric pharmacy should strive to involve themselves in patient education activities, either under the aegis of their institution or through appropriate community organisations or patient support

groups. The production and use of patient information leaflets and other related materials may assist in this area. The provision of Consumer Medicines Information (CMI) to patients treated with psychotropic drugs is desirable, but caution should be exercised so that therapeutic goals are not compromised as a result.

By educating patients about their illness and its treatment, the pharmacist should fulfil an important role in empowering patients to become active participants in the management of their illness.

The pharmacist should include in this education, drug side effects and their treatment, both short-term and long-term. Wherever possible the pharmacist should document drug side effects for each patient.

6. RESEARCH

6.1 Research in Pharmacy Practice

Pharmacists working in the field of psychiatry should be active in the field of pharmacy practice research. This may include any aspect of contemporary pharmacy practice, but each department should particularly maintain an active interest in the fields of quality assurance and drug usage evaluation or review. Wherever feasible, the results of research should be promulgated to the wider scientific community through publication in a suitable peer-reviewed forum. Pharmacists working in the field of psychiatry should actively work to encourage multidisciplinary research with medical, nursing and other health professional colleagues.

6.2 Clinical Trials

Pharmacists working in the area of psychiatric pharmacy should actively encourage, support, facilitate and, where possible, participate in well-designed clinical trials designed to further knowledge in relation to drug treatments. Where there is significant involvement by a pharmacist in a drug trial, appropriate departmental remuneration for services should be negotiated. All clinical trials should be conducted according to the Australian 'Guidelines for Good Clinical Research Practice'.⁶ Pharmacy involvement in clinical trials should be acknowledged in any publications or presentations arising from such research and where this involvement is extensive, acknowledgment should be in the form of co-authorship.

Reference should be made to the 'SHPA Standards of Practice for Pharmacy Investigational Drugs Services'.⁷

7. DEPARTMENTAL RESPONSIBILITY

In relation to the practice of pharmacy in psychiatry, the pharmacy department, through the director of pharmacy, should make every possible effort to ensure that the pharmacy department maintains the highest possible standards of pharmacy practice in all relevant fields, and adequate facilities are available to staff to enable this standard of practice to be maintained. Adequate support staff should be available to allow free involvement of professional staff in appropriate activities, and appropriate educational opportunities should be available to all staff.

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