



OPMH Liaison Case Study

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OPMH Liaison Nurse, Independent NMP

- * 8a.m. to midnight (OPMH 9-5), 365days per year
- * Patients aged 18 upwards*
- * Pts admitted to ED or the wards with self-harm/suicidal; acute mental health crisis.
- * OPMH practitioners see pts >65 in ED and the main hospital, both organic and functional illnesses (<65 with organic presentation)

*16/17yr olds who have finished secondary education admitted to ED or the wards with self-harm/suicidal

*Mental Health Liaison

The OPMH service is staffed by:

- * 0.6wte OPMH Consultant
- * 1.0wte Band 7 team lead
- * 2.6wte OPMH specialist band 6 nurses, plus hours MHLT nurses
- * 1.0wte administrator

Only Non-Medical Prescriber in the team,
working independently.



* **Mental Health Liaison**

- * K - 89yr old lady residing in a Rest Home
- * Admitted following an unwitnessed fall - sustained bruise to head and fracture to wrist
- * Diagnosed with Alzheimer's Disease 2012; anxiety and depression
- * 2015 "moderate depression"
- * Discharged by CMHT in 2015
- * 6month history of increase anxiety, feeling "scared"

* Patient background

- * Staff reported ongoing general anxiety; “doesn’t like being touched”, e.g. observations, personal care
- * Spitting out tablets - some medications switched to liquid form
- * Eating and drinking with encouragement

* Patient presentation

* Alzheimer's Disease*

* Epilepsy

* Deafness

* Poor vision

* Hypertension

* Osteoarthritis

* Constipation

* Frequent falls

*not previously px AChEI due to bradycardia

*** Past medical history**

- * PHENOBARBITAL 20mg bd (long-standing)
- * SERTRALINE 75mg mane*
- * ADCAL D3 400units bd
- * SENNA 7.5mg nocte
- * LACTULOSE 15mls bd
- * PARACETAMOL 500mg qds

Allergies/ADRs: PENICILLIN; TRAMADOL

*reduced from 100mg on admission

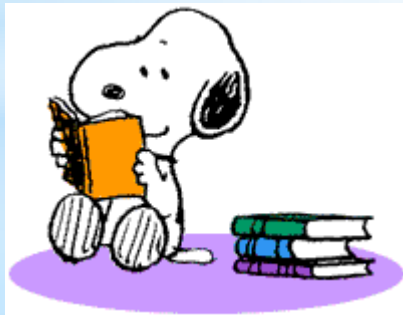
* Medication

Anxiety in Alzheimer's Disease (SH CP 02):

- * 1st line Selective Serotonin Re-uptake Inhibitor (SSRI)
- * 2nd line TRAZODONE; MIRTAZAPINE; MEMANTINE

General anxiety in adults (SH CP 91):

- * Psychological therapy - CBT
- * Pharmacological
 - * Acute - BENZODIAZEPINES
 - * Initial tx - SSRI; Serotonin-Norepinephrine Re-uptake Inhibitor (SNRI)
 - * Subsequent tx - PREGABALIN augmentation



* Options for
treatment

Phenobarbital

- * Long-acting barbiturate; depressant effect on motor cortex used to treat epilepsy
- * Wide-spread depressant effect, affecting motor and cognitive functioning
- * Many common side-effects, inc. behavioural disturbance, depression, drowsiness, hallucinations, hypotension, impaired cognition/memory, irritability, lethargy
- * Potential for many drug interactions

* Options for
treatment - Potential
Interactions

- * Benzodiazepine
 - * Increased risk of falls; sedation
 - * Interaction with PHENOBARBITAL - increased CNS depression
- * SSRI already prescribed
 - * Reduced due to orthostatic hypotension & falls
 - * SSRI may lower seizure threshold
- * MIRTAZAPINE
 - * Also risk of orthostatic hypotension (common/very common)
 - * PHENOBARBITAL decreases effects of MIRTAZAPINE; increase CNS depression

* Options for
treatment - potential
interactions

* MEMANTINE

- * BNF - “caution in epilepsy” - seizures a rare side-effect; **thought to lower seizure threshold**

* PREGABALIN

- * **Potential interaction with PHENOBARBITAL - CNS depressant effects**

* Options for
treatment - potential
interactions

PREGABALIN prescribed

* 25mg bd - reduced dose for prescribing in the elderly

* Dose was reduced to once daily due to orthostatic hypotension (uncommon side-effect)

* K was discharged back to Care Home soon after prescription made, however G.P. continues to prescribe.

* **Treatment option
agreed**

- * Did the prescription have a positive outcome for K?
- * Would non-pharmacological txs have worked?
- * Was it environmental? Did returning to C/H reduce anxiety?



* Reflections