OPMH Liaison Case Study

Anna MOULD

OPMH Liaison Nurse, Independent NMP

*Mental Health Liaison

* 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.

Patient background

* 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 presentation

- 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

*Past medical history

Alzheimer's Disease
*Epilepsy
*Deafness
*Poor vision
*Hypertension
*Osteoarthritis
*Constipation
*Frequent falls

*not previously px AChEI due to bradycardia

*Medication

*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

Options for treatment

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 - Potential Interactions

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

Treatment option agreed

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.

Reflections

- 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?