

Educational sessions available from

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INTRODUCTION

John Donoghue is an award-winning clinical pharmacist, former NHS manager, pharmaceutical consultant and medical writer. John's NHS experience includes primary care, psychiatric pharmacy and senior management at health authority level. He has worked with leading academic and other educational institutions and has numerous peer-reviewed publications and extensive experience of devising programmes and content for medical education.

My objective is to develop challenging and inspiring interactive sessions that respond to identified therapeutic challenges. Confirmation that this is one of the most effective ways to deliver medical education was confirmed in a recent article by the editor of BMJ Learning – Dr Kieran Walsh - who said:

“We know that . . . an audience that is interacting is learning more than one that is sitting passively, and that practical small group workshops are better for gaining new knowledge and skills than having 500 people in the audience doing nothing while the expert on the podium does all the work (and for those of you who have sat through too many interminable lectures then the above quote may have particular resonance).”

Pharmaceutical Marketing, March 2010 pp40-41

The sessions I offer are grouped under several broad headings:

- ❖ **Focus on long-term outcomes**
- ❖ **Management of bipolar disorder**
- ❖ **Evidence-based psychiatric therapeutics**
- ❖ **Patient choice**
- ❖ **Supporting adherence to antipsychotic treatment**

FOCUS ON LONG-TERM OUTCOMES

All too often, the focus of antipsychotic treatment is short-term – gaining a rapid response during an acute treatment episode. However, conditions like schizophrenia and bipolar disorder require a systematic sequence of interventions in continuation and maintenance phases to build on acute therapeutic gains. These sessions explore how acute interventions can be made with long-term outcomes in mind.

LONG-TERM OUTCOME AND THE MANAGEMENT OF FIRST EPISODES OF SCHIZOPHRENIA

Long-term outcomes following a first episode of schizophrenia are often poor. Factors that influence outcomes include duration of untreated psychosis, poor adherence to treatment, drug side effects and the complex interplay between psychosis, its treatment, physical health and general functioning. The impact of these issues and what can be done to address them is discussed drawing on a range of sources including NICE Guidance, research into relapse and relapse prevention and a number of long-term studies evaluating the impact of antipsychotic treatment in first episodes of schizophrenia, particularly the European First Episode Schizophrenia Trial.

LONG-TERM OUTCOME AND THE ACUTE TREATMENT SETTING

The implementation of ***New Ways of Working*** in mental health has resulted in services, broadly speaking, being focused on either acute care or long-term care. This shift has led to concerns that patients may fall into the gaps between the various services, emphasising the importance of good care planning. Despite the dissemination of various clinical guidelines, outcomes in severe mental illness remain stubbornly poor. This presentation explores how treatment decisions made in the acute treatment setting may impact on long-term outcomes, and how clinicians could consider long-term outcomes when making decisions about acute treatments.

CRISIS TEAMS: UNDERSTANDING THE RELEVANCE OF LONG-TERM OUTCOMES

Crisis teams were created to provide rapid support to patients who are acutely ill. Naturally, their focus is on obtaining a quick improvement in the patient's condition and treatment choices are often made with the objective of seeing a rapid resolution of the acute symptoms. However, such choices may not be optimal for long-term care, which has its emphasis on relapse prevention. This presentation explores how treatment decisions made in crisis situations may impact on long-term outcomes, reviews the clinical evidence that supports such treatment decisions and asks how important it is for crisis teams to consider long-term care when making decisions about treatment.

PHYSICAL HEALTH AND SEVERE MENTAL ILLNESS

Poor physical health has an important impact on outcome and premature mortality for patients with severe mental illness. The NICE Guidelines for schizophrenia and bipolar disorder both make recommendations for physical health monitoring of patients prescribed antipsychotic medication. However, for the detail, clinicians are referred to other NICE guidelines that relate to the management of obesity, type 2 diabetes, hypertension, dyslipidaemia etc. This presentation describes the links between the various guidelines and provides an overview of the detail of the requirements for health monitoring for patients with severe mental illness.

MANAGEMENT OF BIPOLAR DISORDER

THE TREATMENT OF MANIA: UNIPOLAR TREATMENT FOR A BIPOLAR DISORDER?

UK Guidelines for the treatment of mania emphasise the importance of managing the acute episode, often with a 2nd generation antipsychotic. Implicit in this is the suggestion that decisions relating to long-term management may be deferred until after the acute episode has resolved. However, there is strong evidence that the predominant mood polarity in bipolar-1 disorder is depressive, with an average of 3 switches in mood polarity per annum. The switch from mania to depression may be considered to be virtually inevitable and treatment decisions for best management of a manic episode should include a strategy to prevent relapse to both mania and depression. This presentation reviews the evidence for 2nd generation antipsychotics and mood stabilisers for the treatment of mania and the prevention of relapse into either manic or depressive episodes.

TREATMENT OF BIPOLAR DEPRESSION

Until recently there has been considerable uncertainty about the most appropriate treatment for bipolar depression. This presentation reviews the clinical evidence for a range of treatment options including mood stabilisers, antidepressants and the emerging data for 2nd generation antipsychotics in both the treatment of acute episodes of bipolar depression and prevention of relapse.

DEVELOPING CRITICAL APPRAISAL SKILLS - UNDERSTANDING THE NUMBER NEEDED TO TREAT

The Number Needed to Treat (NNT) is an important element of critical appraisal. This session gives an introduction to critical appraisal and leads specifically into helping clinicians to understand the NNT and how to put it to use as a helpful tool for evaluating data from clinical trials. Participants will calculate NNTs from a range of exemplar clinical trials. This session is particularly useful for juniors taking their College exams. This is more of a workshop than a lecture/presentation. The full version lasts about 90 minutes but an edited version can be delivered in an hour.

SECOND-GENERATION ANTIPSYCHOTICS: SMOKE, MIRRORS, OR SLEIGHT OF HAND?

In the years since 2nd generation antipsychotics became available, many claims have been made about their efficacy and tolerability. Systematic reviews, considered by many to offer the best means of examining these claims, have reached conflicting conclusions. This presentation explores a number of systematic reviews and reveals how differences in methods, trial and outcome selection, statistics and reporting of results has created more confusion than clarity in how these medicines are understood by clinicians.

PRAGMATIC TRIALS OF ANTIPSYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA: WHAT DO THEY TELL US?

Two large pragmatic trials of antipsychotics have now been completed and published: the so-called CATIE and EUFEST trials. These studies have generated considerable controversy, especially over what conclusions may safely be drawn from them. This presentation reviews the thinking behind these trials, their design, methods, and results and explores their conclusions and their relevance to clinical practice.

UNDERSTANDING RECEPTOR PHARMACOLOGY OF ATYPICAL ANTIPSYCHOTICS

Having a good understanding of receptor pharmacology enables clinicians to have a clear scientific rationale to underpin their prescribing decisions. It is particularly useful when considering how best to initiate or change treatments, especially in terms of minimising or managing treatment-emergent or switch side effects. This presentation explores data on the key receptor systems associated with both the therapeutic and the most common adverse effects of antipsychotics and discusses how both pharmacodynamic and pharmacokinetic effects must be considered when initiating or switching treatments.

UNDERSTANDING CLINICAL DECISIONS: CHOOSING AN ANTIPSYCHOTIC: CONSIDERED JUDGMENT, OR THOUGHTLESS HABIT?

This is a two hour interactive workshop for a maximum of 12 participants, created for SHOs, SPRs and staff-grade psychiatrists or independent nurse or pharmacist prescribers. It is designed to be challenging, and participants are encouraged to take a patient-centric view of their treatment decisions, especially in their choice of antipsychotics. It is based on the 2009 NICE schizophrenia guideline and provides a systematic approach on which to base treatment choices, with participants arriving at conclusions through a process of reflection and peer discussion.

HELPING PATIENTS WITH SCHIZOPHRENIA TO MAKE INFORMED TREATMENT CHOICES

Choice is an important element of NHS policy generally, with multiple white papers explaining why choice is important and how it should be implemented. The most recent White Paper places even greater emphasis on patient choice: 'No decision about me, without me.' In mental health there is specific guidance relating to choice and two key reviews conducted by the Institute for Public Policy Research and the Kings Fund respectively. Drawing on the 2009 NICE Guideline for schizophrenia, and other NHS policy documents this presentation explores the question of choice as it relates to the treatment of patients with schizophrenia and how mental health services could work towards its implementation.

SUPPORTING ADHERENCE TO ANTIPSYCHOTIC TREATMENT

ADHERENCE TO ANTIPSYCHOTIC TREATMENT IN SCHIZOPHRENIA: AN OVERVIEW

In schizophrenia, poor adherence to antipsychotic treatment is a very common problem which is associated with poor outcomes for patients and greatly increased costs for mental health services. This presentation takes the major WHO report on adherence to long-term medication as its starting point for an introductory overview of the phenomenon. It reviews how adherence is defined and measured, how it fluctuates over time, and how it impacts on outcome. The evidence base for the factors that are known to influence adherence and the interventions that have been tried and in some cases succeeded in improving adherence are reviewed. Finally, some practical suggestions are offered regarding how mental health professionals could work towards improving adherence.

MEDICINES MANAGEMENT INTERVENTIONS TO SUPPORT ADHERENCE TO ANTIPSYCHOTIC TREATMENT IN SCHIZOPHRENIA

Adherence to treatment is a strong predictor of outcome in schizophrenia. Medication-related factors are known to be important influences on adherence. This presentation explores the relationship between adherence and outcome and how medicines management approaches can be applied to ensure that negative medication-related influences on adherence are minimised.

ADHERENCE WORKSHOPS

This series of 3 interactive workshops is available for those who would like to explore the complexities of adherence in greater depth. Each 2-hour workshop stands alone, but taken together they will provide participants with a range of knowledge and practical skills that will help them to provide targeted support for patients in adhering to their prescribed treatment regimens.

1. UNDERSTANDING TREATMENT ADHERENCE

This workshop explores the pivotal influence of adherence on outcomes in severe mental illness and reviews the factors that influence adherence to treatment. It enables participants to reflect on their personal practice, in particular to examine their own attitudes to poor adherence, and what they do to support adherence.

2. MEDICINES MANAGEMENT TO AID ADHERENCE

This workshop examines how medicines management approaches can be brought into play to enable individual practitioners to support adherence with antipsychotic treatment. It takes a systematic approach to identify the barriers to adherence and devise strategies to remove these barriers.

3. TALKING TO PATIENTS ABOUT SCHIZOPHRENIA AND ITS TREATMENT

This workshop is designed to enable participants to develop knowledge and skills to educate and inform patients about schizophrenia and its treatment. It shows how complex neurobiology and pharmacology can be explained in simple terms, offers strategies to help patients and carers understand the role of medication in treatment and why adherence is crucial, and enables participants to develop evidence-based patient information in ways that are intuitive and easily understood by patients, carers and clinicians.

MY PLEDGE ON STANDARDS OF BUSINESS

I offer patient-centred learning experiences. I believe that patients should be the focus of clinical learning, with the emphasis on improving outcomes. My mission is to work in partnership with stakeholders, including the NHS, the pharmaceutical industry and patient organisations to develop education that directly improves clinical outcomes.

In my dealings at the interface between the pharmaceutical industry and the NHS, I will:

- Always put the interests of patients and the duties and responsibilities of the NHS first.
- Respect the independence and impartiality of NHS employees or organisations.
- Respect and maintain confidentiality at all times.
- Follow the guidelines of the ABPI Code of Practice
- Be transparent in disclosing sources of funding or sponsorship.