

Covid-19

----- Guidance for practices



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Please be aware that this is a rapidly evolving situation.

Medicines management and monitoring for mental health

Continued treatment with commonly prescribed psychotropic drugs

[Guidance from the Royal College of Psychiatrists](#) cautions against any change in a patient's current regime during the Covid-19 pandemic. The guidance states that careful consideration should be given to whether now is the best the time to withdraw or change patients from antidepressant, anxiolytic or antipsychotic medication. In some circumstances this may be unavoidable due to clinical need, but the clinical rationale should be carefully documented and arrangements for monitoring put in place.

For many patients the most sensible advice will be to continue regular medication until this can be reviewed in a face-to-face setting and the patient can be involved in shared decision making with their usual doctor or healthcare provider. This should take account of the fact that anxiety, depressive and psychotic symptoms are all likely to worsen during extreme stress and social disruption. Patients will be at increased risk of relapse or recurrence of affective and psychotic illness.

Advise patients to continue their current dosage until the changes in healthcare provision necessary during the Covid-19 outbreak have been reversed, and only then consider whether dosage reductions or withdrawal might be appropriate, in discussion with their usual doctors.

Medicines monitoring guidance during the Covid-19 pandemic

There is up to date and authoritative guidance on medicines management from the [Specialist Pharmacy Services](#) (SPS). Keep the website as a bookmarked favourite as more guidance is being regularly added. Three topics have recently been updated on the SPS website and are included here:

1. [Lithium monitoring](#).
2. [Clozapine prescribing and monitoring](#).
3. [Long-acting psychotropic depots \(Depots\)](#).

Lithium monitoring

[Normal monitoring](#) recommendations for lithium are:

- Thyroid function, renal function and weight check normally every 6 months; or every 3 months in at-risk patients (defined below).
- Once stable, serum lithium levels every 3 months for the first year then normally every 6 months thereafter; or continue every 3 months in at-risk patients (defined below).

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During the Covid-19 pandemic, recommendations are:

- If patients are not in the at-risk category (defined below) then monitoring intervals can be extended by up to 3 months; however, patients must keep in good physical health and maintain good fluid intake and should resume normal monitoring intervals as soon as possible and safe to do so.
- If patients are in the at-risk category (defined below) then their normal monitoring interval should be continued, and extension is in most circumstances inappropriate.

At-risk patients are defined as:

- Elderly (>65 years)
- Have received less than 12 months treatment
- Renal impairment (eGFR <60ml/min)
- Impaired thyroid function at last test
- Raised calcium levels at last test
- Poor symptom control or suspected poor adherence
- Last serum lithium > 0.8mmol/L
- Recent (i.e. since last blood test) introduction or removal of interacting medications (See [BNF](#) for exhaustive list. Key interacting medications include, NSAIDs, ACEi, ARB and thiazide diuretics).

For patients with Covid-19 symptoms, recommendations are:

- **Febrile patients may become dehydrated and lithium levels may rise, putting patients at greater risk of toxicity. Look for signs of potential toxicity such as coarse tremor or diarrhoea, vomiting, mental state changes or falls.**
- If patient has symptoms of lithium toxicity **withhold** lithium, take **urgent** lithium serum level and U&Es.
- If there is any delay in obtaining a lithium level, pause treatment and obtain a lithium level as soon as possible. Ongoing treatment, and the dose used, should be governed by blood levels. Be aware that sudden discontinuation of lithium can be associated with a rapid relapse of symptoms, particularly mania. Use caution until the patient has regained physical health, with increased frequency of monitoring of lithium levels and renal function.
- If patient does not have symptoms of lithium toxicity, continue lithium but take lithium serum level and U&Es.
- Advise patients to maintain their fluid intake and **take over the counter paracetamol or NSAIDs (e.g. ibuprofen).**

Monitoring and supply of clozapine during the Covid-19 pandemic

Clozapine requires regular monitoring of full blood count (FBC) because of the risk of agranulocytosis. During the pandemic some patients may not be able to attend their usual testing location for a blood test and to collect their normal supply of medication. If clozapine is stopped suddenly it can lead to relapse.

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Where clozapine is missed for >48 hours it must be re-titrated with intensive support from a Home Treatment Team, or an inpatient admission. A supply of clozapine can be given beyond the designated monitoring frequencies if necessary, as set out in this College of Mental Health Pharmacists (CMHP) guide: [CMHP Monitoring and Supply of Clozapine during Covid-19 Pandemic](#).

Clozapine treatment

It is highly unlikely that during this period patients will be started on clozapine treatment unless normal haematological (FBC) monitoring can be assured.

Patients who are already established on clozapine should continue with regular blood monitoring whenever possible. Those taking blood should be wearing appropriate PPE and follow IPC procedures.

- If a patient describes symptoms suggestive of Covid-19, be aware that similar symptoms can arise from incidental (non-Covid-19) infections associated with neutropenia.
- Centralised monitoring of leucocyte and neutrophil counts for patients taking clozapine is mandatory. The frequency of blood testing and duration for which a blood test is 'valid' is based on the risk of clozapine-induced neutropenia and agranulocytosis. Dispensing or administering clozapine outside these durations (i.e. without a valid FBC) is unlicensed.
- Normal monitoring of FBC for clozapine-treated patients may be unavoidably disrupted during the pandemic. Clinicians can request permission to extend blood test validity for individual patients in circumstances where clozapine might normally be withheld pending the results of an FBC. Local services must identify the local expert with responsibility for reviewing requests and provision made for an expert response within 48 hours. [Clozapine Prescribing Variation Test](#) (DOC).
- The decision to supply clozapine outside the licensed duration of a valid blood test may be taken to meet the needs of a specific patient. The reasons for recommending and supplying clozapine should be fully explained to the patient and documented in the patient notes.
- The three companies who supply clozapine have issued guidance about their brand of clozapine and Covid-19 virus. This information has been sent directly from each company to those pharmacies who supply their respective brand of clozapine. More details are available from info@ztas.co.uk (zaponex), Denzapine@britannia-pharm.com (denzapine) and CPMS@mylan.co.uk (Cloraril).

Key resources on clozapine

- [Clozapine and blood dyscrasias in patients with coronavirus \(Covid-19\)](#) (PDF)
- [Clozapine - emergency protocol for patients on monthly monitoring](#) (PDF)

Long acting antipsychotic Depots

Most long acting antipsychotic depots (depots) are administered by the community mental health teams but for the small number of GP practices who administer depots as part of an enhanced service; here is advice written by NELFT (the North East London community and mental health trust) which includes delaying administration or switching to oral medication:

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- If the patient describes Covid-19 symptoms, and is due to have their Depot/LAI administered, consult the prescriber and consider an alternative short term treatment plan, such as deferring treatment for two weeks (if currently psychologically well and risk of rapid relapse is considered low) or switching to oral formulations using this guidance: [Managing Depots During Covid-19](#).
- If the decision is made to defer Depot/LAI, ensure a clear plan/risk assessment is agreed and documented which includes follow up with continued monitoring of mental and physical health, and an agreed date for review and the next administration of Depot/LAI.
- If the patient describes Covid-19 symptoms but it is essential to administer Depot/LAI, do so wearing PPE and follow IPC procedures.
- In all circumstances, ensure a clear plan is agreed and documented with patient/carer, care coordinator and the consultant responsible for the patient's care (or their deputy) regarding follow up after Depot administration and monitoring of physical and mental health symptoms. [Managing Depots During Covid-19](#).