Usage of clozapine and the new neuroleptics

A postal questionnaire survey among general psychiatrists

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Aims and method To explore clozapine and atypical antipsychotic usage in England and Wales, particularly availability, restrictions on use and shifting of prescribing to general practitioners. To examine the hypothesis that respondents in acute trusts would encounter more restrictions. Method used - postal questionnaire sent to general psychiatrists derived from the *1996 Medical Directory*.

Results There was an 80% response rate and over 90% of respondents used clozapine, with only 9% reporting any difficulty in obtaining it. Difficulty was not associated with any particular type of trust. Only about 4% of respondents suggested that general practitioners regularly took over the prescribing costs of the drug.

Clinical implications Optimistic, with widespread usage and few difficulties in obtaining clozapine. General practitioner prescribing is still very low and needs to increase.

The reintroduction of clozapine to British psychiatric practice in 1989 has caused several ripples of controversy over the years. Firstly there was the issue of its efficacy (Healy, 1993), which now seems to have been decided as much by popular opinion as by any crucial trial. More recently there has been the issue of its cost efficacy, with the conclusions both in the USA (Meltzer & Cola, 1994) and the UK (Aitchison & Kerwin, 1997) that clozapine could more than justify its extra cost in terms of collateral savings. But there have been suggestions (Launder, 1995) that such a cost is one that some trusts and purchasers may be reluctant to incur.

The issue of clozapine's cost may continue to exercise planners, especially given the arrival of several other 'atypicals' (risperidone, quetiapine, sertindole, olanzepine), all more expensive than more traditional neuroleptics but all allegedly more acceptable to the patient, a fact that user's groups are not unaware of. All these drugs look like overturning the notion that prescribing in schizophrenia is cheap, a notion that purchasers and budget holders may not wish to give up. In addition, clozapine's efficacy in resistant cases may make it difficult, in an increasingly litigious climate, to justify not using it if the need arises.

With no definitive statements so far by either the Department of Health or the Royal College of Psychiatrists about these drugs, it is of some interest what is happening at 'grassroots' level and it was with this in mind that I designed a short questionnaire to enquire about this (see Table 1).

Aims

(a) To examine the patterns of use of clozapine and other atypicals, looking in particular at difficulties in obtaining the drugs.
(b) To ascertain the frequency of general practitioner prescribing of clozapine, which is now permitted after one year's successful treatment on the drug.
(c) To see whether difficulties in obtaining clozapine relate to type of trust, in particular whether mental health units that are part of acute trusts have more difficulties. This might be a worry because of strong pressure from acute trust clinicians for expensive treatments for life-threatening physical illnesses.

The study

In order to obtain data from as many units as possible, the sample was constructed by going through the 'Trusts & Hospitals' section of the *1996 Medical Directory*. All National Health Service hospitals with consultant psychiatric staff were scrutinised, although those units that were patently specialised (learning difficulties, old age, child, regional secure units) were excluded because my main intention was to find out what the usage patterns were among general psychiatrists. Clozapine is little used in the first three excluded categories, and regional secure units are not subject to the same type of financial constraints as general psychiatric units.

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Table 1. Questionnaire sent to psychiatrists

Is your speciality			
General Psychiatry	Forensic Psychiatry		Intensive Care
Rehabilitation	Other		
Is your Trust			
Mental Health	Community		Acute (General and Mental Health)
Other			
Do you use clozapine			
Not at all	Treatment resistance		Treatment resistance and other
Can you obtain clozapine			
Whenever necessary	Patient has to meet criteria but no limits		
Strict criteria & waiting list	Hardly at all (long waiting list, restricted numbers)		
How is clozapine funded			
Specific purchaser's money	Drugs budget		Cost improvements
Other	More than one source		Don't know
Do GPs take on prescribing of clozapine after one year			
Regularly	Rarely/sporadically	Not at all	Don't know/not relevant
Do you have any restrictions on risperidone			
None	Patient has to meet criteria		Highly restricted (waiting list, small numbers)
Do you have a policy on olanzepine, sertindole, quetiapine			
Not yet/don't know	Named patient basis		Rationing
Unrestricted usage	Prohibited		Other

Two names were taken at random from the staff lists given for each unit. Names were cross-checked against individual entries in the *Medical Directory* to corroborate workplace details. Those whose entries declared them as anything but general psychiatrists were excluded and then the next name on the list was taken and dealt with in the same way.

In this manner, the names of two people presumed to be consultant general psychiatrists were derived from 130 units in England and Wales. The first person named from each unit was sent the questionnaire. Eight weeks later, the second person named from each of the units where there had been no reply was sent the questionnaire.

The survey took place between February and August 1997.

Findings

There were 80 valid replies to the first 130 questionnaires. The second wave of questionnaires yielded a further 25 replies. Eight questionnaires were returned unanswered: in seven cases the consultant concerned had moved, and in one he had retired. Thus, out of the 130 trusts 105 (81%) were represented in the sample.

Over 75% of the replies were from general adult consultants with a further 7.5% from mixed general and specialist posts. The remainder were mainly divided between old age and intensive care. Thus, the method was 82.5% successful in identifying general psychiatrists.

Ninety-one per cent of the respondents said that they used clozapine and 40% said that they would use it not only for resistant cases but for others as well. Fifty-seven per cent said that they could obtain clozapine whenever they needed to and a further 31% said that, although there were certain criteria, funding was not a problem. Only 9.5% of the respondents admitted to any funding problems. Eighty-two per cent of the respondents indicated that the drug was funded directly from the drugs budget.

The position was even more favourable for risperidone, with 80% free to prescribe and less

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than 4% describing restrictions. With regard to the newer drugs, the positions seemed to be more mixed, although 44% suggested that usage was currently unrestricted and 20% did not know what the position was.

The practice of involving general practitioners (GPs) in the prescription of clozapine did not seem to be widespread, with less than 4% of the sample indicating that GPs regularly took over the prescribing costs and a further 16.2% saying that they occasionally did so. Over 50% of the sample indicated that GPs did not take any part in this practice.

Type of trust and clozapine usage

In line with the original hypothesis, replies were divided into those from trusts where mental health was combined with acute services (n=31) and those where it was not (n=72). The latter included combined mental health and community services. Although a slightly greater proportion of trusts where there was difficulty in obtaining clozapine were of the type mental health plus acute (4/31 *v.* 6/72), the difference was not significant (Fisher's exact test: P=0.34, d.f.=1). Thus, there were no grounds for the belief that acute trusts were detrimental to their mental health units' prescribing freedom where clozapine was concerned.

Comment

With a response rate of over 80%, four-fifths of whom described themselves as general psychiatrists, the method, although not perfect, was reasonably successful in reaching its target audience. Clozapine usage seems ubiquitous, with nearly half of the respondents using it for cases beyond the narrow criteria of treatment resistance.

The results of the survey are generally optimistic, with few respondents reporting difficulties in obtaining any of the drugs. However, there was very little to suggest that GPs are currently taking up any of the prescribing burden for clozapine. This does not bode well for the future if hospital prescribing budgets do not expand to meet the needs of new candidates for clozapine therapy, and any expansion at the moment must be seen as highly unlikely.

It would be useful to see the results of this survey as a benchmark and to repeat it at regular intervals to monitor any restrictions on the use of these drugs.

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Early experience of the use of olanzapine across three rehabilitation services

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Aims and method To monitor the effect of the introduction of olanzapine under naturalistic conditions to patients with severe and enduring mental illness in three rehabilitation services.

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