

Objective

To highlight quality use of medicines (QUM) challenges faced by general practitioners in choosing drug therapy for schizophrenia using responses to a hypothetical case scenario.

Methods

NPS case scenario for health professionals in April 2007 focussed on a patient with schizophrenia (Box 1). Health professionals were invited to respond to a mixture of open and closed questions. Questions focussed on QUM issues pertaining to balancing advantages and disadvantages of current and alternative antipsychotic therapy, and strategies for managing adverse effects from therapy (Box 2). Responses from a convenience sample of GPs were analysed.

Box 1: Synopsis of hypothetical case scenario

- Zac, 25 years old**
- Diagnosed with schizophrenia several years ago
 - Experienced 3 psychotic episodes in past 3 years
 - Currently taking olanzapine 15 mg daily; no delusions in the past 8 months
 - Now has good understanding of condition, family relationships have improved, has started working again
 - Wants to stop olanzapine because he is symptom-free and concerned about significant weight gain
 - Fasting blood glucose slightly raised; has family history of type 2 diabetes

Box 2: Case scenario questions

- Given Zac's concern about weight gain, what would you recommend regarding his olanzapine (i.e. continue, switch or cease?) Why?
- Regardless of response to above question:
- If Zac were to continue taking olanzapine, what steps would you recommend to address the a) weight gain, and b) blood glucose level?
 - If Zac were to change from olanzapine to another antipsychotic, what would you recommend? What are the potential advantages and disadvantages of your alternative choice compared to continuing olanzapine?

Results

By June 2007, 1003 responses were received from health professionals. Responses from a convenience sample of 200 GPs were analysed.

Switch or stay?

- Given Zac's concern about weight gain, GPs were divided on whether to continue olanzapine, and if so, at what dose (Figure 1). All recommendations were accompanied by valid reasons (Table 1).

Figure 1: Recommendations regarding continuing olanzapine (n = 200 GPs)

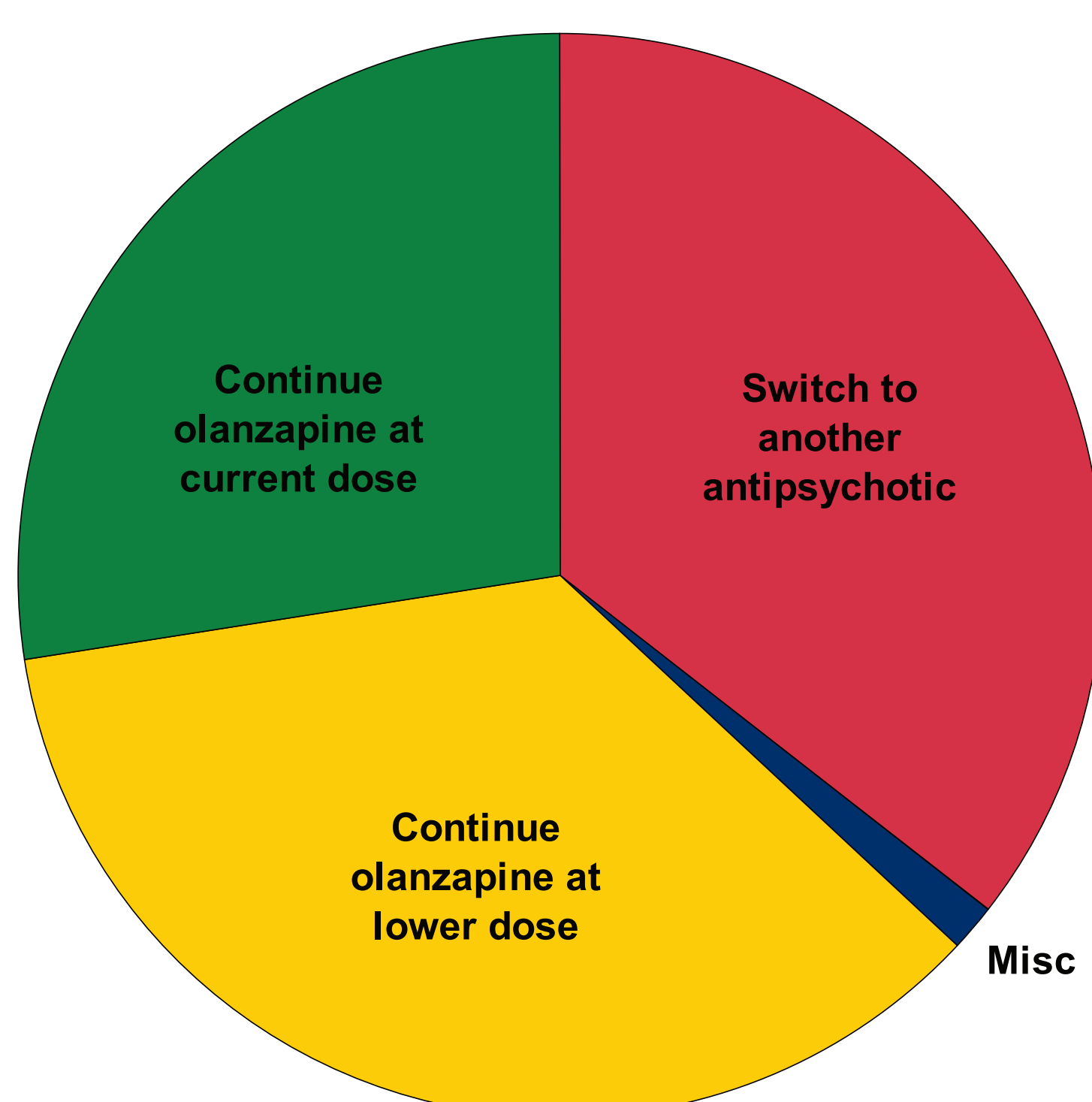


Table 1: Main reasons for recommendations regarding olanzapine therapy

| Switch to another antipsychotic (n = 71 GPs) | Continue olanzapine at lower dose (n = 71 GPs) | Continue olanzapine at current dose (n = 55 GPs) |
|---|--|--|
| <ul style="list-style-type: none"> • Weight gain &/or potential to develop diabetes (66.2%) • Other antipsychotics are available with less risk of weight gain &/or diabetes (26.8%) • Potential non-adherence if Zac is 'forced' to continue olanzapine (15.5%) | <ul style="list-style-type: none"> • Compromise between good response and adverse effects (21.9%) • Lower dose may be sufficient to maintain control with less adverse effects (21.9%) | <ul style="list-style-type: none"> • Schizophrenia is well-controlled (67.3%) • Try other strategies (e.g. lifestyle change) to manage adverse effects (27.3%) • Patient needs ongoing treatment to prevent relapse (18.2%) |

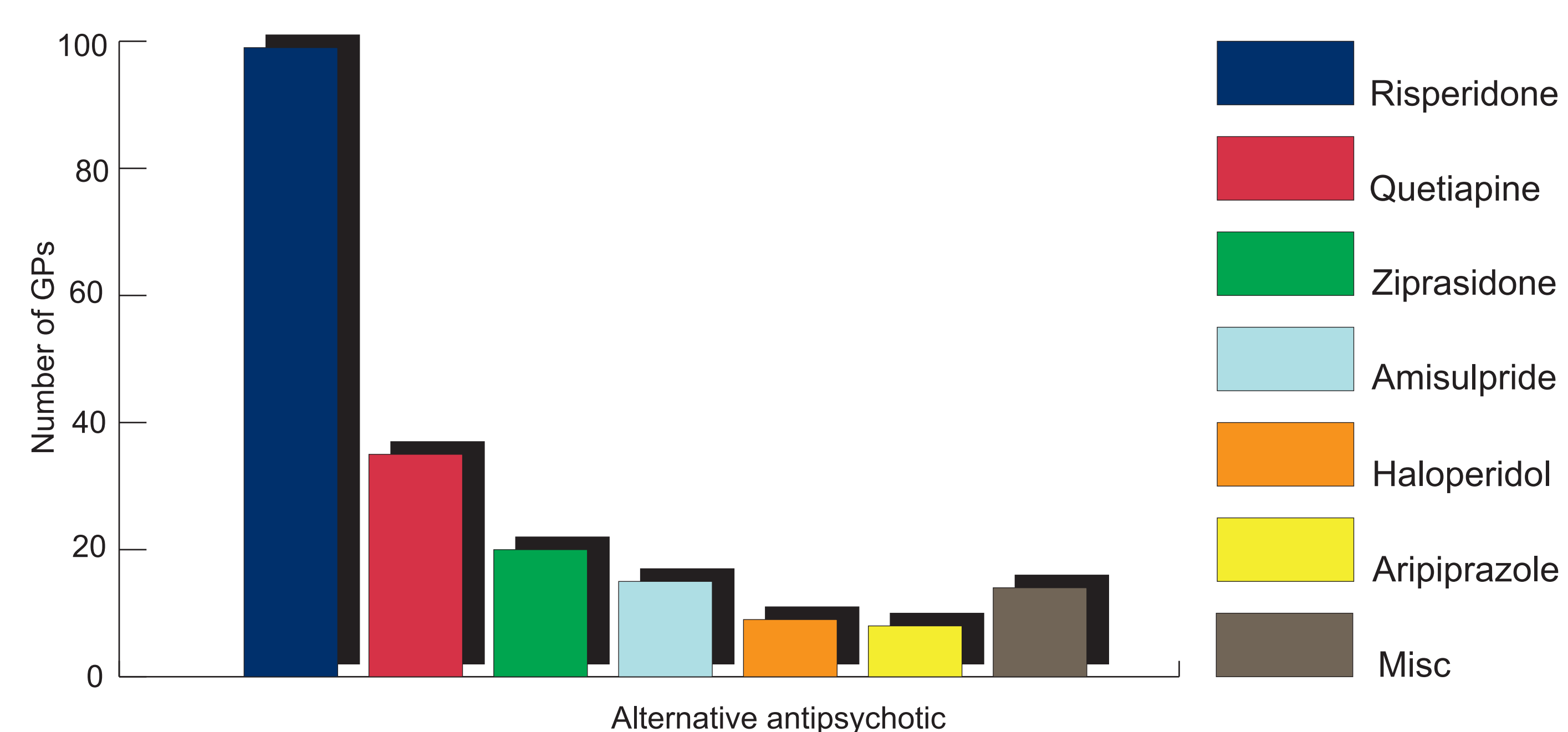
Managing adverse effects of olanzapine

- If olanzapine therapy was to continue, strategies to manage weight gain include dietician referral (61%), increased exercise (57%) and diet modification (48.5%).
- Strategies to manage increased blood glucose level include conducting an oral glucose tolerance test (40.5%), regular monitoring e.g. every 6 months (37%), diet modification (33%) and increased exercise (26.5%).

Alternative antipsychotic therapy

- If Zac were to switch to an alternative antipsychotic, there was a preference for atypical antipsychotics (Figure 2) but chosen dosages varied greatly (e.g. risperidone doses ranged from 1–10 mg daily).
- Main advantages of switching antipsychotic were fewer tendencies for weight gain or metabolic disturbances.
- Main disadvantages of switching antipsychotic were potential relapse, sub-optimal response to alternative drug and potential for other adverse effects (e.g. extrapyramidal symptoms).

Figure 2: Alternative antipsychotic to olanzapine (n = 200 GPs)



Conclusions

- GPs' dilemma on whether to continue olanzapine highlighted QUM challenges present in clinical decision-making.
- By providing opportunities to work through QUM issues and draw insight from their colleagues' responses, evidence-based practice points and expert commentaries, NPS case scenarios challenge health professionals to refine clinical decision-making skills and achieve QUM in practice.

Acknowledgement

NPS wishes to acknowledge the GPs whose responses formed the convenience sample on which this analysis is based.