Schizophrenia and Covid-19: Are standards being met during the Covid-19 Pandemic?
(Closed Loop Audit)

Author and Presenter: **Dr Kah Long Aw**
Co-Authors: Dr Ikeobi Okonkwo, Dr Shinn Tan

Background:

At any one time, about 220000 people are being treated for schizophrenia in the UK by the NHS. It is a severely debilitating illness that can cause drastic changes to one's life. Extensive research has been conducted to set evidence-based standards for the management of schizophrenia. The NICE Guidelines (NICE CG178, 2014) have provided a benchmark against which services can compare themselves. However, the Covid-19 pandemic has raised questions regarding the adherence to the recommended standards of care in the management of patients with schizophrenia. We suspected a reduced adherence due to the sudden nature of the pandemic and the uncertainties it has caused. For instance, staff members were redeployed to other highly burdened specialties, causing a high turnover of staff members which may have led to confusion in job roles. Furthermore, adherence may have been hindered by the lack of clear guidance in infection control.

Methods:

We conducted an extensive audit to investigate i) antipsychotic prescription ii) physical health monitoring iii) patient involvement in care iv) psychology therapy. Retrospective data was collected from patients (N=25) admitted in March 2020 to Whiteleaf Centre. This was performed via electronic notes and patient interview. Following implementation of interventions, the second cycle of audit (N=28) was conducted during the second wave of Covid-19 in November 2020.

Results:

In the first cycle, we highlighted low adherence in physical health monitoring (family history of co-morbidities=54%; BM and HbA1c monitoring=46%; waist circumference measurement=65%; hypertension record=68%....), antipsychotic prescription (investigation of alcohol and illicit substance misuse in inadequate response to antipsychotics=64%) and psychology therapy (offering CBT = 58%). The second cycle of audit demonstrated general improvement in physical health monitoring (family history of co-morbidities=54à64%; BM and HbA1c monitoring=46à64%; hypertension record=68à75%....) and antipsychotic prescription (64à84%) but there were certain areas which were still lacking.

Recommendations

After the first audit cycle, we have provided a few recommendations to the hospital which included the use of standardised e-proformas, ward meetings and distribution of audit results and infection control guidelines. This was aimed at simplifying and reducing uncertainty in job roles of high turning over staff. The second audit cycle has demonstrated an improved adherence to the NICE guidelines for physical health monitoring and in antipsychotic prescription. However, certain areas still need improvement, such as family co-morbidities, BM and HbA1c monitoring, and investigation of alcohol and substance misuse for poor medication response. As a result, we have revised our interventions. For example, we have highlighted in the proforma to record negative risk factors which are often omitted. We have also included reminders in ward round proforma for investigating alcohol and substance misuse in patients with low symptomatic response to medication.