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Title:

An audit of dosulepin prescribing pre- and post-intervention in a high-prescribing surgery between 2013 and 2016

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Abstract: (Please refer to instructions to authors and example abstract)

Focal Points:

- This repeat audit aimed to assess dosulepin prescribing following Clinical Commissioning Group interventions in response to baseline audit findings from 2013
- The interventions appear to have been partially successful as there were only two new initiations of dosulepin following the intervention and the amount of dosulepin prescribed reduced by 45%
- Prompts for prescribers quoting current guidance for dosulepin are being strengthened to further reduce prescribing

Introduction:

Dosulepin, a tricyclic antidepressant, is not recommended to be prescribed due to its adverse drug reactions, narrow therapeutic index and cardiac toxicity¹ and is a National Quality, Innovation, Productivity and Prevention (QIPP) Prescribing Indicator.² In August 2013, a baseline audit at a High prescribing surgery (HPS) found a total of 65 patients prescribed dosulepin. The subsequent intervention by Clinical Commissioning Group pharmacists included publication of new guidance on dosulepin prescribing, a regular newsletter about prescribing activity for dosulepin and face-to-face educational sessions on dosulepin use for local GPs. This repeat audit aimed to assess whether dosulepin prescribing complied with the guidance and so had reduced in the HPS as a result.

Methods:

The repeat audit was conducted in the same HPS in March 2016. Criteria and standards set by this audit were: there will be less than 3 initiations of dosulepin post-intervention (as described above) and all initiations will be made by consultant psychiatrists. Data were also collected on the volume of dosulepin prescribing to assess whether there was an overall reduction. The practice electronic clinical records system was searched for all prescribing data relating to dosulepin using the same spreadsheet-based data collection form as was used in the 2013 audit so direct comparison could be made. Patient-identifiable data were examined to identify new initiations, but patient-identifiable data were not recorded in the spreadsheet. Electronic prescribing analysis and cost data were also gathered on the number of items of dosulepin that were prescribed monthly. These data were subjected to descriptive statistical analysis and pre-intervention and post-intervention comparisons made. No ethics approval was required.

Results:

There were only 2 new initiations of dosulepin post-intervention compared to 65 found in the baseline audit. One of which was initiated by a GP in December 2015 but for problematic neuropathic pain not depression. The other was initiated by a different surgery in 2004 and prescribing taken on by the HPS when the patient changed surgery, but the dosulepin was discontinued in March 2015. Thus, the standard was met. However, the second standard was not met as a GP initiated dosulepin in December 2015, although this was substantial reduction from the baseline audit finding that dosulepin initiations were primarily made by GPs (58 out of the 65 patients). Other data collected suggested that the prescribing trend of dosulepin is reducing in the HPS. In April 2013 the baseline audit found that there were 71 items of dosulepin prescribed at the HPS, whereas in December 2015 there were only 39 items prescribed. This represents a 45% decrease.

Discussion:

Partial adherence to the guidance and achievement of the audit standards was found as the volume of dosulepin prescribed had reduced. Thus, the interventions introduced appear to have had a positive impact on dosulepin prescribing, although there could have been other influences on prescribing that may have contributed. The CCG action plan in light of these findings is to increase the frequency of educational reminders and subsequently re-audit dosulepin prescribing. A decision support system that notifies prescribers about current guidance when they attempt to prescribe dosulepin is also being updated to strengthen the messages. This approach adopted by the CCG to reducing dosulepin prescribing may be beneficial in other surgeries.

References:

1. National Institute for Health and Care Excellence. *Clinical Guideline CG90 - Depression in adults: recognition and management*. Available at: <http://www.nice.org.uk/guidance/cg90/chapter/1-Guidance> NICE CG90 (Accessed on: 31/3/2016).
2. National Institute for Health and Care Excellence. *Medicines Optimisation: Key Therapeutic Topics*. Available at: <https://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-Advice/Key-therapeutic-topics> (Accessed on: 31/3/2016).