Flowchart with guidance on who needs a cardiovascular rhythm screen when starting and continuing antipsychotics in the community

Patient enters mental health services and is assessed as requiring antipsychotic

Patient screened for risk using:
- Questioning patient/carer
- Measuring BP
- Pulse & respiration rate

Consider requesting patient summary from GP re: cardiovascular risk
See box 1 and box 5 for other cardiac risks and drugs liable to prolong the QTc interval.

Patient offered cardiovascular rhythm screen

Box 1
Cardiovascular risk stratification

High Risk
- Long QT syndrome
- Family History of Long QT syndrome
- Bradycardia
- Ischaemic Heart Disease
- Myocarditis
- Previous Myocardial Infarction
- Left Ventricular Hypertrophy
- Low K/ Low Mg/ Low Ca**
- Dizziness when stressed or exertion
- HIV or Hepatitis C infection

On another drug with a risk of QTc prolongation:
(See Box 5 & consider also physical health drugs)
See also: link below for the latest information on drug QTc intervals (free registration required):
https://crediblemeds.org/

Box 2
Antipsychotics with highest risk of QTc prolongation

- Amisulpride
- Phenothiazines
- Sertindole
- Combined antipsychotics
- High dose antipsychotic therapy (HDAT)

Box 3
Antipsychotics with moderate risk of QTc prolongation

- Assenapine
- Clozapine
- Haloperidol
- Olanzapine
- Quetiapine
- Risperidone
- Sulpiride

Box 4
Antipsychotics with lowest risk of QTc prolongation

- Aripiprazole
- Lurasidone – (note Trust notification requirement).

Box 5
Other psychotropic medications notably associated with QTc prolongation
(Not an exhaustive list)
- Tricyclics
- Escitalopram / citalopram
- Venlafaxine
- Lithium
- Methadone
- Antihistamines
- Trazodone
- Anticholinergics
- ADHO-drugs

Patient agrees

Box 2
Are antipsychotics associated with prolongation of QTc interval

High risk QTc
- >500ms
  - Stop any causative drug if possible. Get urgent cardiologist advice and only initiate a lowest risk (box 4) antipsychotic if treatment is essential before getting cardiologist advice.

Medium risk QTc
- >440ms (male) and >470ms (female) but less than 500ms
  - Consider stopping / reducing any causative drug (see boxes 1 & 5). Where possible use low or moderate risk drugs (boxes 3 & 4) and avoid high risk drugs completely (box 2). Redo cardiac rhythm screen at 2 weeks. If QTc increases consider stopping / reducing causative drug, changing to lowest risk antipsychotics and / or referral to cardiologist.

Low risk QTc
- <440ms (men) and <470ms (women)
  - No restriction on basis of cardiovascular risk to the choice of antipsychotic.

If QTc interval is further prolonged from baseline change to a lowest risk antipsychotic where possible, (box 4), and do another cardiac rhythm screen in 2 weeks.

Is the QTc interval increased?

No

Yes

Is the QTc interval increased?

No

Yes

If the dose is stable ask the GP to prescribe. While the patient is under secondary care, the mental health team is responsible for doing a follow up cardiac rhythm screen in six months and then annually. If the total antipsychotic dose increases above BNF limits or the cardiac risk changes (see box 1) do a new cardiac rhythm screen. Communicate the QTc interval in a letter to the prescribing GP each time measured, stating:

‘For information only to support prescribing. No further action required.’