## Prescribing Care & Communication Plan for Emotionally Unstable Personality Disorder

The Trust’s guidance on prescribing for patients with emotionally unstable personality disorder (EUPD) [www.sussexpartnership.nhs.uk/node/1462/attachment](http://www.sussexpartnership.nhs.uk/node/1462/attachment) should be referred to and where possible the use of psychotropic medicines for the specific treatment of EUPD should be limited to use in co-morbid conditions and short-term use in a crisis (under 6 weeks). However there is limited evidence that the unlicensed use of psychotropic medicines may be beneficial in some individuals beyond their use in a crisis and if longer-term use is being considered then the following guidance should be followed to ensure the full benefits and risks are assessed and monitored by the specialist for approximately the first two years of prescribing.

<table>
<thead>
<tr>
<th>Phase 1 - initiation</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 6 to 8 weeks</td>
<td>Ends approximately 3 months after GP first prescribes</td>
<td>Ends approximately 1 year after treatment started</td>
<td>Ends approximately 2 years after treatment started</td>
<td>On-going after phase 4</td>
</tr>
</tbody>
</table>

### The specialist: Agrees anticipated outcomes with the patient and gets a patient consent form signed.
- Assesses baseline side-effects after 2 to 4 weeks. Confirms with the patient that the anticipated benefits are being achieved and are not being outweighed by the side-effects.
- Stabilizes the dose and confirms ongoing benefits. Writes to the GP at the end of phase 1 if medication is to be continued including the information listed in GP letter A (see overleaf).

### The specialist: Reviews the patient at the end of phase 2 unless requested to do so earlier by the GP.
- Assesses patient for ongoing side-effects.
- Confirms with the patient that the anticipated benefits are being maintained and are not being outweighed by the side-effects.
- Writes to the GP at the end of phase 2 including the information listed in GP letter B (see overleaf).

### The GP:Refers the patient for an early review if concerns arise.

### The specialist: Reviews the patient at the end of phase 3 unless requested to do so earlier by the GP.
- Assesses for ongoing side-effects.
- Confirms with the patient that the anticipated benefits are being maintained and are not being outweighed by the side-effects.
- Writes to the GP at the end of phase 3 including the information listed in GP letter C (see overleaf).

### The GP:Refers the patient for an early review if concerns arise.

### The specialist: Reviews the patient at the end of phase 4 unless requested to do so earlier by the GP.
- Assesses for ongoing side-effects.
- Confirms with the patient that the anticipated benefits are being maintained and are not being outweighed by the side-effects.
- Writes to the GP at the end of phase 4 including the information listed in GP letter D (see overleaf).

### The GP:Refers the patient for an early review if concerns arise.

### The GP:Reviews the patient at least annually. Confirms with the patient that the anticipated benefits are being maintained and are not being outweighed by the side-effects. Refers the patient back to the specialist if concerns arise.

### The specialist: Agrees to see the patient as a priority if the GP raises concerns and wishes the patient to be seen for a review.

### Specialist prescribes | GP prescribes | GP prescribes | GP prescribes | GP prescribes |

1. [http://www.sussexpartnership.nhs.uk/node/1610/attachment](http://www.sussexpartnership.nhs.uk/node/1610/attachment)

2. Side effect scales like the Antidepressant Side Effect Checklist (ASEC) and the Glasgow Antipsychotic Side–Effect Scale (GASS) should be used to assess any side effects attributed to the medication but also at baseline as some of the symptoms the patient is already experiencing can be confused with some side-effects attributed to the medicine. [http://www.sussexpartnership.nhs.uk/node/1452/attachment](http://www.sussexpartnership.nhs.uk/node/1452/attachment) and [http://www.sussexpartnership.nhs.uk/node/1485/attachment](http://www.sussexpartnership.nhs.uk/node/1485/attachment)

3. If a complete change in medication is made, then the specialist needs to start at phase 1 again.
Minimum information to be provided to GPs at the end of phases 1 to 4

Letter A (end of phase 1)
- Describe the symptoms of BPD being treated.
- Medication being used and why.
- The specific benefits seen during phase 1.
- Confirm side-effects have been monitored and if some are present, detail and confirm they are being tolerated.
- Confirm the patient understands why the medication is being prescribed and the possible side-effects.
- Confirm the patient has been given a patient information leaflet (suggest one is printed from the Choice & Medication website).
- Confirm the patient has signed the consent for the medicine’s unlicensed use (include a copy).
- Confirm the anticipated review date at the end of phase 2. Ask the GP if they are willing to undertake the prescribing until after the next review.
- **Enclose a copy of this prescribing care plan with the letter.**

Letter B (end of phase 2)
- Describe the continuing benefits being seen.
- Describe any dose changes made and why and how the benefits of the change will be monitored by you at future reviews.
- Confirm side-effects have been monitored and if some are present, detail and confirm they are being tolerated.
- Confirm the anticipated review date at the end of phase 3.
- Ask the GP if they are willing to undertake the prescribing until after the next review.

Letter C (end of phase 3)
- Describe the continuing benefits being seen.
- Describe any dose changes made and why and how the benefits of the change will be monitored by you at future reviews.
- Confirm side-effects have been monitored and if some are present, detail and confirm they are being tolerated.
- Confirm the anticipated review date at the end of phase 4.
- Ask the GP if they are willing to undertake the prescribing until after the next review.

Letter D (end of phases 4)
- Describe the continuing benefits being seen.
- Confirm side-effects have been monitored and if some are present, detail and confirm they are being tolerated.
- Ask the GP if they are now willing to take over the long-term prescribing of the medication, reviewing the patient themselves at least annually for on-going benefits. (Phase 4 cannot be completed until at least 6 months after any dose change is made in phase 4).
- Provide reassurance that the patient will be seen as a priority if the GP has concerns and requests a priority review.

4. [www.choiceandmedication.org/sussex](http://www.choiceandmedication.org/sussex)

Adapted from an original version adopted in the Crawley CCG locality was produced by Dr Mihaela Bucur, Consultant Psychiatrist, Langley Green Hospital and Ray Lyon, Chief Pharmacist – Strategy in October 2014

Version 1 - February 2015 (reviewed unamended Feb 17 and the term EUPD used instead of BPD from July 2018 ) (Review date February 2020)