

NICE implementation uptake report: atypical antipsychotic drugs for the treatment of schizophrenia

NICE implementation uptake reports provide information on national trends and activity associated with technologies recommended in NICE guidance.

Overview

This is an update to a previous report. Since the last assessment, the numbers of prescriptions for atypical antipsychotic drugs dispensed in the community in England has continued to increase (figure 1). In the 12 months to March 2007, atypicals accounted for 67% of all antipsychotic prescriptions. The NICE guidance, published in June 2002, suggested that the adoption of atypical antipsychotic drugs would reach a level of at least 65% atypicals.

Local organisations should consider referring to the NICE audit criteria produced for this guidance to help ensure that atypical antipsychotic drugs are prescribed appropriately for people with schizophrenia.

Atypical antipsychotics (mental health and behavioural conditions)

'Schizophrenia – atypical antipsychotics' NICE technology appraisal 43 (June 2002).

NICE recommended the use of atypical (newer) oral antipsychotic drugs for a person who has been newly diagnosed with schizophrenia and for people who

are currently taking typical (older) antipsychotic drugs that are controlling their symptoms of schizophrenia but are causing side effects.

Prescriptions: England (until March 2007)

This report provides information on trends in prescribing of 'atypical' and 'typical' antipsychotic drugs dispensed in the community in England. The data are derived from the Prescription Cost Analysis (PCA) database which managed by the NHS Information Centre. Medicines issued in hospitals are excluded from this analysis. The atypical antipsychotics included are amisulpride, olanzapine, quetiapine, risperidone and zotepine. Clozapine items and all depot injection items are excluded. All costs stated in this report are net ingredient cost.

In the 12 months to September 2007, atypical antipsychotic drugs amounted to 4.02 million prescription items at a cost of £213.75 million. Typical antipsychotic drugs amounted to 1.99 million prescription items at a cost of £12.66 million.

Table 1 Antipsychotic drugs dispensed in the community in England in the 12 months to March 2007 by 'Atypical' and 'Typical' drug group

Group	Items (000s)	Items annual % change	Cost £ (000s)	Cost annual % change
Atypical antipsychotic drugs	4,019	10.99%	213,749	8.82%
Typical antipsychotic drugs	1,990	-5.24%	12,661	13.83%

Source: Prescription Cost Analysis (PCA)

Figure 1 shows the quarterly trend for antipsychotic drug items dispensed in the community in England over a seven year period. The analysis is based on a high-level measure of uptake, representing the numbers of prescriptions for atypical antipsychotic drugs as a proportion of all prescriptions for antipsychotic drugs.

The number of prescriptions for atypical antipsychotic drugs continued to increase steadily following publication of the NICE guidance. In the 12 months to March 2007, atypicals accounted for 67% of all prescriptions. The NICE
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guidance, published in June 2002, suggested that the adoption of atypical antipsychotic drugs would reach a level of at least 65% atypical. This estimate was based on various assumptions and intended as a guide for future monitoring rather than an absolute figure.

The trend illustrated in figure 1 indicates that overall uptake of atypical antipsychotic drugs in England has increased in line with the NICE estimate.

Figure 1: Atypical antipsychotic drugs as a proportion of all antipsychotic drugs dispensed in the community in England

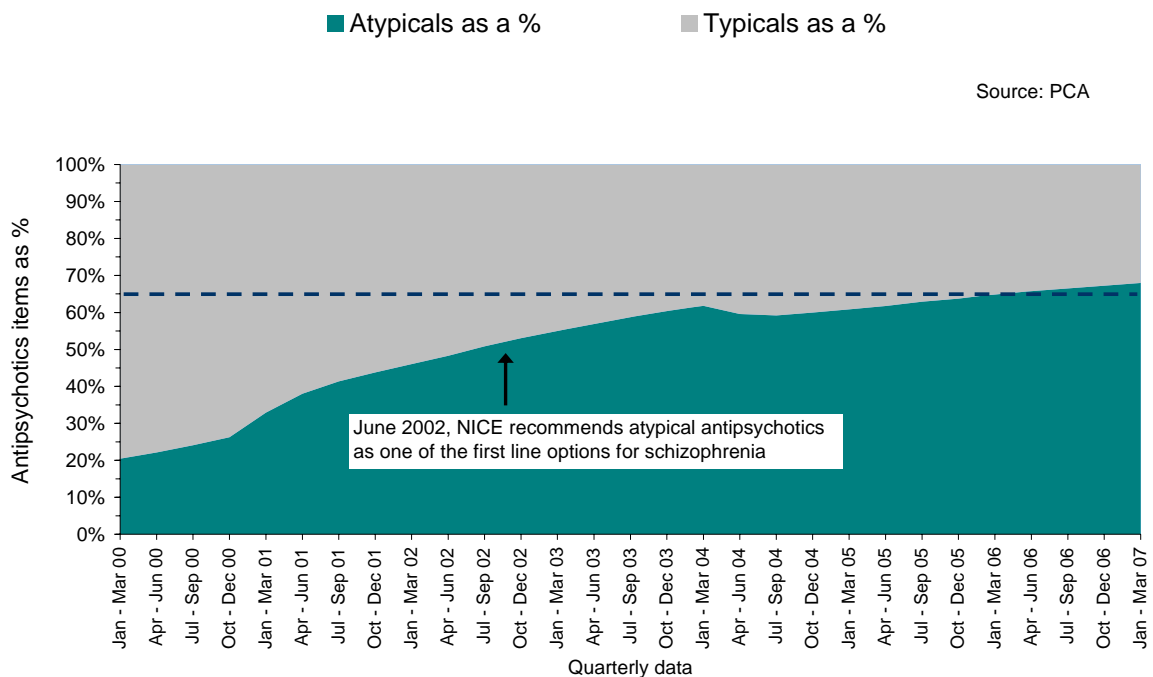


Figure 1 provides a high-level marker of uptake, indicating a major shift in the practice of prescribing antipsychotic drugs. However, the following limitations and caveats should be recognised when interpreting this information.

Limitations

National prescriptions data do not link to patient details. This means that information on age and sex of patient as well as the prescribed indication is not available. For example, NICE recommend that atypical and typical

antipsychotic drugs should not be prescribed concurrently except for short periods to cover changeover of medication. This information is not available from these data.

Olanzapine, the most commonly prescribed atypical in the community in England, is licensed for the treatment of bipolar disorder in the UK. Additionally, a number of low dose antipsychotic drugs are prescribed off-license as mood stabilizers in the treatment of dementia. Information on prescribed indication is not available from these data. The figures used in this report are not adjusted for the proportion of medicines prescribed for indications other than schizophrenia.

Medicines issued in hospitals in England are not represented in this analysis. The national figure for the proportion of atypical to typical antipsychotic drugs may be different in the context of inpatient prescribing.

Definitions of data used in this report

PCA

Prescription information is taken from the Prescription Cost Analysis (PCA) system, supplied by the Prescription Pricing Division of the NHS Business Services Authority, and is based on a full analysis of all prescriptions dispensed in the community, i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs dispensed in hospitals, including mental health trusts, or private prescriptions.

Measures of prescribing

Volume: The basic measure of volume in PCA data is number of prescription items which refer to a single item on a prescription form. Cost:

The net ingredient cost (NIC) is the basic price of a drug listed in the drug tariff, or if not in the drug tariffs the manufacturer's list price.

Data limitations (national prescriptions)

National prescriptions data do not link to demographic or to diagnosis information on patients. Therefore, they cannot be used to provide prescribing information on age and sex or for prescribing of specific conditions where the same drug is licensed for more than one indication.

Publication date

This uptake report was last updated in February 2008

Previous update(s): December 2006