

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indicators for the NICE menu for the QOF

Indicator area: Mental health

Indicator: NM15

Date: August 2016

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The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months.

Introduction

Psychosis and the specific diagnosis of schizophrenia represent a major psychiatric disorder (or cluster of disorders) in which a person's perception, thoughts, mood and behaviour are significantly altered. Each person will have a unique combination of symptoms and experiences.

Bipolar disorder is a potentially lifelong and disabling condition characterised by episodes of mania (abnormally elevated mood or irritability and related symptoms with severe functional impairment or psychotic symptoms for 7 days or more) or hypomania (abnormally elevated mood or irritability and related symptoms with decreased or increased function for 4 days or more) and episodes of depressed mood. It is often comorbid with other disorders such as anxiety disorders, substance misuse, personality disorders and attention deficit hyperactivity disorder (ADHD).

Rationale

Substance misuse by people with schizophrenia is increasingly recognised as a major problem, both in terms of its prevalence and its clinical and social effects. The National Psychiatric Morbidity Survey in England found that 16% of people with schizophrenia were drinking over the recommended limits of 21

units of alcohol for men and 14 units or alcohol for women a week. Bipolar disorder is also highly comorbid with alcohol and other substance abuse.

Source guidance and recommendations

[Psychosis and schizophrenia in adults: prevention and management](#) NICE clinical guideline 178 (2014)

- Recommendation 1.3.3.1: Carry out a comprehensive multidisciplinary assessment of people with psychotic symptoms in secondary care. This should include assessment by a psychiatrist, a psychologist or a professional with expertise in the psychological treatment of people with psychosis or schizophrenia. The assessment should address the following domains:
 - psychiatric (mental health problems, risk of harm to self or others, alcohol consumption and prescribed and non-prescribed drug history)
 - medical, including medical history and full physical examination to identify physical illness (including organic brain disorders) and prescribed drug treatments that may result in psychosis
 - physical health and wellbeing (including weight, smoking, nutrition, physical activity and sexual health)
 - psychological and psychosocial, including social networks, relationships and history of trauma
 - developmental (social, cognitive and motor development and skills, including coexisting neurodevelopmental conditions)
 - social (accommodation, culture and ethnicity, leisure activities and recreation, and responsibilities for children or as a carer)
 - occupational and educational (attendance at college, educational attainment, employment and activities of daily living)

- quality of life
- economic status.
- [Bipolar disorder: assessment and management](#) NICE clinical guideline 185 (2016)
 - Recommendation 1.10.2: Discuss the use of alcohol, tobacco, prescription and non-prescription medication and illicit drugs with the person, and their carer if appropriate. Explain the possible interference of these substances with the therapeutic effects of prescribed medication and psychological interventions.

Reporting and verification

The practice reports the number of patients on its mental health disease register who have a record of alcohol consumption in the preceding 15 months.

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<https://www.nice.org.uk/Standards-and-Indicators/index>