

Mental Health Act Commission

Practice Note 1

GUIDANCE ON THE ADMINISTRATION OF CLOZAPINE AND OTHER TREATMENTS REQUIRING BLOOD TESTS UNDER THE PROVISIONS OF PART IV OF THE MENTAL HEALTH ACT

Issued June 1993

Introduction

Clozapine is a potent anti-psychotic drug which was introduced into clinical practice in the 1960s. Clinical trials were halted in 1975 in the United Kingdom when reports from Finland indicated that its use was implicated in deaths from infection following the development of agranulocytosis and that the risk of this adverse effect was greater than that associated with other anti-psychotic drugs.

However, its use continued in over 20 countries where it had already been approved and clozapine was found to be particularly effective in patients resistant to other anti-psychotic treatments and to be associated with a low incidence of extra-pyramidal side-effects.

Further controlled studies confirmed that clozapine was effective for both positive and negative symptoms in patients with schizophrenia, who had previously failed to respond to other treatments. With careful and regular monitoring of the patient's haematological status it was demonstrated that the agranulocytosis was reversible if clozapine was promptly discontinued.

Clozapine was made available for use in the United Kingdom following applications in 1989 to the licensing authority, subject to strictly controlled haematological monitoring. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the Clozaril Patient Monitoring Service which undertakes the regular leucocyte counts and provides a supply of the tablets which are immediately withdrawn if the patient develops early indications of agranulocytosis.

The treatment requires monitoring of the white blood cell count initially weekly for the first 18 weeks of treatment and every two weeks thereafter for as long as the patient continues on the drug.

Controlled trials have indicated that between a third and a half of patients who have failed to respond to other anti-psychotic treatment or who have developed unacceptable extra-pyramidal side-effects show a good response to clozapine which is now being used throughout the United Kingdom for such patients.

A proportion of the patients for whom clozapine is recommended are detained patients who are either unable to give valid consent or

who are unwilling to consent to the treatment. In these circumstances the consent to treatment provisions of Part IV of the Mental Health Act 1983 apply.

The Commission regularly receives requests for a "second opinion" on the administration of clozapine under the provisions of Section 58(3)(b). It is evident from the licensing arrangements and from the data-sheet that this medicine cannot be given without the haematological monitoring.

Some detained patients prescribed clozapine on the authority of the RMO or after certification by a Section 58 Appointed Doctor (SOAD), either cannot give valid consent or refuse consent for the necessary venepuncture. The Commission has been asked to give guidance on the legal position.

Broadly similar considerations apply to the use of lithium salts as a prophylactic treatment for manic depressive psychosis and for the mood stabilising drug carbamazepine. With both these drugs, regular blood sampling for monitoring is established good clinical practice and in the case of lithium, regular measurement of plasma concentrations is a specific recommendation of the British National Formulary.

Previous guidance was given to Section 58 Appointed Doctors that a certificate incorporating lithium prophylaxis must also include a consideration of the monitoring required, though in practice with both lithium and carbamazepine, compliance with regular blood monitoring rarely presents as a significant problem.

Description of the Treatment Plan

Because of the incidence of potentially fatal side-effects the Commission advised the medical profession in August 1991, including Section 58 Appointed Doctors, that where clozapine was to be included in a treatment plan, it should be mentioned by name and not merely subsumed under the general category of oral anti-psychotic medication (BNF 4.2.1).

Legal Advice

The Commission also sought legal guidance on the question of whether the RMO during the first three months of treatment during any continuous period of detention or following the certification by a Section 58 Appointed Doctor has the authority to require the patient to undergo blood monitoring if clozapine is included in the treatment.

Counsel concluded that the taking of a sample of blood did not fall within the words "the administration of medicine" to a patient, though he also noted that the administration of the drug and the taking of the required blood samples were inter-related, the one being dependent on the other.

However, he drew attention to Section 63 of the Mental Health Act 1983 which states that the consent of a patient should not be required for "any medical treatment given to him for the mental disorder from

which he is suffering not being treatment falling within Section 57 or 58 above if the treatment is given under the direction of the responsible medical officer”.

He suggested that taking blood samples to carry out leucocyte counts as part of the administration of the anti-psychotic agent clozapine could fall within Section 63 and would therefore be under the responsibility of the RMO.

Further legal advice from the Department dated 24th August 1992 noted that Section 58 and 63 were mutually exclusive and expressed doubt about reliance on Section 63 of the Act for authority to take blood samples since the blood test is not directly related to the mental disorder.

The Commission's View

The Commission has carefully considered the legal advice it has received, the submissions and evidence that clozapine is an effective treatment for mental illness in patients who have failed to respond to other treatments.

It accepts that this medication can only be administered if regular blood monitoring is undertaken. It also takes note that “medical treatment” in the Act includes nursing, habilitation and rehabilitation under medical supervision.

Monitoring of a patient's haematological status during treatment might be construed as care and would therefore fall within the provisions of Section 63. The Commission is not satisfied that such an interpretation is justified.

Following further consideration by the Consent to Treatment National Standing Committee, the Central Policy Committee was asked to give further guidance urgently to medical practitioners and Section 58 Appointed Doctors. The issue was debated by the Central Policy Committee on Monday, 8th February 1993.

The Central Policy Committee determined that, since the blood monitoring was a condition of the licence for the use of the drug, if clozapine was authorised either by a Responsible Medical Officer or by the certificate of a Section 58 Appointed Doctor (SOAD), the administration of the medicine should include the authority for the necessary monitoring, and that it would be improper to withhold recommended and authorised treatment from detained non-consenting patients because of uncertainty about the authority to undertake blood tests.

The degree of resistance and its origins (eg. religious objections) to the blood sampling should be taken into consideration by the RMO and SOAD when deciding whether to authorise the treatment.

The Central Policy Committee considered that whether the authority to secure a blood sample was in fact exercised by the RMO, when a detained patient actively refuses to co-operate with the venepuncture,

was a matter for the judgement of the RMO, in conjunction with the multidisciplinary team.

It was noted by the Central Policy Committee that patients frequently respond rapidly to clozapine and that the low incidence of side-effects facilitates full and valid consent to this treatment in contrast to the situation involving compulsory treatment with regular inter-muscular injections of depot anti-psychotic treatment currently authorised under the provisions of the Act.

Conclusions and Summary

- 1 Having considered the legal, pharmacological and medical advice received, the Commission concludes that the administration of medical treatment under Part IV of the Mental Health Act includes such measures as are necessary and appropriate to ensure that the medicine is administered efficaciously and safely in accordance with good medical practice.**
- 2 In the case of ECT this will generally include taking blood samples by venepuncture to evaluate the patient's physical state prior to treatment, including the estimation of pseudo-cholinesterase. In lithium prophylaxis this will include venepuncture to secure samples for the estimation of serum lithium concentrations and an evaluation of the patient's thyroid status following the recommendations and guidance in the British National Formulary. With regard to clozapine treatment, this will include strict haematological monitoring by the Clozaril Patient Monitoring Service as required by the product license.**
- 3 Notwithstanding the authority to administer medical treatment in the absence of the patient's consent provided by Part IV of the Mental Health Act 1983, it is a matter for the individual judgement of the responsible medical officer in conjunction with the clinical team to determine whether this authority should be exercised in an individual patient.**
- 4 This is an interim opinion and subject to further guidance should the issue of undertaking venepuncture as an element in the administration of treatment to a non-consenting patient under Part IV of the Mental Health Act become the subject of judicial review.**