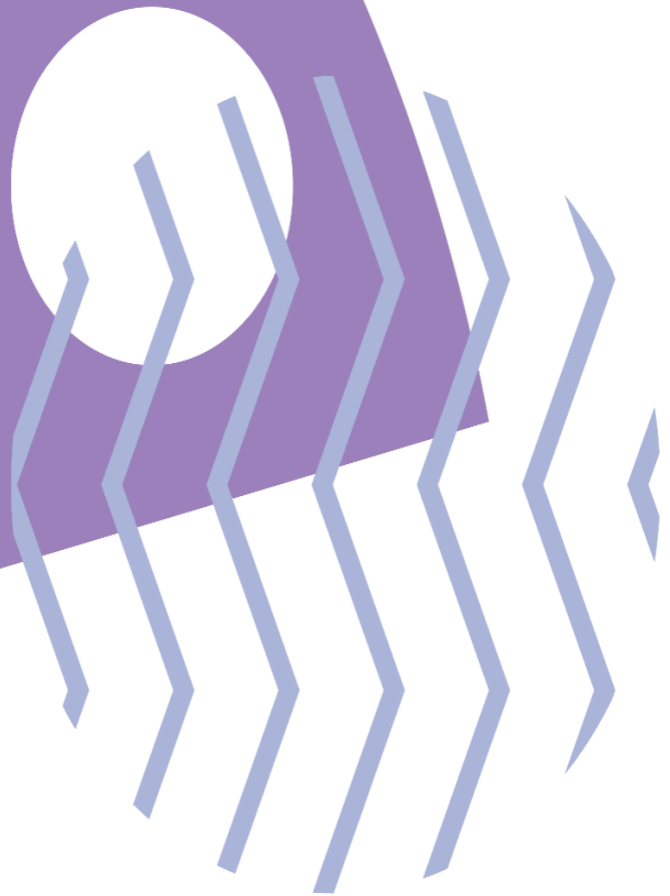
Forensic Research Nottingham: Summer Symposium 2022

Treatment resistant Schizophrenia in forensic settings - evidence update and practical considerations

the institute of mental health
Nottingham



Thursday 14th July, 1-5pm

Djanogly Arts Centre, University Park campus, University of Nottingham.

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Welcome

A very warm welcome to our second annual summer symposium. We are delighted to host this event in person for the first time, at the impressive University Park Campus. One of the key objectives of our group is to forge links between clinical and research colleagues across the trust and University, and to build collaborative working which will better inform our clinical services. We think providing the opportunity to meet in person and network is an important component of this and we hope this will be the first of many annual summer meet-ups that will complement the trust's winter Trent Study Day. We also warmly welcome all attendees from other centres.

This year we focus on treatment-resistant schizophrenia (TRS). Up to 30% of those with schizophrenia fail to respond to two or more antipsychotic drugs. Though our first speaker will highlight how classification of treatment resistance can be inconsistent, TRS nonetheless accounts for a substantial proportion of our patients with psychosis, many of whom will have complex presentations and multiple comorbidities. We believe they thus they merit special consideration. While most forensic services are familiar with routine prescription of clozapine, clinicians in forensic settings may encounter particularly difficult and complex scenarios, such as managing risk of violence within risk : benefit and ethical decisions, heightened security issues in medium and high secure settings, and logistical problems in prisons and the community. The focus of our other speakers will be use of clozapine in such scenarios, however we expect our Q&A and panel sessions will allow for a broader discussion, drawing on attendees' expertise about these clinical conundrums, and hopefully proving a fruitful starting point for collaborative research projects.

We very much look forward to seeing you and having your input into a stimulating, interactive event.

John Tully and Daniel Whiting (FRN co-chairs)

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Programme

1245-115pm	Registration & refreshments (Angear Visitor Centre in Djanogly Arts Centre]		
1.15pm	**Introduction** Dr John Tully		
1.20-2pm	**TRS- neuroscience and clinical understanding** Dr Rob McCutcheon		
2-3pm	**Clozapine- alternate routes of administration**		
	2-2.20pm	NG Clozapine	Dr Alex Till
	2.20-2.40pm	IM Clozapine	Dr Siobhan Gee
	2.40pm-3pm	Q&A	
3pm	Comfort break		
3.10pm	**Clozapine in prisons- developing a streamlined system** Dr Adarsh Kaul and team (tbc)		
3.30-4.10pm	**Q&A/Panel discussion**		
4.10pm	**Canapes and drinks reception** (Djanogly Arts Centre)		

Treatment Resistant Schizophrenia- Neuroscience and clinical understanding

Dr Robert McCutcheon

A large proportion of individuals with schizophrenia show an inadequate response to treatment with antipsychotics and this is frequently termed 'treatment resistant schizophrenia'. I will first present work demonstrating that there is considerable variation in current approaches to defining treatment resistance in schizophrenia, before presenting consensus guidelines that operationalize criteria for determining and reporting treatment resistance, adequate treatment, and treatment response, thereby providing a benchmark for research and clinical translation.

A key aspect of these guidelines relates to inadequate medication exposure from medication ineffectiveness. I will present results of work examining the extent of subtherapeutic antipsychotic plasma levels in a group of patients clinically identified as treatment-resistant that suggest a significant proportion may be under-treated rather than treatment-resistant, and thus should receive different management. Finally, I will present a review of neuroimaging studies investigating the underlying neurobiological reasons for resistance.

Dr Rob McCutcheon completed a BSc In Chemistry before studying medicine at University College London. He commenced research in psychopharmacology while an academic foundation trainee at the University Oxford, before coming to the Maudsley to undertake specialist clinical training in psychiatry. He joined the Institute of Psychiatry, Psychology & Neuroscience's department of Psychosis Studies in 2013, and here undertook a PhD in multimodal neuroimaging. His current research attempts to develop novel treatments for mental illness by investigating how largescale patterns of brain activity are influenced by molecular processes.

Clozapine: Alternative modes of delivery

NG Clozapine- Dr Alex Till

In the first systematic description of the use and outcomes of adopting an assertive approach to clozapine where nasogastric administration is approved (Till et al, BJPsych Bulletin 2019), our case-load analysis described the management of five of the most extremely ill patients with treatment-resistant schizophrenia in a high secure setting. Each were established and/or maintained on clozapine, resulting in improvements to their mental state; untoward incidents were reduced, segregation was terminated and progression to less restrictive environments was achieved.

Despite being underutilised and rarely enforced, in extreme circumstances, an assertive approach to clozapine can be justified. Nasogastric clozapine can be safely delivered and the approach itself, rather than actual nasogastric administration, may be enough to help establish and maintain patients with treatment-resistant schizophrenia on the most effective treatment. Dr Till will provide an update on current thinking on NG clozapine, in light of the emergence of IM formulation.

IM Clozapine- Dr Siobhan Gee

When clozapine was re-introduced to the market in the 1990s, it was available in both oral and intramuscular formulations. Since then, the UK-licensed intramuscular preparation has been withdrawn. In recent years, intramuscular clozapine has reappeared but experience with it has been limited. This talk will describe the pharmacokinetics, therapeutic dosing, and adverse effects of the currently available intramuscular preparation. Experience with use in clinical practice will be outlined, with practical tips for real-life cases.

Dr Alex Till is a Consultant Forensic Psychiatrist at The Edenfield Centre, Greater Manchester Mental Health NHS Foundation Trust. He completed his higher specialty training within the North West where he was recognised as RCPsych Higher Psychiatric Trainee of the Year 2021. Alex is also a Specialist Advisor with the Care Quality Commission and the founder and director of the RCPsych Leadership and Management Fellow Scheme. He is widely published, has frequently presented internationally, and has an MSc in Leadership for the Health Professions, and an Executive MBA, both with distinction.

Dr Siobhan Gee (MPharm PGDip MFRPSII PhD) is the principal pharmacist for psychiatric liaison at South London and the Maudsley NHS Foundation Trust in London, and an honorary senior lecturer at the Faculty of Life Sciences and Medicine, King's College London. Her clinical expertise is in the use of psychotropic medication in patients with comorbid physical illness, and her academic research focusses on prescribing patterns and outcomes in treatment-resistant schizophrenia. She is a contributing author to the internationally renowned Maudsley Prescribing Guidelines in Psychiatry.

Clozapine in prisons- developing a streamlined system

Dr Adarsh Kaul and Antonia Hil- Nottinghamshire NHS Trust Offender Health Team

Prisoners experience higher than average rates of psychosis, and TRS. Transfer to hospital is often delayed, and sometimes complicated by affected prisoners not meeting MHA criteria. Many have been tried on numerous antipsychotic medications, but a systematic approach to identifying treatment-resistance is often lacking. Further to this, prescribing clozapine is often complicated by numerous factors in prison, including logistical and staffing issues, but also possibly a reluctance to accept this as an appropriate treatment option that can help our patients in this setting.

In this session, we will discuss the importance of having a safe and effective system for initiation and continuation of clozapine in prisons. We will identify barriers and challenges, and outline a proposed system for simplifying and streamlining a system within a prison setting. We present this as an opportunity for a service evaluation project with Notts HC Trust, and potential for a collaborative research project with other centres.

Our Q&A and panel discussion session will present an opportunity to share clinical insights, conundrums, and ideas on research methodology.

Dr Adarsh Kaul has worked in prisons in East Midlands and South Yorkshire for over 30 years. Since 2010 he has been the Clinical Director of the Offender Health Directorate in Nottinghamshire Healthcare NHS Foundation Trust, which currently provides integrated healthcare (physical health, mental health, substance misuse and pharmacy services) in eight prisons in Nottinghamshire, Leicestershire and Lincolnshire. He is a Fellow of the Royal College of Psychiatrists and has a MA in Criminology. He has worked for 7 years for the National Parole Board and is currently a medical member of the Her Majesty's Courts & Tribunals Service. He is also a member of the National Health and Justice Clinical Reference Groups and in this role chaired the group that wrote the NHSE service specification for mental health in all prisons in England & Wales.

RMN Antonia Hil has worked in the mental health for nearly 20 years in a variety of settings including adult mental health, low secure settings, CAMHS, inpatient and outpatients services and SEDU's. She has 6 years' experience of working in offender health in remand, long stay and resettlement prisons. In her current role she is responsible for the development and implementation of clinical pathways and standards. She has a specialist interest in working with Personality Disorder Trauma and Self Harm.

Forensic Research Nottingham

Forensic Research Nottingham (FRN) is a research group based at the Institute of Mental Health with links to Nottinghamshire Healthcare NHS Foundation Trust and the University of Nottingham.

The group's members include leading researchers in neuroscience, clinicians working in forensic settings and academics in multiple related fields including criminology, health and justice, and human rights. The group meet monthly via MS Teams, with regular updates and email bulletins shared amongst members – there is no requirement to attend all meetings.

If you are interested in joining the group please email Dr John Tully or Dr Daniel Whiting for more information. All Nottinghamshire Healthcare NHS Foundation Trust and University of Nottingham employees are welcome to join the group.

Contact: john.tully@nottingham.ac.uk or daniel.whiting@nottingham.ac.uk

https://institutemh.org.uk/research/forensic-research-nottingham