Hello everyone,

Thank you all for your continued support of SPMH by attending our clinical meetings and seminars. Planning is already underway for 2013 and there are more details of what’s to come later in the newsletter. We’re always keen to organise meetings on topics that our membership have an interest in so if you have any suggestions for future meetings why not email one of the committee members with your ideas?

A big thing this year has been the launch of the Mental Health Scottish Patient Safety Programme. There is a dedicated Medicines Management workstream with lots of potential for improving safety in Mental Health. Although there is nothing that we didn’t know beforehand there is now the framework and measures which may at long last generate more support amongst medical and nursing colleagues to support medicine management projects. We hope to have a slot at one of our meetings next year to share the work and findings.

Thanks
Jonathan Bate, Publications Officer

SPMH Website
SPMH have had their own website for a number of years now (www.spmh.co.uk)

We have at last found someone who has helped update the content of the website and will continue to assist with uploading current material.

Online you’ll find notes of meetings, dates of future clinical meetings as well as copies of the newsletter and other relevant information e.g. committee minutes, interesting papers etc.

Support for certificate / diploma MSC students
There is usually always space during our clinical meetings / seminars for students who wish to deliver case presentations or share audit findings / research. Contact a member of the committee for further information.
15 November 2012 Clinical Meeting
“The Same As You—pharmaceutical care for people with learning disabilities”

We will start the day with a presentation highlighting the higher and more complex health needs of people with learning disabilities compared with the general population, and some of the challenges in identifying and meeting these needs. The morning session will also consider issues relating to consent, the Adults with Incapacity Act and the administration of medication - an important issue for pharmacists working in a number of specialist areas.

The afternoon session will begin with a presentation about epilepsy, focusing on pharmacological management. The day will finish with a practical and interactive session about communication difficulties - identifying barriers to good communication and strategies to overcome them.

28 February 2013 Clinical meeting
“Audit and Treatment Resistant Depression”

For our first clinical meeting of 2013 we’re having a representative from The State Hospital guiding us through the audit process and feeding back on audit projects undertaken with the Prescribing Observatory for Mental Health (POMH). Also we hope to have audit results from the “prn project” from IPCU wards in Scotland.

Also confirmed is Dr Christmas from the Advanced Intervention Service in Dundee speaking on the management of treatment refractory depression and OCD and Professor Ian Reid from the University of Aberdeen giving us the latest information on the efficacy and adverse effects of ECT

23 April 2013 Seminar and AGM
“Patient Safety, Polypharmacy and Psychiatric Polypill”

We are still approaching speakers for this meeting however we plan to have an overview of the work from the Mental Health Patient Safety Programme. Have a session on polypharmacy / thoughtful prescribing as well as bit of fun / debate about a psychiatric polypill—what would be in it / how would you market it / would you take it / recommend it??
Our first meeting of 2012 was held at the Inchyra Grange Hotel in Polmont and was well attended with around 30 delegates enjoying the programme. First up was Dr Stephen Potts who spoke about the presentation and management of a cluster of patients experiencing psychosis in Edinburgh resulting from administration of a legal high called “Ivory Wave”

Dr Oliver Sutcliffe then took us back to our chemistry labs with a somewhat advanced lecture on the synthesis and characterisation of legal highs. This highlighted the futile attempts by Government to ban legal highs as it is very easy to modify the chemical structure of these compounds to make new legal highs that aren’t banned.

After a hearty lunch we were then given a presentation by Dr David McCartney regarding the neurobiology of addictions. This highlighted certain regions of the brain that are involved in addiction and how drugs are targeted to try and treat these problems.

Our final slot of the day was taken by John Campbell who gave an excellent overview of an area I hadn’t quite appreciated before—performance and image enhancing drugs. This was not only about the use of Steroids (used by many groups, not just Body Builders) which apparently is on the same par as heroin use, but also the use of cosmetic agents such as Melanotan. A whole host of problems can occur ranging from acne, high blood pressure, mood swings, deranged blood tests to infections from poor injection technique.

Then finally Duncan Hill outlined current trends in Substance Misuse and spoke about some strategies used in NHS Lanarkshire to try and minimise diversion of supply of diazepam by only recommending using the 2mg strength which has a low street value.

On the whole it was another great clinical meeting with so many delegates in attendance and lots of opportunity for CPD!
Our AGM and Seminar this year was held at the Conference Centre within Stirling Community Hospital, Stirling. We tested out whether SPMH could put on a meeting without support from the Pharmaceutical Industry thereby not having any influence.

Our day started with clinical psychologist Dr Nathan O’Neill from GG&C speak quite broadly about the psychology of influence and how we as individuals can be influenced and what techniques can be used, for example by “pharma” to influence us to use their products. It turns out all the freebies that were often handed out is a psychological influencing technique of reciprocity—no more sticky pads / sponsored pens for me...

Next up was Dr Malcolm Kinnear from NHS Fife who gave an interesting talk on how he was used by the pharmaceutical industry to train their sales reps to exert influence on the doctors / pharmacists that they meet with.

Following this we had Glasgow GP and BMJ columnist Dr Des Spence give us a “No Free Lunch” talk on how we should be even more cynical of what is put in clinical papers and marketing information as when you do the numbers yourself the evidence doesn’t always add up.

The afternoon session which followed a lovely lunch put on by the WVRS, reinforced what was talked about by Dr Spence as Moira McMurray from the Scottish Medicines Consortium took us through critical appraisal of clinical papers and what to look out for when reading a paper and if you should disregard it as not applicable to the patients we look after.

Finally our day finished with a bit of fun as two pairs of clinical pharmacists held a debate “This house believes that we will never influence patients to take their medicines!! The audience heard the arguments and felt reassuringly that the house was wrong and we are able to exert influence on our patients to take their medicines—there’s always depots!!
It had been a few years since SPMH had run a technician training day, so there were plenty of keen delegates at the reinvented ‘New to Mental Health’ day at the Stirling Community Hospital in September. The day started with an introduction to schizophrenia and its pharmacological treatment by Lorna Templeton from NHS GG&C, followed by an informative overview of bipolar affective disorder, its main treatments and counselling points with Maree Todd from NHS Highland. The clinical presentations continued with Tracey Main from NHS Forth Valley who spoke about the treatment of depression and some of the relevant pharmaceutical care issues before Lorna Templeton presented a quick introduction to T2 and T3 forms.

After lunch prepared by the super WRVS, Dr Gazala Akram from the University of Strathclyde presented an interactive session on patient counselling and communication skills. The day ended with Karen Brydie from NHS Tayside demonstrating the online CPD recording tool, hopefully inspiring everyone to make CPD records for all the training they were involved in during the day.

**Did you see that paper?**
New Guidelines / Products

NICE (www.nice.org.uk)
- Clinical guideline 133—Self Harm (longer term management) November 2011
- Clinical guideline 136—Service user experience in adult mental health. December 2011
- Clinical guideline 137—Epilepsy January 2012
- Clinical guideline 142—Autism in Adults. June 2012

BAP consensus guidelines (www.bap.org.uk)
- Evidence based guidelines for the pharmacological management of substance misuse, harmful use, addiction and co-morbidity: recommendations from the British Association of Psychopharmacology. May 2012

SIGN guidelines (www.sign.ac.uk)
- Management of perinatal mood disorders. March 2012

MHRA (www.mhra.gov.uk)
- Learning Package on Antipsychotics
  - http://www.mhra.gov.uk/NewsCentre/CON189176
  The self-directed learning package outlines the key risks of this widely prescribed class of medicines. For each adverse effect, the learning module outlines:
  - the main features of the adverse effect
  - factors that increase the risk
  - how the risk can be reduced
  - specific treatment for the adverse effect

SMC (www.scottishmedicines.org.uk)

Accepted
- Paliperidone Palmitate (Xeplion)- for maintenance treatment of schizophrenia in adult patients stabilised with paliperidone or risperidone. In selected adult patients with schizophrenia and previous responsiveness to oral paliperidone or risperidone, it may be used without prior stabilisation with oral treatment if psychotic symptoms are mild to moderate and a long-acting injectable treatment is needed.

“Aspaliperidone prolonged release suspension for injection was non-inferior to another atypical antipsychotic depot injection in terms of control of schizophrenia symptoms over a 3-month period and was more effective than placebo in preventing relapse of schizophrenia.”

Not recommended for use:
- Asenapine (Sycrest) - treatment of moderate to severe manic episodes associated with bipolar I disorder, in adults.

“Asenapine when used as monotherapy demonstrated superior efficacy to placebo in reducing manic symptoms as measured using the Young Mania Rating Score at three weeks with maintenance of effect at 12 weeks. In addition, asenapine in combination with lithium or valproate demonstrated superior efficacy to lithium or valproate monotherapy. There are no direct comparative data when asenapine is used as add-on treatment. Indirect comparisons with other second generation antipsychotic agents used as monotherapy and as adjunctive therapy suggested equivalent efficacy. The submitting company did not present a sufficiently robust economic analysis to gain acceptance by SMC. The licence holder has indicated their intention to resubmit.”
## SPMH Committee Members 2012-2013

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