Shared Care Agreement for the Prescribing of Oral Second-Generation Antipsychotics in Adults:

This guideline has been subject to consultation with Dr Suresh Chari and his colleague's at SWYFT. Consultation was also sought from the pharmacy team at SWYFT. This guideline has been subject to consultation and endorsement by the Area Prescribing Committee on 13th August 2025.

Introduction

Antipsychotics are medications used to treat an array of licensed and unlicensed indications in mental health, due in part to their mood stabilising properties, in addition to the antipsychotic effects.

Antipsychotics are effective medications; however, they are commonly associated with side effects that require regular monitoring to minimise the risk of harm and promote patient concordance.
Second-generation antipsychotics are particularly associated with weight gain and cardiometabolic changes, including central obesity, hypertension, insulin resistance, raised triglycerides and low HDL-cholesterol. These changes in turn increase patients' risk of developing or exacerbating pre-existing cardiovascular disease, diabetes and ultimately premature mortality.
Antipsychotics are also associated with movement side effects/extrapyramidal side effects (EPSE), elevated prolactin levels and QTc prolongation/ECG changes, which require additional monitoring.

This shared care prescribing guideline has been developed with due consideration to the appropriate NICE Clinical Guidelines (CG), Psychosis and Schizophrenia in Adults (CG178), Bipolar Disorder: assessment and management (CG185) and Depression in adults: treatment and management [NG222].

This share care only applies to adults (>18yrs). Use of antipsychotics for children/adolescents is beyond the scope of this shared care. Prescribing for children/adolescents will be retained by secondary care services.

Traffic Light Status:

Traffic light system classification		
Green	**Amber (Second Generation Oral Antipsychotics)**	**Red**
Chlorpromazine **Flupentixol** **Haloperidol** **Levomepromazine** **Prochlorperazine** **Sulpiride** **Trifluoperazine** **Zuclopenthixol**	**Amisulpride** **Aripiprazole** **Olanzapine** **Quetiapine** **Risperidone**	**Asenapine** **Cariprazine** **Clozapine** **(for more information, please click here)** **Lurasidone** **Depots/Long-acting injections (LAIs)**

This shared care agreement only applies to Amber (Second Generation Oral Antipsychotics). However, all patients prescribed antipsychotics, regardless of formulary status, are required to have at least annual physical health monitoring, including cardiometabolic checks.

Sharing of care assumes communication between the specialist, GP and patient and/or patient's carers. The intention of shared care should be explained to the patient/carer and they should be in agreement.

In cases where shared care arrangements are not in place, or where problems have arisen with the agreement such that patient care may suffer, the responsibility for the prescribing and management of the patient will revert to the secondary care specialist.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. They are responsible for ensuring blood tests are being performed and the results are acted upon.
Patients should be stabilised by secondary care before referring to primary care management.

Responsibilities of the specialist mental health services initiating treatment

Antipsychotics should only be initiated by specialist mental health services.

- Assess the suitability of the patient for treatment (including confirming the patient has no contra-indications to treatment and considering relevant cautions and drug interactions).
- Ensuring the patient and/or carer or guardian is fully informed of the treatment, including discussing the pros and cons of treatment, ensuring the patient is aware of side effects and monitoring requirements. Patients should be provided with accessible information, including patient information leaflets on the different treatment options available.
- To initiate and stabilise antipsychotic therapy, arrange prescriptions and evaluate over the first 12 weeks.
- To notify the GP of the intention to start antipsychotic therapy, within 10 days of initiating medication.
- To perform baseline tests/investigations and routine monitoring until the patient is stable for at least the first 12 weeks of treatment. Baseline tests/investigations should include:
    - U&Es, FBC, LFTs
    - Body weight, BMI & waist circumference
    - Blood pressure & pulse
    - Fast glucose or HbA1c
    - Full lipid profile
    - Prolactin
    - ECG
    - Physical health review including assessment of smoking status, any movement disorders, nutritional status and level of physical activity.

- To request that the GP continues prescribing and monitoring in accordance with this shared care agreement when the patient is stable and has been prescribed treatment for at least 12 weeks.
- To advise the GP when the patient will next be reviewed by mental health services. Typically, the patient's condition and treatment will be reviewed at least once a year until the patient is discharged from mental health services where this is possible.
- Advise the GP on when to adjust the dose, stop treatment, or refer back to mental health services.
- To monitor the patient for adverse events and report to the GP and, where appropriate the Commission on Human Medicines/MHRA (Yellow Card scheme).
- To provide the GP with contact details in case of any queries.
- To provide the patient/carer with contact details for support and help if required, both in and out of hours.

If ongoing specialist co-ordination of the patient's care is not required and can be safely discharged back to their GP, an individual care plan should be agreed on a case-by-case basis.

Responsibilities of other prescribers

Acceptance of Responsibility by the Primary Care Clinician
It is optional for GPs to participate in taking on responsibility for shared care for the patient. GPs will take on shared care only if they are willing and able.

- To reply to the request for shared care as soon as possible.
- To prescribe and adjust the dose of antipsychotic as recommended by mental health services.
- Ensure there are no interactions with any other medications initiated in primary care.
- To continue physical health monitoring, as requested by mental health services, including at least annually:
  - U&Es, FBC, LFTs
  - Body weight, BMI & waist circumference
  - Blood pressure & pulse
  - Fast glucose or HbA1c
  - Full lipid profile

  Annual prolactin and ECG monitoring are not routinely required unless patients are symptomatic or specifically requested by mental health services.
- To conduct an annual medication review or more frequently if required.
- To seek guidance/re-refer to mental health service if any concerns with the patient and/or their

treatment, for example:

- Patient's mental health is deteriorating or presenting with early warning signs of relapse.
- Patient discontinues treatment for any reason or issues with medication concordance.
- Significant change in the patient's physical health status.
- Patient or GP is not comfortable continuing with the existing regime due to either a change in condition or drug side effects, and a change in treatment may be required.
- Long-term use of antipsychotics for patients with a learning disability or dementia.
- Planned or unexpected pregnancy/breastfeeding.

- Discontinue treatment as directed by mental health services or immediately if an urgent need to stop treatment arises.
- Identify adverse events and liaise with the hospital specialist where necessary. Report adverse events to the specialist and where appropriate, the Commission on Human Medicines/MHRA (Yellow Card scheme) as required.
- GPs should not routinely issue prescriptions until they are asked to take over prescribing by the specialist.

Patient responsibilities:

- To take medication as prescribed. If taking medication differently from what has been prescribed, inform mental health service and/or GP.
- To attend appointments with mental health service and/or GP for monitoring of medication.
- To report any changes in mental state, including any deterioration of existing or development of new mental illness, to either mental health service and/or GP.
- Report any side effects to medication to mental health services and/or GP.
- Report any significant change in physical health to mental health service and/ or the GP e.g. changes in smoking status or starting a new medication, including any over-the-counter (OTC) medications.

Communication

Specialist to GP
The specialist will inform the GP when they have initiated relevant medication. When the patient is near completing the satisfactory initiation period, the specialist will write to the GP to request they take over prescribing. The GP should be sent a completed Shared Care Agreement form (appendix A) with a covering letter requesting to take over prescribing.

GP to specialist
If the GP has concerns prescribing/monitoring of medication specified within this guideline, they will contact the specialist as soon as possible but within 14 days of receipt of the shared care documentation, where practically possible.

Contact Details	Telephone number	Email
Barnsley Single Point of Access (SPA)/ Barnsley CORE Team/ East Enhanced Team	01226 645000	BarnsleyMentalHealthSpa@swyt.nhs.uk
Dr A. Meenadchisundaram (CORE Team consultant)	01226 645000	ampi.meenad@swyt.nhs.uk
Dr K Fletcher (Enhanced East Team Consultant)	01226 645000	kelsey.fletcher@swyt.nhs.uk
Dr K Rele (Enhanced West Team Consultant)	01226 644190	kiran.rele@swyt.nhs.uk
Dr O Niaz (IHBTT consultant)	01226 644150	omair.niaz@swyt.nhs.uk
Kendray Hospital Pharmacy team	01226 644338	kendraypharmacyteam@nhs.net
Chris Lawson (Head of Medicines Management Barnsley, NHS South Yorkshire ICB)	01226 433798	chris.lawson@nhs.net

General information regarding general cautions, warnings, side effects and drug interactions.

Below is a list of general cautions, warnings, side effects and drug interactions associated with all antipsychotic medications and should be considered in conjunction with each drug monograph.
Please note this is not an exhaustive list and the current BNF (https://www.medicinescomplete.com) and the SPC (https://www.medicines.org.uk/emc/) remain authoritative.

Cardiometabolic health: All antipsychotics are associated to some degree with weight gain and cardiometabolic changes, including central obesity, hypertension, insulin resistance, raised triglycerides and low HDL-cholesterol.
Increasing the risk of developing or exacerbate pre-existing cardiovascular disease and diabetes.
Patients prescribed antipsychotics should have their cardiometabolic health monitored at least annually as outlined in this shared care agreement.

QTc Prolongation: Antipsychotics can prolong QTc interval, which may lead to patients developing cardiac arrhythmias. Different antipsychotics have variable propensity to prolong the QTc interval.
Caution is advised when prescribing antipsychotics in patients with known cardiovascular disease or alongside medication known to prolong QTc interval. A baseline ECG is recommended for patients prior to initiation.
Routine ECG monitoring is not required unless specifically requested by mental health services, the patient is symptomatic, or physical health/medication risk factors have changed.

Parkinson's disease (and Lewy body dementia): Antipsychotics should be avoided or used with extreme caution. Patients are more sensitive to developing severe extra-pyramidal side effects (EPSEs)/exacerbation of movement symptoms. If required, low doses of an antipsychotic with a low binding affinity for D2 receptors should be used, e.g. quetiapine or clozapine.

Renal or hepatic impairment: Refer to individual SPC monographs for further advice. Antipsychotics have been rarely associated with hepatitis/hepatic injury and should be used with caution in patients with a history of liver disease or jaundice.

Elderly patients (>65yrs): Elderly patients are in general more sensitive to side effects and are more likely to have other comorbidities and medications that increase the risk further.
Antipsychotics increase the risk of falls, hypotension, EPSEs, over-sedation and confusion.
Antipsychotics may be associated with anticholinergic side effects, including urinary retention and constipation.
Doses of antipsychotic are lower than those typically prescribed for adults, please see BNF/SPC monographs for further information.

Patients with dementia: Antipsychotics prescribed for the management of behaviour and psychological symptoms of dementia (BPSD) should be avoided, unless symptoms are severe and other non-pharmacological treatments have failed.
The decision to prescribe antipsychotics for BPSD requires carefully weighing up the benefits and the risks (increased risk of stroke). If antipsychotics are prescribed for BPSD there should be clear documentation of target symptoms, how response will be measured and a time scale for review. If there are limited or no benefits, then the antipsychotic should be stopped.

Pregnancy and breastfeeding: Antipsychotics should only be prescribed after careful consideration of the risks and benefits posed to the mother and baby. Advice should be sought from specialist mental health services.

Patients with learning disabilities: Antipsychotics prescribed in the management of behaviours that challenge should generally be avoided, unless psychological or other interventions alone do not produce change within an agreed time; treatment for any coexisting mental or physical health problem has not led to a reduction in behaviour; the risk to the person or others is very severe. If antipsychotics are prescribed, there should be clear documentation of target symptoms, how response will be measured and a time scale for review. Antipsychotics should be offered in combination with psychological therapies. If there are no or limited benefits, then the antipsychotic should be stopped.

Driving and operating machinery: Antipsychotics may impair concentration and increase drowsiness. Patients should be advised not to drive or operate machinery until the full effects are known.
For further advice regarding driving, please see https://www.gov.uk/guidance/psychiatric-disorders-assessing-fitness-to-drive and https://www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency.

Blood dyscrasias: A rare but potentially life-threatening side effect of antipsychotics. It is usually associated with clozapine but can occur with any antipsychotic medication.

Epilepsy or predisposition to seizures: All antipsychotics have the potential to lower the seizure threshold, caution is advised.

Antipsychotic blood concentration monitoring: Following fatal cases involving toxicity of clozapine and other antipsychotic medicines, the MHRA advises that monitoring blood concentration of antipsychotics may be helpful in certain circumstances, such as patients presenting symptoms suggestive of toxicity, or when concomitant medicines may interact to increase blood concentration of antipsychotics (MHRA/CHM advice, August 2020).

Others: Antipsychotics should be used with caution in patients with myasthenia gravis; depression; photosensitisation; prostatic hypertrophy; severe respiratory disease; susceptibility to angle-closure glaucoma; history of jaundice; hepatic or renal impairment.

Side effects

Antipsychotics have a broad spectrum of side effects.
Side effects associated with antipsychotics as a class include:
Common or very common: Agitation; amenorrhoea; arrhythmias; constipation; dizziness; drowsiness; dry mouth; erectile dysfunction; fatigue; galactorrhoea; gynaecomastia; hyperglycaemia; hyperprolactinaemia; hypersalivation; hypotension (dose-related); insomnia; leucopenia; movement disorders; muscle rigidity; neutropenia; parkinsonism; postural hypotension (dose-related); QT interval prolongation; rash; seizure; tremor; urinary retention; vomiting; weight increased
Uncommon: Agranulocytosis; confusion; neuroleptic malignant syndrome (discontinue—potentially fatal)
Rare or very rare: Sudden death; withdrawal syndrome neonatal

Some side effects may be associated with specific antipsychotics. Please refer to individual SPC/BNF monographs for further advice.

Advice and guidance related to common side effects associated with antipsychotics.

Extra-pyramidal side effects (EPSE): These are movement disorders that can be further subdivided into akathisia, dystonias, parkinsonism and tardive dyskinesia. They are most associated with first-generation (typical) antipsychotics, high doses or rapid dose escalation and abrupt treatment discontinuation. Men, young people, children and antipsychotic-naïve patients are more at risk. Parkinsonism and dystonias may be managed with anticholinergic drugs (procyclidine, trihexyphenidyl, or orphenadrine). Primary care may be requested to prescribe this alongside antipsychotic treatment.

Cardiometabolic syndrome: weight gain/obesity, dyslipidaemia, impaired glucose tolerance and hypertension have been associated with all antipsychotics, increasing the risk of patients developing cardiovascular disease, diabetes and premature death.
Olanzapine and clozapine are most associated with weight gain and cardiometabolic changes.
Regardless of formulary status, all patients prescribed an antipsychotic should have at least annual physical health monitoring, including cardiometabolic checks.
It is the prescriber's responsibility to review and action appropriately.

Hyperprolactinemia: Symptoms of elevated prolactin may include sexual dysfunction, menstrual disturbances, breast growth and galactorrhoea. Long-term use has been associated with osteoporosis. Hyperprolactinemia may be associated with an increased risk of developing breast cancer, although the link has not been conclusively proven. Until further information is available, it is prudent to avoid high-risk antipsychotics in patients with a personal or family history of hormone-dependent breast cancer.

Antipsychotics most associated with clinically significant hyperprolactinemia include amisulpride, sulpride, risperidone, paliperidone and all first-generation (typical) antipsychotics.
High-risk antipsychotics should be avoided in young females, patients under 25 years of age and patients with osteoporosis.

Mental health services may request prolactin levels to be checked annually, however patients whose prolactin levels are stable and are asymptomatic may not require intervention.

Neuromalignant syndrome (NMS): A rare but potentially life-threating condition. If suspected, the antipsychotic drug should be immediately stopped and urgent medical attention sought.

Drug interactions
Please refer to individual BNF and SPC monographs for further advice.
Prescribers should be cautious of co-prescribing any medications that could compound the risk of central nervous depression/sedation, known to prolong QTc, potent CYP450 enzyme inducers/inhibitors, add to the accumulative anticholinergic burden and/or enhance serotonergic activity that may increase the risk of serotonin syndrome.

Individual monographs

Amisulpride

The following is not intended as an exhaustive list of cautions, contra-indications, side effects and drug interactions, but to highlight/emphasise information specific to that drug.
This section should be read in conjunction with the "General information regarding general cautions, warnings, side effects and drug interactions" (see above) and the BNF/SPC monograph.

SPC available at: https://www.medicines.org.uk/emc/product/548/smpc
See BNF at: https://bnf.nice.org.uk/drug/amisulpride.html

Licensed Indications:
Acute psychotic episode in schizophrenia
Schizophrenia with predominantly negative symptoms

Dose in adults:
Acute psychotic episode in schizophrenia: 400–800 mg daily in 2 divided doses, adjusted according to response; maximum 1.2 g per day.
Schizophrenia with predominantly negative symptoms: 50-300mg daily recommended.

Note: doses up to 300mg can be given as a single daily dose. Greater than this should be divided doses.

Preparations available:
Tablets – Generic 50mg, 100mg, 200mg & 400mg
Liquid– Generic 100mg/ml oral solution sugar-free

Cautions:
Similar as for all antipsychotic drugs, please see general cautions above
Amisulpride is predominantly eliminated by the renal route, does adjustments required if GFR drops below 60ml/min, see BNF/SPC for further information.

Contraindications:
Sensitivity to the active substance and/or its excipients.
CNS depression; comatose states; phaeochromocytoma; prolactin-dependent tumours or in combination with levodopa
Pregnancy: Avoid
Breastfeeding: Avoid

Side Effects:
Please see "side effects" above

Side effects specific to amisulpride:
Uncommon: Bone disorders; dyslipidaemia; hepatic disorders; nasal congestion; pneumonia aspiration. *Rare or very rare*: Angioedema; embolism and thrombosis; hyponatraemia; neoplasms; SIADH; urticaria. *Frequency not known*: Photosensitivity reaction.

Drug Interactions:
Please see "drug interactions" above.
Combining amisulpride with other medications that prolong the QT interval, may lead to the potentially fatal torsade de pointes arrhythmia.
The SPC specifically contra-indicates combining amisulpride with levodopa.

Monitoring:
As per responsibilities section above.
Amisulpride does not affect blood pressure to the same extent as other antipsychotic drugs and so blood pressure monitoring is not mandatory for this drug. However, this shared care recommends blood pressure monitoring as part of an holistic approach to patient care.

Aripiprazole:

The following is not intended as an exhaustive list of cautions, contra-indications, side effects and drug interactions, but to highlight/emphasise information specific to that drug.
This section should be read in conjunction with the "General information regarding general cautions, warnings, side effects and drug interactions" (see above) and the BNF/SPC monograph.

SPC available at: https://www.medicines.org.uk/emc/product/7969/smpc
See BNF at: https://bnf.nice.org.uk/drugs/aripiprazole/

Licensed Indications:
Schizophrenia
Treatment and recurrence prevention of mania

Dose in adults:
Schizophrenia: 10–15 mg once daily; usual dose 15 mg once daily (max. per dose 30 mg once daily).
Treatment and recurrence prevention of mania: 15 mg once daily, increased if necessary up to 30 mg once daily.

Preparations available:
Tablets: generic/Abilify 5mg, 10mg, 15mg & 30mg.
Orodispersible tablets sugar free: generic/Abilify 10mg & 15mg.
Liquid: generic/Abilify 1mg/1ml oral solution (sugar-free preparations also available)

Contraindications:
Sensitivity to the active substance and/or its excipients.
Pregnancy: Use only if potential benefit outweighs risk.
Breastfeeding: Manufactures advice avoid- present in milk

Cautions:
Similar as for all antipsychotic drugs, please see general cautions above.
Cerebrovascular disease; elderly (reduce initial dose); risk of aspiration pneumonia; severe hepatic impairment.

Pathological gambling & other impulse control disorders: Particularly gambling but also increased sexual urges, compulsive shopping and binge eating have been reported with aripiprazole. Clinicians should enquire frequently about this with the patient or caregiver. Consider dose reduction or cessation if a patient develops such urges (MHRA/CHM advice, December 2023).

Side Effects:
Please see "side effects" above

Side effects specific to aripiprazole:
Common or very common: Anxiety; appetite abnormal; diabetes mellitus; gastrointestinal discomfort; headache; musculoskeletal stiffness; nausea; vision disorders; weight decreased. *Uncommon*: Alopecia; depression; diarrhoea; hiccups; hypertension; sexual dysfunction; suicidal behaviours; thrombocytopenia
Frequency not known: Cardiac arrest; diabetic hyperosmolar coma; diabetic ketoacidosis; dysphagia; embolism and thrombosis; generalised tonic-clonic seizure; hepatic disorders; hyperhidrosis; hyponatraemia; laryngospasm; oropharyngeal spasm; pancreatitis; pathological gambling; peripheral oedema; photosensitivity reaction; pneumonia aspiration; rhabdomyolysis; serotonin syndrome; speech disorder; syncope; temperature regulation disorder; urinary incontinence; aggression; chest pain; myalgia.

Drug Interactions:
Manufacturer advises double the dose with concurrent use of potent inducers of CYP3A4 and reduce the dose by half with concurrent use of potent inhibitors of CYP3A4 or CYP2D6.

Monitoring: As per responsibilities section above.
Aripiprazole does not affect blood pressure to the same extent as other antipsychotic drugs and so blood pressure monitoring is not mandatory for this drug. However, this shared care recommends blood pressure monitoring as part of a holistic approach to patient care.

Olanzapine:

The following is not intended as an exhaustive list of cautions, contra-indications, side effects and drug interactions, but to highlight/emphasise information specific to that drug.
This section should be read in conjunction with the "General information regarding general cautions, warnings, side effects and drug interactions" (see above) and the BNF/SPC monograph.

SPC available at: https://www.medicines.org.uk/emc/product/3071/smpc
See BNF at: https://bnf.nice.org.uk/drug/olanzapine.html

Licensed Indications:
Schizophrenia
Monotherapy/combination therapy for mania
Preventing recurrence in bipolar disorder

Dose in adults:
Schizophrenia: 10 mg daily, adjusted according to response, usual dose 5–20 mg daily.
Monotherapy for mania: 15 mg daily, adjusted according to response, usual dose 5–20 mg daily
Combination therapy for mania: 10 mg daily, adjusted according to response, usual dose 5–20 mg daily
Preventing recurrence in bipolar disorder: 10 mg daily, adjusted according to response, usual dose 5–20 mg daily

Lower starting doses may be indicated for suspected slower metabolism (e.g. female, elderly, non-smoker, hepatic/renal impairment).

Preparations available:
Tablets – Generic/Zyprexa 2.5mg, 5mg, 7.5mg, 10mg, 15mg & 20mg.
Orodispersible tablets – Generic 5mg, 10mg, 15mg & 20mg.
Oral Lyophilisate – Zyprexa 5mg, 10mg, 15mg & 20mg.

Contraindications:
Hypersensitivity to the active substance and/or its excipients.
Patients with known risk of narrow-angle glaucoma
Pregnancy: Use only if potential benefit outweighs risk
Breastfeeding: Avoid – present in milk.

Cautions:
Similar as for all antipsychotic drugs, please see general cautions above.
Bone-marrow depression, hyperesoinophilic disorders; low leucocyte count; low neutrophil count, myeloproliferative disease; paralytic ileus; hepatic/renal impairment.

Olanzapine is associated with significant weight gain and cardiometabolic syndrome, caution is advised on initiation for patients at risk or have pre-existing cardiovascular disease and/or diabetes.

Side Effects:
Please see "side effects" above

Side effects specific to olanzapine:
Common or very common: Anticholinergic syndrome; hypersomnia; appetite increased; arthralgia; asthenia; eosinophilia; fever; glycosuria; oedema; sexual dysfunction.
Uncommon: Abdominal distension; alopecia; breast enlargement; diabetes mellitus; embolism and thrombosis; epistaxis; memory loss; oculogyration; photosensitivity reaction; urinary disorders; Diabetic coma; dysarthria; ketoacidosis. *Rare or very rare:* Hepatic disorders; hypothermia; pancreatitis; rhabdomyolysis; thrombocytopenia

Drug Interactions:
Please see "drug interactions" above.
Dose adjustments might be necessary if smoking started or stopped during treatment.

Monitoring: As per responsibilities section above.

Quetiapine:

The following is not intended as an exhaustive list of cautions, contra-indications, side effects and drug interactions, but to highlight/emphasise information specific to that drug.
This section should be read in conjunction with the "General information regarding general cautions, warnings, side effects and drug interactions" (see above) and the BNF/SPC monograph.

SPC available at: https://www.medicines.org.uk/emc/product/3079/smpc
See BNF at: https://bnf.nice.org.uk/drug/quetiapine.html

Licensed Indications:
Schizophrenia
Treatment of mania in bipolar disorder
Treatment of depression in bipolar disorder
Prevention of mania and depression in bipolar disorder
Adjunctive treatment of major depression

Dose in adults:
Schizophrenia: 300–450mg daily in 2 divided doses; maximum 750 mg per day (modified-release tablets maximum 800mg per day).
Treatment of mania in bipolar disorder: 400–800mg daily in 2 divided doses; maximum 800 mg per day.
Treatment of depression in bipolar disorder: 300 mg once daily; maximum 600 mg per day.
Prevention of mania and depression in bipolar disorder: Continue at the dose effective for treatment of bipolar disorder and adjust to the lowest effective dose; usual dose 300–800 mg daily in 2 divided doses.
Adjunctive treatment of major depression: 150–300 mg once daily (only quetiapine modified-release tablets are licensed as adjunctive treatment of major depression).

Preparations available:
Instant-release tablets – Generic/Seroquel 25mg, 100mg, 150mg, 200mg, 300mg & 400mg.
Modified-release tablets – Generic/Seroquel 50mg, 150mg, 200mg, 300mg, 400mg & 600mg
Liquid - Generic 20mg/ml oral solution sugar-free.

Instant release tablets should be first line as modified-release tablets and liquid are significantly more expensive. For further information, please see Quetiapine QIPP Detail Aid.

Patients can be switched from immediate-release to modified-release tablets, and vice versa, at the equivalent daily doses.

Contraindications:
Hypersensitivity to the active substance and/or its excipients,
Concomitant administration of strong CYP3A4 inhibitors.
Pregnancy: Use only if potential benefit outweighs risk.
Breastfeeding: manufacturer advises avoid.

Cautions:
Similar as for all antipsychotic drugs, please see general cautions above
Cerebrovascular disease; elderly; history or risk factors for sleep apnoea; patients at risk of aspiration pneumonia; treatment of depression in patients under 25 years (increased risk of suicide).
Hepatic impairment (lower starting dose and slower titration recommended).

Side Effects:
Common or very common: Appetite increased; asthenia; dysarthria; dyspepsia; dyspnoea; fever; headache; irritability; palpitations; peripheral oedema; rhinitis; sleep disorders; suicidal behaviours; syncope; vision blurred; withdrawal syndrome. *Uncommon:* Anaemia; diabetes mellitus; dysphagia; hyponatraemia; hypothyroidism; sexual dysfunction; skin reactions; thrombocytopenia. *Rare or very rare:* Angioedema; breast swelling; gastrointestinal disorders; hepatic disorders; hypothermia; menstrual disorder; metabolic syndrome; pancreatitis; rhabdomyolysis; severe cutaneous adverse reactions (SCARs); SIADH; venous thromboembolism. *Frequency not known*: Sleep apnoea.

Drug Interactions:
Concomitant administration of CYP3A4 inhibitors, the dose of quetiapine may need to be adjusted.
Grapefruit juice should be avoided,
Lithium potentially increases the risk of neurotoxicity; however, the combination may be beneficial for some patients.

Monitoring: As per responsibilities section above.

Risperidone:

The following is not intended as an exhaustive list of cautions, contra-indications, side effects and drug interactions, but to highlight/emphasise information specific to that drug.
This section should be read in conjunction with the "General information regarding general cautions, warnings, side effects and drug interactions" (see above) and the BNF/SPC monograph.

SPC available at: https://www.medicines.org.uk/emc/product/3957/smpc#gref

See BNF at: https://bnf.nice.org.uk/drugs/risperidone/

Licensed Indications:
Acute and chronic psychosis
Mania
Short-term treatment (up to 6 weeks) of persistent aggression in patients with moderate to severe Alzheimer's dementia unresponsive to non-pharmacological interventions and when there is a risk of harm to self or others

Dose in adults:
Acute and chronic psychosis, mania: typically, 1-6mg/day (max 16mg/day).
Persistent aggression in patients with moderate to severe Alzheimer's dementia: Initially 250mcg BD, then increased in steps of 250mcg BD on alternate days, typically 500mcg BD (max 1mg BD).

Preparations available:
Instant-release tablets – Generic 250mcg, 500mcg, 1mg, 2mg, 3mg, 4mg & 6mg.
Orodispersible tablets – Generic 500mcg, 1mg, 2mg, 3mg & 4mg
Liquid - Generic 1mg/1ml oral solution sugar-free.

Liquid may be diluted with any non-alcoholic drink, except tea.

Contraindications:
Hypersensitivity to the active substance and/or its excipients.
Acute porphyrias
Pregnancy: Use only if potential benefit outweighs risk.
Breastfeeding: Use only if potential benefit outweighs risk—small amount present in milk

Cautions:
Similar as for all antipsychotic drugs, please see general cautions above
Dehydration; dementia with Lewy bodies; prolactin-dependent tumours
Cataract surgery, risk of intraoperative floppy iris syndrome, primary-care physicians should document the use of paliperidone when making a referral for cataract surgery (MHRA drug safety alert 2013)
Renal or hepatic impairment (dose adjustment required), BNF/SPC monograph for further information

Side Effects:
Please see "side effects" above

Side effects specific to Risperidone:
Common or very common: Anaemia; anxiety; appetite abnormal; asthenia; chest discomfort; conjunctivitis; cough; depression; diarrhoea; dyspnoea; epistaxis; fall; fever; gastrointestinal discomfort; headache; hypertension; increased risk of infection; joint disorders; laryngeal pain; muscle spasms; nasal congestion; nausea; oedema; oral disorders; pain; sexual dysfunction; skin reactions; sleep disorders; urinary disorders; vision disorders; weight decreased. *Uncommon:* Alopecia; breast abnormalities; cardiac conduction disorders; cerebrovascular insufficiency; chills; coma; concentration impaired; consciousness impaired; cystitis; diabetes mellitus; dry eye; dysarthria; dysphagia; dysphonia; ear pain; eye disorders; feeling abnormal; flushing; gait abnormal; gastrointestinal disorders; induration; malaise; menstrual cycle irregularities; mood altered; muscle weakness; palpitations; polydipsia; posture abnormal; procedural pain; respiratory disorders; sensation abnormal; syncope; taste altered; thirst; thrombocytopenia; tinnitus; vaginal discharge; vertigo. *Rare or very rare:* Angioedema; catatonia; dandruff; diabetic ketoacidosis; embolism and thrombosis; eyelid crusting; glaucoma; hypoglycaemia; hypothermia; jaundice; pancreatitis; peripheral coldness; rhabdomyolysis; SIADH; sleep apnoea; water intoxication; withdrawal syndrome. *Frequency not known:* Cardiac arrest; severe cutaneous adverse reactions (SCARs).

Drug Interactions:
Please see "drug interactions" above.
Concomitant use of Furosemide has been associated with a higher risk of mortality with co-use in elderly patients with dementia, caution is advised.

Monitoring:
As per responsibilities section above.

Appendix A – Shared Care Request Form (Amber) Oral Second-Generation Antipsychotics in Adults

- Specialist to complete when requesting GP to enter a shared care arrangement.
- GP to return signed copy of the form.
- Both parties should retain a signed copy of the form in the patient's record.

From (**Specialist**): _____ **To** (**GP**): _____

Patient details

Name: _____ ID Number: _____

Address: _____ DOB: _____

Diagnosed condition: _____

Amber Drug details

Drug name: _____ Dose: _____

Date of initiation: _____ Length of treatment: _____

The patient will be reviewed by the Consultant on: _____

The patient should be reviewed by the GP by: _____

Telephone number(s) for contact:

Consultant: **Date**:

Monitoring

The following monitoring should be undertaken by the GP:

Parameter	Date next test due	Frequency
U&Es, FBC, LFTs		
Body weight, BMI & waist circumference		
Blood pressure & pulse		
Fast glucose or HbA1c		
Full lipid profile		

Communication

Consultant
Telephone number: _____ Fax number:_____

Email address: _____

Specialist Nurse
Telephone number: _____ Fax number: _____

Email address: _____

Confirmation of acceptance of shared care

Specialist (Doctor/Nurse) name: _____

Specialist (Doctor/Nurse) signature: _____ Date: _____

I, Dr …….., can confirm I :

☐ accept the request to participate in shared care for the patient named above.

☐ reject the request to participate in shared care for the patient named above. The reason for this being ……..

GP signature: _____ Date: _____

To save resources you have been sent Appendix A of the shared care document. The full document (Shared Care Agreement for the Prescribing of Oral Second Generation Antipsychotics in Adults: *date approved August 2025)* can be accessed on the South Yorkshire Medicines Optimisation website at the following link: https://mot.southyorkshire.icb.nhs.uk/search?locations=barnsley%2Csouth-yorkshire&categories=Shared+Care&q=antipsychotics

Or via the Barnsley Area Formulary www.barnsleyformulary.nhs.uk