

# Revolving Door Syndrome of Missed Antipsychotic Depots in Remote Communities

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## Background:

In recent years, there has been mismanagement of antipsychotic depots (AD), including early, delayed, and missed doses, in remote areas of Australia. Some resulted in rehospitalisation of patients.

## Methods:

Data was collected retrospectively for the period 01/01/2021 – 31/12/2021. Remote patients prescribed AD before admission, or discharged on AD were included. Data included: residing community; clinic type (government or non-government organisation (NGO)); allocated Mental Health (MH) team; details of prescribed AD & changes to AD during admission.

## Results:

Of 2061 admissions analysed, 146 involved patients prescribed an AD. 22 (15%) admissions were related to ADs not administered on time in the remote community. 5 were formally reported as incidents and required further investigation; 10 were from NGOs. Paliperidone was the most commonly missed depot (55%), followed by zuclopenthixol decanoate (5%) (See figure one).

Of 146 patients prescribed an AD, 60 (41%) remote communities had a discharge summary uploaded, 24 (16%) did not have a discharge summary uploaded, and 62 (42%) were unable to be accessed due being an NGO.

## Discussion:

Most antipsychotics have complex re-initiation protocols if doses are missed e.g. paliperidone requires reloading if > 6 weeks overdue, which is challenging to facilitate in remote communities. Other factors contributing to AD mismanagement include timely distribution of discharge summaries, difficulty locating patients in remote communities to administer medicines, and inadequate updating of remote community clinic records.

This audit highlights challenges in managing ADs for remote MH clients. Future audits will evaluate effectiveness of new measures implemented to improve depot management.

## Aim/Objective(s):

To identify hospital admissions resulting from missed depots and rates of discharge summary uploaded to remote clinic electronic records post admission.

