» For management of extra-pyramidal adverse drug reactions and acute dystonic reactions: See Section 16.2.1: Extra-pyramidal side effects.

If poor response, to IM antipsychotic or poor EPSE response to anticholinergic switch to risperidone:

- Risperidone, oral, 2 mg daily (Doctor prescribed).
  - Increase to 4 mg daily if there is a poor response after 4 weeks.

If patient is already stabilised on chlorpromazine:

- Chlorpromazine, oral (Doctor prescribed).
  - Maintenance dose: 75–300 mg at night, but may be as high as 800 mg.

REFERRAL

» Poor social support.
» High suicidal risk or risk of harm to others.
» Children and adolescents.
» The elderly.
» Pregnant and lactating women.
» No response or intolerance to medicine treatment.
» Concurrent medical or other psychiatric illness.
» Epilepsy with psychosis.
» Early sign of relapse.

16.6 PSYCHIATRIC PATIENTS - GENERAL MONITORING AND CARE

DESCRIPTION

Nursing staff are required to monitor users with serious mental illness between medical or psychiatric doctor visits.
Regular monitoring with documented nursing notes in the file should occur monthly to 6-monthly depending on the severity of the illness and the risk of relapse, aggression, absconding or poor adherence, with referral as required.
Monitoring includes:

» A mental state enquiry and examination.
» A brief psychosocial assessment.
» A risk assessment for harm to self or others with referral if deemed high risk.
» Adherence support.
» Women: family planning, pregnancy counselling, supportive home visits in childcare.
» General health: screen at baseline and annually - weight and body mass index, blood pressure (See Section 4.7: Hypertension), finger-prick blood glucose test for diabetes (See Section: 9.2.2: Type 2 Diabetes mellitus, adults), HIV (See chapter 11: HIV and AIDS), and tuberculosis (See Section 17.4: Pulmonary tuberculosis (TB)).
» Lifestyle advice for obesity, smoking, alcohol, other substances, and high-risk sexual behaviour or victim of abuse. *LoE:IVb*[24]

Recommendations for specific medicines include:

» Antipsychotic medicines:
- Examples: haloperidol, risperidone, flupenthixol decanoate, zuclopenthixol decanoate.
- If metabolic effects (e.g., weight gain, hyperglycaemia, hyperlipidaemia) occur, refer to a dietician and encourage regular exercise. If needed, manage dyslipidaemia (See Section: 4.1: Prevention of ischaemic heart disease and atherosclerosis). *LoE:IVb*[25]

» Lithium:
- The therapeutic range is 0.8–1.0 mmol/L in acute mania, 0.6–0.8 mmol/l for prevention of mania and 0.4–0.8 mmol/l for prevention of depressive relapse.
- Monitor lithium concentration and eGFR every 6 months (3-monthly in elderly or those with medical comorbidity).
- Monitor TSH and calcium concentrations annually.
- Women of childbearing potential must be on family planning; refer all pregnant women on lithium immediately (See caution on lithium in Adult Hospital Level STGs, "Chapter 15: Mental Health Conditions and Substance Misuse - Section 15.3.2 Bipolar And Related Disorders").

» Valproic acid and carbamazepine: Avoid in women of childbearing potential.
- If alternate treatment cannot be recommended and these agents are required, give:

- Folic acid, oral, 5 mg daily; and ensure reliable contraception. *LoE:IVb*[26]

CAUTION

Valproic acid is teratogenic, and children born to women taking valporic acid during pregnancy are at significant risk of birth defects (10%) and persistent developmental disorders (40%). Valproic acid is contra-indicated during pregnancy and in women of child-bearing potential and should be avoided. If no alternative, acknowledgment of risk must be signed: https://www.sahpra.org.za/wp-content/uploads/2020/08/6.28_Valproate_Annual_Risk_Acknowledgement_Form_Dec18_v1.pdf *LoE:IIIb*[27]

16.7 SUICIDE RISK ASSESSMENT

R45.8/X60-X84/Z91.5 + (Z81.8)

DESCRIPTION

Suicide is the act of deliberately killing oneself. Self-harm refers to intentionally self-inflicting injury or poisoning, which may or may not have a fatal intent or outcome. Suicide risk assessment is a process of estimating the probability for a person to commit suicide. There are 5 important components when assessing suicide: ideation (thoughts), intent, plan, access to lethal means, and history of past suicide attempts.

Key risk factors for suicide include previous suicide attempt, current suicidal plan or ideation, and history of mental illness and/or substance abuse, access to lethal means,