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References

166 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 1 Other cardiovascular risk factors The risk of drug-induced arrhythmia and sudden cardiac death with psychotropics is an important consideration. With respect to cardiovascular disease, note that other risk factors such as smoking, obesity and impaired glucose tolerance present a much greater risk to patient morbidity and mortality than the uncertain outcome of QT changes. See the relevant sections for discussion of these problems. Summary Table 1.38 Management of QT prolongation in patients receiving antipsychotic drugs. QTc Action Refer to cardiologist <440ms (men) or <470ms (women) None unless abnormal T-wave morphology Consider if in doubt

“ 440ms (men) or >470ms (women) but <500ms Consider reducing dose or switching to drug of lower effect; repeat ECG Consider 500ms Repeat ECG. Stop suspected causative drug(s) and switch to drug of lower effect. Immediately Abnormal T-wave morphology Review treatment. Consider reducing dose or switching to drug of lower effect. Immediately ■ ■In the absence of conclusive data, assume that all antipsychotics are linked to sudden cardiac death. ■ ■Prescribe the lowest dose possible and avoid polypharmacy/metabolic interactions. ■ ■Perform ECG on admission and, if previous abnormality or additional risk factor, at yearly check-up. ■ ■Consider measuring QTc within a week of achieving a therapeutic dose of a moderate/high-risk antipsychotic. References

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