Scottish Parliament Region: Glasgow

Case 200601272: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Community Mental Health

Overview

The complainant, Mr C, raised concerns that, following the withdrawal of part of his medication by the manufacturer, clinical staff failed to adequately assess his condition and provide him with suitable alternative medication or check his blood pressure.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) staff failed to adequately assess Mr C following the withdrawal of his medication (*not upheld*);

(b) a staff grade doctor (the Staff Grade Doctor) inappropriately refused to check Mr C's blood pressure (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 16 November 2006 the Ombudsman received a complaint from Mr C that, following the withdrawal of part of his medication by the manufacturer, clinical staff failed to adequately assess his condition and provide him with suitable alternative medication or check his blood pressure. Mr C complained to Greater Glasgow and Clyde NHS Board (the Board) but remained dissatisfied with their responses and subsequently complained to the Ombudsman.

2. The complaints from Mr C which I have investigated are that:

(a) staff failed to adequately assess Mr C following the withdrawal of his medication; and

(b) the Staff Grade Doctor inappropriately refused to check Mr C's blood pressure.

Investigation

3. In writing this report I have had access to Mr C's clinical records (Psychiatric and Renal) and the complaints correspondence from the Board. I obtained advice from one of the Ombudsman's professional medical advisers (the Adviser) regarding the clinical aspects of the complaint.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. Mr C and the Board were given an opportunity to comment on a draft of this report.

Clinical background

5. The Adviser reviewed Mr C's clinical records and told me Mr C has suffered from a variety of mental health and physical illnesses for many years. There was a probability that there would be a complex interaction between his mental health and physical symptoms and this would have affected his treatment. Mr C also has problems with multiple cysts of the kidneys which have resulted in slowly progressive renal failure, leading to the need for dialysis. The Adviser explained that renal failure causes raised blood pressure; and raised blood pressure, which has many causes, accelerates renal damage. Renal patients such as Mr C tend to find themselves on a large number of drugs to stimulate the kidneys; to reduce blood pressure; and to counteract derangement of the body's biochemistry. The Adviser explained normally some

drugs are removed from the body by healthy kidneys and, therefore, special care has to be taken when prescribing medication for a patient with renal failure because normal or even low doses could build up to dangerous levels. Mr C also needed drugs for pain, including antidepressants and drugs to reduce the inflammation of the stomach caused by painkillers.

6. The Adviser noted that in 2005 Mr C attended the Renal Unit and the Community Psychiatric Resource Centre (the Centre) where he was reviewed by medical staff. A Community Psychiatric Nurse (the CPN) and a Support Worker (the Support Worker) were also in regular contact. Mr C had been prescribed amoxapine 200 mg and trazadone 300 mg (antidepressants) at night for a long time and various doses of diazepam (tranquilliser). The antidepressants would be expected to help with Mr C's mood; reduce tension; improve sleep; and reduce pain. They are both relatively safe for use in patients in renal failure. The maximum recommended dose of amoxapine is 300 mg daily and of trazadone 600 mg (prescribed by a hospital doctor).

(a) Staff failed to adequately assess Mr C following the withdrawal of his medication; and (b) the Staff Grade Doctor inappropriately refused to check Mr C's blood pressure

7. Mr C complained to the Board in July 2006 that he had been taking amoxapine for 16 years when it was suddenly withdrawn from the market on 21 December 2005. He had immediately contacted his GP (the GP) who telephoned the Centre and was told by a Consultant Psychiatrist (the Consultant) to double the dose of trazadone although Mr C believed he was on the maximum dosage. Mr C then attended the chemist and the Pharmacist told him that he should remain on the same dosage of trazadone. Mr C then urgently contacted the CPN at the Centre who said that he was to follow the Consultant's advice. When Mr C saw the Staff Grade Doctor at a review appointment a few days later, Mr C said the Staff Grade Doctor had said the dose of trazadone was dangerous after checking a medical book. Mr C was also concerned that the Staff Grade Doctor had refused to take his blood pressure and gave false assurances that he would be fine within two days following the withdrawal of amoxapine.

8. The Board's Head of Mental Health Services and Partnerships (Head of Services) responded to Mr C on 11 September 2006 following a meeting held at Mr C's home with the Operations Manager (the Manager) to clarify the issues which had caused Mr C concern. The Head of Services explained that the

Manager met with the Consultant concerning the action taken following the withdrawal of amoxapine. The Consultant recalled she took a telephone call from the GP at about 17:00 on 21 December 2005 about the possibility of substituting an alternative antidepressant for amoxapine due to the interruption in the supply of the drug. The Consultant said the GP reported Mr C was in a distressed state and requested alternative medication. The Consultant discussed Mr C's psychiatric and medical history and both he and the GP were concerned that his mental health was likely to deteriorate significantly over the forthcoming holiday period due to the withdrawal of amoxapine. The Consultant reviewed Mr C's psychiatric notes and confirmed from the manufacturers of amoxapine that no further supplies of the drug were immediately available. In view of Mr C's history of renal failure it was felt that an increase in trazadone was the safer option rather than adding another drug at that time. The plan was for Mr C to remain with the increased dose until review by the Staff Grade Doctor the following week. The decision to increase trazadone in the short term was taken following discussion with the GP about the relative risks of prescribing an increased dose of trazadone in the context of Mr C's history of renal failure against the risk of acute relapse of his psychiatric illness.

9. The Head of Services explained that the Manager had met with the Staff Grade Doctor and said that the Staff Grade Doctor recalled referring to the British National Formulary (BNF)[1] when he saw Mr C but he did not say that the dose of trazadone was dangerous. He also said he would not routinely take Mr C's blood pressure unless this was clinically indicated and that he could not recall this being appropriate in Mr C's case. The Staff Grade Doctor did appreciate that Mr C may have had the procedure carried out routinely by other medical staff.

10. The Adviser said that Mr C's conditions had always been difficult to treat but that he had received good care and treatment from the Centre with support at home and regular medical review (which I have seen). The records indicate good communication within the team, who were aware that Mr C's renal failure was progressing to the stage where dialysis would be required. The Adviser felt Mr C's psychiatric medicine regime had been arrived at by trial and error over the years and would probably have continued unchanged, unless dialysis required it and had the break in the supply of amoxapine not occurred. The Adviser said amoxapine is not addictive in the usual sense but gradual

[1] BNF – Guidance on the prescribing, dispensing and administering of medications

withdrawal is advised because of the risk of some symptoms. He added that any patient forced to stop a drug that seems to have helped may well feel anxious.

11. In the Adviser's opinion, it was reasonable for the Consultant to recommend increasing the dose of trazadone when the amoxapine was stopped and the rationale for it was recorded clearly. The Adviser accepted this was not ideal but was the most sensible action in a difficult situation. Mr C was being monitored by Centre staff. The Adviser noted the Pharmacist had a different opinion to that of the Centre staff but he felt both were permissible. The Adviser felt that the change in medication would have increased Mr C's anxiety and may have contributed to raising his blood pressure. The Adviser told me that it might have appeared helpful if the Staff Grade Doctor had checked Mr C's blood pressure but an isolated reading at that point would have doubtful significance and it was probably better to leave it to Mr C and his GP to arrange. In summary, the Adviser had no concerns about the treatment Mr C received.

(a) Conclusion

12. Mr C complained that he was not adequately assessed following the withdrawal of amoxapine. The advice which I have received and accept is that Mr C suffered from both psychiatric and medical problems and that his medication regime had to be finely balanced due to the potential for severe interactions. However, I am satisfied that the staff involved in Mr C's care and treatment made reasonable decisions to alter his medication regime and to keep him under review in case of complications. As a result, I do not uphold this complaint.

(a) Recommendation

13. The Ombudsman has no recommendations to make.

(b) Conclusion

14. Mr C had concerns that the Staff Grade Doctor refused to check his blood pressure following the change in his medication regime. I have been advised that such a procedure on its own was unlikely to have been of value and that it would normally be carried out by the patient's GP. However, this matter might not have been adequately explained to Mr C by the Staff Grade Doctor at the time and as a result it caused him some anxiety. While I do not uphold the complaint as such, I would ask the Board to share this report with the Staff

Grade Doctor to reflect on whether he should have made his reasons for not taking Mr C's blood pressure more clear.

(b) Recommendation

15. The Ombudsman has no recommendations to make.

22 August 2007

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Board	Greater Glasgow and Clyde NHS Board
The Staff Grade Doctor	Staff Grade Doctor (Psychiatry)
The Adviser	The Ombudsman's professional medical adviser who is a Consultant Psychiatrist
The Centre	Community Psychiatric Resource Centre
CPN	Community Psychiatric Nurse
The Support Worker	Support Worker at the Centre
The GP	Mr C's GP
The Consultant	Consultant Psychiatrist
The Head of Services	The Head of Mental Health Services and Partnerships
The Manager	Operations Manager
BNF	British National Formulary – Guidance on the prescribing, dispensing and administering of medications