

Maximizing psychiatric stability, minimizing infection risk:

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Use of long-acting injectable antipsychotics during the COVID-19 pandemic



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Psychiatric risks for infection

- People with schizophrenia and bipolar disorder may be at greater risk due to features of the illness.
 - Information processing deficits, impaired judgment, and disorganization can make it difficult to understand and follow public health guidelines (i.e. mask wearing, social distancing, and hand hygiene)
- People with schizophrenia and bipolar disorder may be at greater risk due to social determinants of health.
 - Congregate living situations (group homes, shelters)
 - Comorbid health conditions (diabetes, smoking, heart disease)

Psychiatric stability as a public health priority

- Treatment facilitates stability.
- Antipsychotic medications, including long-acting injectable antipsychotics (LAIs) are an important treatment tool.
- In-person administration runs counter to infection control strategies.

Aims

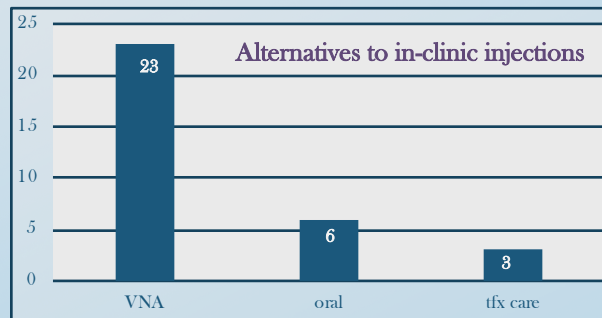
- 1) Maintain psychiatric stability
- 2) Minimize risk of transmission of COVID-19

Strategies used to mitigate infection risk

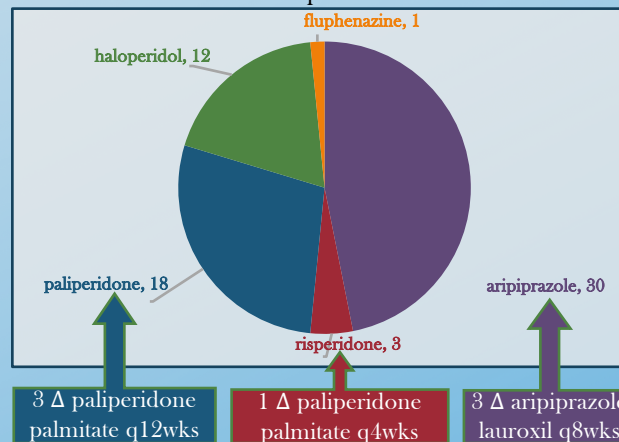
- Population-based approach to determine who to
 - switch to longer-acting LAIs
 - switch to oral antipsychotics
 - receive the LAI at home

Interventions

- Between January and May, 2020, 33% patients on LAI were transitioned to alternative treatment.



- 45 patients continued to receive their LAI at the clinic. 15% were switched to longer-acting formulations of their respective LAIs.



Outcomes

- 1) 40% reduction of annual in-person injections
- 2) No psychiatric hospitalizations due to a missed injection or medication change.

- The reduction of in-person injections reduced infection risk to patients, clinic staff, and the larger community

Conclusions

- Careful planning, close communication, and use of appropriate precautions can lead to uninterrupted psychiatric care of a vulnerable population, while mitigating infection risk.
- Benefit beyond reducing viral transmission include:
 - improving adherence
 - increasing convenience
 - promoting better coordination with our pharmacy partner
 - using population-based management
- Making explicit common sense strategies, such as building a database of all people on LAIs, positions clinics to be nimble in the face of unpredicted events.

clinic visits /year	COVID clinic visits	current dose	frequency	last injection	next injection	plan	action	age	med list	visiting nurse	pharmacy address	pharmacy phone
12	0	Abilify Aristada 1064mg	q8wk	4/24	6/18	VNA	refer to CHC VNA	44	fluoxetine 40mg olanzapine 30mg clonazepam 1mg	617-xxx-xxxx	xxx	Ph// Fx
26	12	Risp Consta	Q2wks q4wks	5/26	6/23	Switch	Systema	64	none	n/a	xxx	Ph// Fx

1. Shinn AK, Viron M. Perspectives on the COVID-19 Pandemic and Individuals With Serious Mental Illness. *J Clin Psychiatry*. 2020;81(3):20com13412. Published 2020 Apr 28. doi:10.4088/JCP.20com13412

2. SMI Advisor https://smiadviser.org/knowledge_post/what-are-clinical-considerations-for-giving-lais-during-the-covid-19-public-health-emergency

3. Bartels SJ, Baggett TP, Freudenreich O, et al: Case Study of Massachusetts COVID-19 Emergency Policy Reforms to Support Community-based Behavioral Health and Reduce Mortality of People with Serious Mental Illness. *Psychiatr Serv* | State Mental Health Policy. Accepted 16 April 2020. DOI: 10.1176/appi.ps.202000244. (*Psychiatric News Alert Summary*)