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Consensus Statement Provides Guidance on Potentially Fatal Cardiac Events in Schizophrenia

Expert panel publishes evidence-based guidelines to help psychiatrists minimise cardiac risks when treating schizophrenia

Tuesday 16 October, 2001: Today, the recently formed Cardiac Safety in Schizophrenia Group (CSISG), which brings together experts from the fields of cardiology and psychiatry, launched a consensus statement to assist clinicians identify and manage cardiac risk factors in the treatment of patients suffering from schizophrenia.

Recent research in the United States and United Kingdom shows that awareness amongst psychiatrists of cardiac risks, particularly significant QTc prolongation, in the treatment of schizophrenia varies widely [1,2] – with resulting uncertainty within the profession. As QTc interval prolongation may be an indication of life-threatening cardiac rhythm disturbances such as *torsades de pointes* ventricular tachycardia, clear and consistent guidance is needed to help psychiatrists minimise these hard-to-predict risks.

The key recommendations of the consensus statement include:

- Psychiatrists should assess all their patients for QTc prolongation risk factors. Patients demonstrating a high QTc prolongation risk should be referred to a cardiologist for an assessment.
- Major risk factors for QTc prolongation in patients with schizophrenia include: pre-existing cardiac disease, certain systemic diseases (e.g. diabetes or cirrhosis), electrolyte abnormalities, female sex, certain antipsychotic drugs, miscellaneous therapies including tricyclic antidepressants and polypharmacy.
- If possible, patients deemed to be at increased cardiac risk should be treated with an antipsychotic drug with little or no significant effect on the QT interval.
- A team approach is recommended to minimise cardiac risk, with frequent information sharing among the patient's primary health care physician, psychiatrist, pharmacist and other appropriate medical specialists, including cardiologists.
- Co-prescribing one or more drugs that significantly prolong QTc interval or that inhibit cytochrome metabolising enzymes, thus increasing plasma levels of many antipsychotics, should be avoided.
- Patients taking antipsychotic medication long-term should be monitored for weight gain, lipid abnormalities and glucose tolerance impairment, and where appropriate management programmes

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should be instituted. Such risk factors are more easily predicted and managed than heart rhythm abnormalities such as QTc prolongation.

Central to the consensus statement is a treatment algorithm - designed to help psychiatrists to assess and manage the individual QTc risk profiles of their patients and to make appropriate and informed prescribing decisions.

"Managing the risk of significant QTc prolongation is the focus of the consensus statement because this issue is increasingly important to practitioners and regulatory bodies alike. For instance, both the FDA and EMEA have restricted the use of certain antipsychotics due to concerns over significant QTc prolongation. These restrictions include the voluntary withdrawal of products and label warnings advising ECG monitoring and the use of safer antipsychotics,"[3,4,5,6] said Professor Peter Falkai, Deputy Chairman of the Department of Psychiatry, University of Bonn and member of the Cardiac Safety in Schizophrenia Group.

Professor John Camm, Head of the Department of Cardiological Sciences, St George's Hospital Medical School, London and member of the CSISG summed up by saying; "The members of the CSISG feel that they have made a valuable start towards providing definitive guidance on the management of QTc prolongation in psychiatry. Our guidelines are designed to help psychiatrists reduce the risks to patients and to ensure that a consistent and informed approach is implemented world-wide. The safety of patients is our first priority and we hope that we can work with psychiatrists to provide practical recommendations to help to reduce unnecessary risks."

Over the ensuing months, the CSISG will report more detailed cardiac guidelines and algorithms for clinicians treating patients suffering from schizophrenia. The CSISG welcomes suggestions and recommendations from the medical and psychiatric community.

- ends -

For more information or to arrange an interview with a member of the global CSISG, please contact the secretariat – Sarah Wolf on +44 207 331 5365 or Rebecca Burton on +44 207 331 5458

Visit the CSISG website at http://www.csisg.com or http://www.cardiacsafety.com

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Notes to Editor

About the QT interval[7,8]

- The QT interval refers to the time from the beginning of the Q wave to the end of the T wave on an electrocardiogram, and it represents both ventricular depolarisation and repolarisation.
- The QT interval varies according to heart rate. Correcting for this variation gives the QTc value (rate-corrected QT interval).
- A QTc interval longer than 450 milliseconds is of potential concern [9] and prolongation longer than 500 milliseconds indicates elevated risk of tachyarrhythmias (torsade de pointes)
- A significantly prolonged QT interval on the electrocardiogram (ECG) (>500 milliseconds) has been associated with an increased risk of life-threatening arrhythmias and sudden death.

The Cardiac Safety in Schizophrenia Group (CSISG)

The CSISG is a panel of international psychiatric and cardiac experts seeking to help clarify the issues associated with cardiac safety in schizophrenia and provide guidance for psychiatrists to help minimize cardiac risks for people with schizophrenia.

Members of the CSISG

- **Associate Professor David Ames,** Associate Professor of Psychiatry of Old Age, The University of Melbourne, Melbourne, Australia
- **Professor John Camm**, Head of Department, Cardiological Sciences, St George's Hospital, London, UK
- **Dr Peter Cook,** Associate Clinical Professor, Psychiatry, McMaster University and Executive Director of the Hamilton Program for Schizophrenia, Hamilton, Ontario, Canada

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- **Professor Peter Falkai,** Deputy Chairman of the Department of Psychiatry, University of Bonn, Germany
- **Dr Charles Gury,** Director-Assistant of the Clinical Pharmacy Department, Sainte-Anne Hospital, Paris, France
- **Dr Rod Hurley,** Chief Pharmacist of the Glenside Campus Pharmacy Dept , Statewide Mental Health Service, South Australia, Australia
- **Professor Gordon Johnson,** Professor of Psychiatry, University of Sydney, Australia
- **Dr Robert Piepho,** Dean and Professor, University of Missouri-Kansas City School of Pharmacy and School of Medicine, Kansas City, USA
- **Dr Victor Vieweg,** Professor of Psychiatry and Internal Medicine at the Medical College of Virginia, Virginia Commonwealth University, Richmond, Virginia, USA

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