Agenda
London, Park Plaza Westminster - 12th November 2014
Chaired by Dr Ahmed Shoka, Consultant in General Adult Psychiatry, North Essex Partnership University NHS Foundation Trust

09.30 – 10.00  Arrival & registration
10.00 – 10.15  Chair’s Welcome and Opening
Chaired by Dr Ahmed Shoka, Consultant in General Adult Psychiatry, North Essex Partnership University NHS Foundation Trust

10.15 – 11.15  Keynote Presentation : LAIs: Perceptions & Practicalities of a New Treatment Option
Dr A Khan, President and CEO of American Psychiatric Consulting, Director of Psychiatry at Brunswick Hall

11.15 – 11.30  Q&A
11.30 – 11.45  Coffee

11.45 – 12.30  Early UK Experience with Abilify Maintena; Case Studies and Interactive Discussion
Dr Markus Bienroth, Consultant Psychiatrist, Oxleas NHS Foundation Trust

12.30 – 13.00  Q&A
13.00 – 13.30  Lunch

13.30 – 13.45  Debate: LAIs should be offered as first line treatment? For:
Prof David Taylor, Director of Pharmacy and Pathology at the Maudsley Hospital

13.45 – 14.00  LAIs should be offered as first line treatment? Against:
Sarah Kerr, Commissioning Lead Pharmacist, West Hampshire CCG

14.00 – 14.15  Q&A and Panel Discussion
14.15 – 14.30  Coffee

14.30 – 14.45  Debate: To share or not to share? For
Shared Care for Mental Health
Dr Tim Hanlon, Chief Pharmacist at Berkshire Healthcare NHS Foundation Trust

14.45 – 15.00  To share or not to share? Against?
Shared Care for Mental Health
Dr Charles Allessi, Chairman of NAPC and Chairman of NHS Clinical Commissioners

15.00 – 15.15  Q&A and Panel Discussion
15.15 – 15.30  Chair’s Summary and Meeting Close

To register for this meeting, please visit the following webpage:
www.highfiveevents.co.uk/LAILondon
Dr Ahmed Shokla (Meeting Chair)
Consultant in General Adult Psychiatry, North Essex Partnership University NHS Foundation Trust. I am also an honorary lecturer at the School of Health & Human sciences, Essex University. I have always viewed the art of psychopharmacology as the scalpel in the hands of a crafty surgeon. I run a Metabolic Clinic at my Trust to address issues of physical health for those who suffer from Severe Mental Illness. I have a specialist training in the diagnosis and treatment of Adult ADHD and consequently I run a clinic in this field.

I have a keen interest in Compliance, Concordance and Adherence when it comes to prescribing. I have publications in OCD, Depor Antipsychotics and Physical Health Monitoring. The relationship between Depression, Anxiety and Pain attracts my attention both clinically and from the research point of view. I am continuously developing my knowledge and skills in the "interface between medical ethics and the law".

Dr Abid I. Khan from the Brunswick Hospital Center, New York is President and CEO of American Psychiatric Consulting, a limited license corporation specializing in the delivery of comprehensive Child/Adolescent/Adult mental health services.

His areas of expertise include inpatient, outpatient, research and education.

He is Director of Psychiatry at Brunswick Hall, an acute care psychiatric hospital catering to Adolescent, Adult & Geriatric patients.

Dr Khan manages and supervises consistency of services, quality control and safety of patients and facilitates training of psychiatric personnel including education of current psychopharmacology, psycho-education, cultural sensitivity and ethics.

Dr Khan's extensive experience in the treatment of Severe Mental Illness and developing Mental Health care systems has more recently included his interest in setting up a mental health delivery system in Saudi Arabia, setting up a comprehensive psychiatric delivery system for the state of Kashmir (India) and also in the United Arab Emirates.

Dr Markus Bienroth is a Consultant Psychiatrist and has been at Oasis NHS Foundation Trust since November 2004 in southeast London. He completed his specialised training in general adult psychiatry and psychotherapy in 2001 in Germany. Dr Bienroth's specialist interests are bipolar disorder, mood disorder and psychotic disorder. He has co-authored various papers on consensus guidelines for schizophrenia, bipolar affective disorder and rapid tranquilisation. He is currently working on a busy inpatient ward and previously was in charge of a Triage ward for some years.

Professor David Taylor is Director of Pharmacy and Pathology at the Maudsley Hospital, Professor of Psychopharmacology at King's College, London and Honorary Professor at the Institute of Psychiatry.

David is also the Editor-in-Chief of the journal Therapeutic Advances in Psychopharmacology and Head of Pharmaceutical Sciences in King's Health Partners. He has previously been President of the College of Mental Health Pharmacists and Chairman of the UK Psychiatric Pharmacy Group.

Professor Taylor has been the lead author of the Maudsley Prescribing Guidelines since their inception in 1993. The Maudsley Prescribing Guidelines have sold over 200,000 copies in eleven editions and been translated into nine languages.

David has also authored over 200 clinical papers in journals such as the BMJ, British Journal of Psychiatry and Journal of Clinical Psychiatry. These papers have been cited over 5000 times. Professor Taylor has an H Index of 42.

Sarah Kerr, MRPharm, MSc
Sarah works as a Commissioning Lead Pharmacist and is hosted by West Hampshire CCG, covering seven CCGs across Southampton, Hampshire, and Portsmouth. She is responsible for medicines optimisation and commissioning high cost drugs. Her work includes pathway development, benefit share and service improvement involving both primary and secondary care clinical engagement. She is also responsible for working with the pharmaceutical industry for new products and joint working initiatives.

She is a member of the Medicines Evaluation Committee, District Prescribing Committee and Hampshire Partnership Mental Health Trust Formulary and Guidelines Committee.

Previously she worked in the pharmaceutical industry for 6 years, within NHS operations, both in the field and at head office, in customer marketing roles.

Prior to joining the industry she worked at East Sussex Health Authority and in hospital pharmacy, at University College Hospital, The Royal London Hospital and a private hospital in Harley Street.

Dr Tim Hanlon is Chief Pharmacist at Berkshire Healthcare NHS Foundation Trust, a Mental Health and Community Services provider. He has previously been an acute trust Chief Pharmacist as well as over a decade working for the Ministry of Defence overseas. As a clinical pharmacist he worked as a specialist clinical pharmacist in ICU in a teaching hospital in Australia for several years, which included some time as a teaching fellow. He has held appointments with both the General Pharmaceutical Council (Inspection Standards) and the Royal Pharmaceutical Society (Membership Committee).

Dr Charles Alessi has extensive experience of the NHS in a variety of senior positions in both primary and secondary care as well as PCTs and Health Authorities. Dr Alessi assumed the role of Chairman of NAPC in January 2012. He is also Chairman of NHS Clinical Commissioners.

In July 2012, he was appointed Adjunct Research Professor at the Ivey School of Business, University of Western Ontario, Canada for the MBA in Health Innovation and in July 2013 was also appointed Adjunct Research Professor in Clinical Neurosciences at the Schulich school of Medicine and Dentistry at the University of Western Ontario, Canada.

In January 2013, he was appointed as Senior Advisor to Public Health England and was appointed lead for preventable dementia in January 2014.

He also sits on the mental health Advisory Board of one of the largest Academic Health Networks, University College London Academic Health Partnership.

He has extensive experience of working at senior levels both nationally and internationally, in Europe and the Americas. As Chair of the NAPC, which represents the out of hospital sector in the NHS Confederation, he is very active in the development of policy in healthcare and internationally he has been active in advising both Governments and international organisations. He also has experience of military medicine until recently acting as Director of Medicine and Clinical Governance for the British Armed Forces in Germany.
ABILIFY® (aripiprazole) PRESCRIBING INFORMATION - SCHIZOPHRENIA TABLETS, OROSIDISPERSIBLE TABLETS, ORAL SOLUTION, MAINTENA® prolonged-release suspension for injection

Please refer to the full Summary of Product Characteristics (SmPC) before prescribing, particularly in relation to side effects, precautions and contraindications.

PRESENTATION: Tablets: 5mg, 10mg, 15mg, 30mg aripiprazole; orodospersible tablets (ODT): 10mg, 15mg aripiprazole; Oral solution (OS): 1mg/ml aripiprazole; Prolonged-release suspension for injection: 400mg powder and solvent. Tablets and orodospersible tablets contain lactose. Orodospersible tablets also contain aspartame. Oral solution contains fructose, sucrose, methyl and propyl parahydroxybenzoate.

INDICATIONS: Oral formulations: Adults: Schizophrenia. Paediatric patients: Schizophrenia in adolescents aged 15 years and older; Prolonged-release suspension for injection: Maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole. Please refer to the SmPC for other indications.

DOSAGE: Oral formulations: Adults: Schizophrenia - Usual starting dose is 10 or 15mg/day, without food. 10mg with a recommended maintenance dose of 15mg. Paediatric patients: Schizophrenia - Recommended dose is 10 mg day once daily without or with food. Treatment to be initiated at 2 mg (using ABILIFY Oral Solution 1mg/ml) for two days, titrated to 5 mg for two more days to reach recommended daily dose of 10 mg. Maximum daily dose 30mg. No dosage adjustment required in renal or mild to moderate hepatic impairment. Elderly (> 65 years): Efficacy not established. Consider lower starting dose. Not recommended for use in patients below 15 years of age. Safety and efficacy not established. Prolonged-release suspension for injection: For patients who have never taken aripiprazole, tolerability with oral aripiprazole must occur prior to initiation. The recommended starting and maintenance dose is 400mg. Titration of the dose of the prolonged-release suspension for injection may be required. It should be administered once monthly. Renal impairment: No dosage adjustment required. Hepatic impairment: No dose adjustment in mild or moderate hepatic impairment. In severely impaired hepatic function data available are insufficient to establish recommendations, and the oral formulation should be preferred.

CONTRAINDICATIONS: Hyposensitivity to active substance or any of the excipients.

WARNINGS AND PRECAUTIONS: Until individual patient response is established, caution not to drive or operate machinery. All risk factors for venous thromboembolism (VTE) should be identified before and during treatment and preventive measures taken. Clinical improvement may take several days to some weeks; monitor patient throughout this period. Reduce dose or discontinue if signs of tardive dyskinesia appear. Discontinue if patient develops signs and symptoms indicative of neuroleptic malignant syndrome. Caution in patients with a history of seizures, cardiovascular disorders, conduction abnormalities, diabetes and elderly patients with dementia-related psychosis. Those at risk of aspiration pneumonia or history of pathological gambling may be at increased risk. Risk of akathisia and parkinsonism in paediatrics, and weight gain in adolescents. Caution in patients with family history of QT prolongation. Caution when co-administered with stimulants (see SmPC). Not indicated for the treatment of patients with dementia-related psychosis. Closely supervise high risk patients for risk of suicide.

FERTILITY, PREGNANCY AND LACTATION: Do not use during pregnancy unless potential benefit clearly outweighs potential risk to the foetus. Neonates exposed to antidepressants during the third trimester of pregnancy are at risk of adverse reactions including extrapyramidal and/or withdrawal symptoms that may vary in severity and duration. Agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, or feeding disorder in neonates have been reported. Newborns should be monitored carefully. Breastfeeding is not recommended. Symptoms of dystonia may occur in susceptible individuals during the first few days of treatment, with an elevated risk of acute dystonia observed in males and females under 14 years of age. For other findings see SmPC.

OVERDOSAGE: Treatment should be symptomatic and supportive: adequate airway maintenance, cardiovascular monitoring and close medical supervision. Activated charcoal reduces serum concentrations. Prolonged-release suspension for injection: Care must be taken to avoid inadvertent injection into a blood vessel.

LEGAL CATEGORY: POM.

AUTHORISATION NUMBERS & BASIC NHS PRICE: 28 tablets; 5mg (EU1/01/04/276/002) £36.94, 10mg (EU1/01/04/276/007) £56.04, 15mg (EU1/04/276/012) £56.04, 30mg (EU1/04/276/017) £192.08. 28 orodospersible tablets; 10mg (EU1/01/04/276/025) £56.04, 15mg (EU1/01/04/276/028) £56.04. 150ml bottle 1mg/ml oral solution; (EU1/01/04/276/034) £162.90. Prolonged-release suspension for injection: Single pack vial of 400mg powder, 2ml vial of solvent. (EU1/99/03) £220.41.

MARKETING AUTHORITY HOLDER: Otsuka Pharmaceutical Europe Ltd, Gallions – 1st Floor, Wexham Springs, Framework Road, Wexham SL3 6JF.

FURTHER INFORMATION FROM: Otsuka Pharmaceuticals (UK) Ltd. Tel: 0203 747 5000

DATE OF P.I. PREPARATION: August 2014.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard

Adverse events should also be reported to Otsuka Pharmaceuticals (UK) Ltd by email to OPUKSAFETY@otsuka.com.