Norfolk and Waveney ICB

Guideline

Document Control Sheet

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What is it for?	The aim of this document is to stop inappropriate (i.e. treatments that are unnecessary, not recommended and/or unsuitable for the indication or duration or age group) Pericyazine safely and effectively with the objectives of: • reducing unnecessary harms and risks to patients and • reducing unnecessary cost to the NHS
Evidence base	NICE, BNF, Maudsley Prescribing Guidelines
Who is it aimed at and which settings?	Primary care
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March 2025	New Guideline	Dr Asta Ratna Prajapati	1.0

Deprescribing Inappropriate Pericyazine (DIP)
Deprescribing Guideline for Adults in Primary Care

In line with the NHS Constitution[1] Norfolk and Waveney ICB (NWICB) is committed to providing the best value for taxpayers' money and the most effective, fair, and sustainable use of finite resources. NHS Norfolk & Waveney is accountable to the public, our communities, and the patients that we serve. The medicines optimisation team continually monitor the prescribing and supply of medicines across the ICB.

The aim of this document is to stop inappropriate (i.e. treatments that are unnecessary, not recommended and/or unsuitable for the indication or duration or age group) pericyazine safely and effectively with the objectives of:

- reducing unnecessary harms and risks to patients and
- reducing unnecessary cost to the NHS

Key Pericyazine Deprescribing Guidelines

1. **DO NOT initiate pericyazine in primary care** – many safer and more cost-effective alternatives exist.
2. Follow patient-centred approach when planning deprescribing pericyazine.
3. Before deprescribing pericyazine, establish its appropriateness in the individual.
   - Pericyazine is only licensed for the following conditions:
     - Schizophrenia or other psychotic disorders
     - As an adjuvant treatment for **short term** relief of anxiety, psychomotor agitation, violent or dangerously impulsive behaviour (please note – safer alternatives are available)
   - **Pericyazine is NOT appropriate**:
     - For off-label uses
     - If the risk (e.g. frailty and history of falls, comorbidities or unnecessary polypharmacy) outweighs the benefit
     - If safer and more cost-effective alternative available
4. If pericyazine is inappropriate, which is likely in most cases), plan deprescribing of pericyazine. Discuss and agree with patient (and their families and their MH clinicians if necessary):
   - Whether to stop or switch pericyazine (See below and DIP algorithm for further guidance)
     - If it is being prescribed for short term use for anxiety, psychomotor agitation, and violent or dangerously impulsive behaviour or off-label use for insomnia or panic disorder then this can be stopped or switched in primary care
5. During deprescribing, advise patient to contact the prescriber initiating deprescribing should any problem occur.
6. Follow up patient at least once after stopping or switching pericyazine and record the outcome of this follow up discussion in the Patient Medical Record (PMR).
7. **If pericyazine is being prescribed for Schizophrenia or a psychotic disorder, DO NOT stop or switch e in primary care – refer these patients to NSFT for switching. Resources for switching guidance is for reference only.**

Background

Pericyazine, a first-generation antipsychotic, was introduced in the UK in 1966.[2] It is an antipsychotic with cardiovascular and antihistamine effects similar to those of chlorpromazine, but with a stronger antiserotonin, anticholinergic, hypotensive and sedative effect.[3, 4, 5] Extra-pyramidal side effects (EPSEs) is likely to be more common with Pericyazine than other antipsychotics.[5] Pericyazine also has high anticholinergic burden, a serious risk particularly in elderly and frail patients.[6]

Pericyazine is licensed in the UK for[3]:

- Adults with schizophrenia or other psychoses OR
- **Short-term** management of anxiety, psychomotor agitation, violent or dangerously impulsive behaviour.

Pericyazine belongs to a phenothiazine group similar to thioridazine and pipotiazine. Thioridazine was banned in the UK in 2005 due to significant risk of QTc prolongation and fatal Torsade de pointes. Similarly, Pipotiazine was withdrawn from the UK in 2015. Pericyazine is not approved in the USA or Republic of Ireland.[2,7] Phenothiazines antipsychotics can increase QT interval with higher risk in patient already on another QT prolonging drug or other risk factors e.g. hypokalemia, bradycardia.

Why deprescribe Pericyazine?

Medicines should only be prescribed if it is necessary, appropriate, safe, cost-effective and improve patient outcome and experience. Pericyazine is an old and expensive antipsychotic. There are many safer and more cost-effective alternatives.

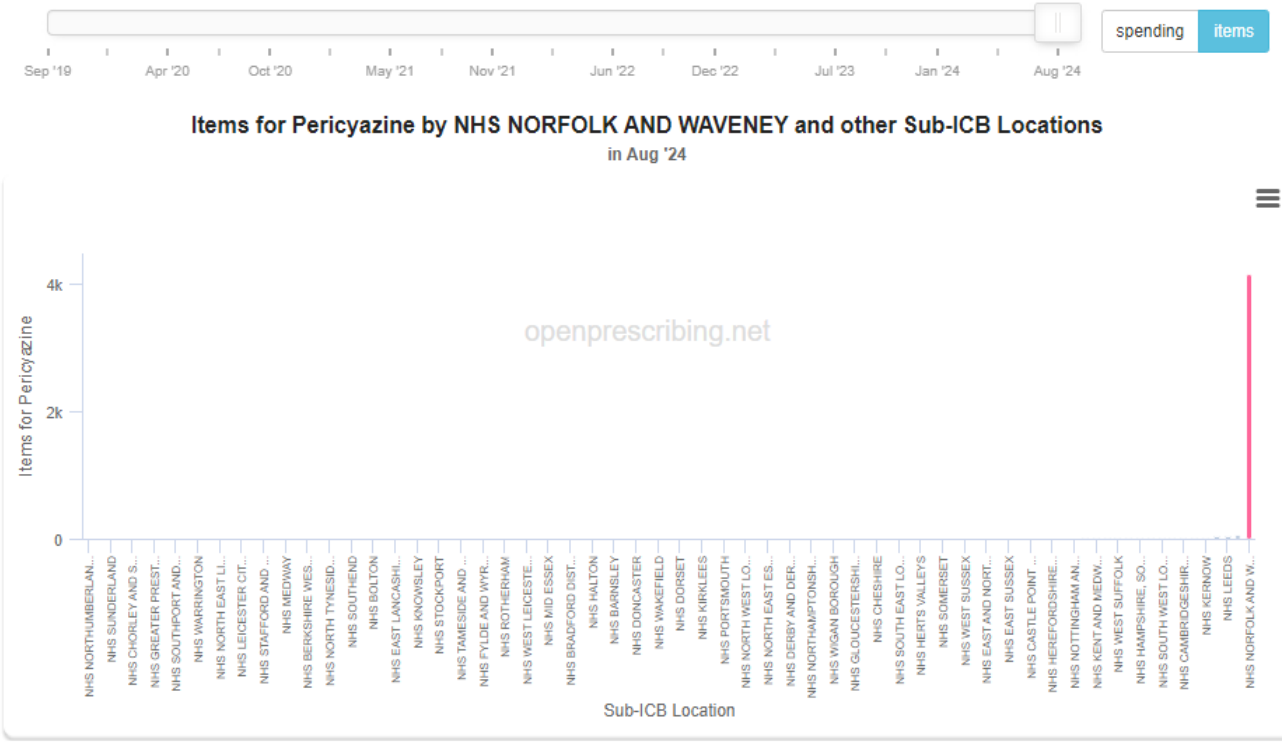
Available data suggests that most pericyazine prescribing in Norfolk and Waveney ICB is inappropriate. Approximately 90% of patients are prescribed pericyazine *2.5mg tablets* (i.e. lower dose) (See Table 1 below) suggesting that most are being prescribed for anxiety, psychomotor agitation, violent or dangerously impulsive behaviour. But this should be prescribed for **SHORT TERM ONLY** e.g. for few weeks to months use only. In some cases, Pericyazine is being inappropriately prescribed as hypnotics for many years. STOPP/START tool[8] suggest it is potentially inappropriate in persons aged 65 years of age and people with history of falls. Pericyazine is also being inappropriately prescribed in some patient for panic disorder despite NICE clearly stating antipsychotics **SHOULD NOT** be prescribed for the treatment of panic disorder.[9]

Approximately two third of patients are prescribed pericyazine as “PRN, *pro re nata*, or When Required” drug. As nearly half the patients with mental health condition do not take their medication as prescribed it is worth asking the question if patients are taking these pericyazine or whether they are getting wasted. DoH estimates 2011 suggests nearly half a billion pound is wasted in medicines due to nonadherence.[10]

Although, the use of this old antipsychotic has declined significantly over the years NWICB remains an exception. In England, NWICB stands out as a significant outlier in pericyazine prescriptions, prescribing to over 3000 patients annually at a cost of over £1 million. This

contrasts sharply with the second-highest prescribing ICB with approximate annual cost of £23,000 - See Fig. 1 below:

Figure 1: Total prescribing of pericyazine in NWICB[11]



Total prescribing for *Pericyazine* across NHS NORFOLK AND WAVENEY

	Aug '24	Financial YTD (Apr—Aug '24)	Last 12 months (Sep '23—Aug '24)
Cost (£)	93,238	431,460	1,006,156
Items	4,145	20,619	49,838

Such a huge disparity highlights the need for a critical review of pericyazine prescribing practices, with a focus on optimizing treatment choices and safety and minimizing unnecessary costs to the NHS. Moreover, there are other clinical risk associated with pericyazine such as cardiovascular effect, anticholinergic effect particularly in older population which account for around 20% of pericyazine prescription. Based on the necessity, appropriateness, safety and cost-effectiveness, it is very difficult to justify continued prescribing of pericyazine on such a large scale.

In the majority of cases, pericyazine needs to be stopped, or in some cases, switched to a safer and cheaper alternative to reduce the potential harm to patients and to reduce unnecessary costs to the NHS.

Table1: Patients prescribed pericyazine in NWICB (Jan 2025)

Descriptions	No. of patients
Total No. of Patients	**3114**
Demographics	
• No. of Females	1950
• No. of Males	1163
• ≥75 years old	249
• ≥ 65 years old	600
• <25 years old	105
Duration of pericyazine prescription	
• Average Duration of therapy (Years)	3.94
• ≥ 1 year	2185
• ≥ 5 years	1074
• New Rx since 1st Nov 2024	**322**
• New Rx since 1st Jan 2024	**632**
Formulations / Strengths	
• Pericyazine 10mg tablets	**≈11%**
• Pericyazine 2.5mg tablets	**≈89%**
Indication (based explicitly on Rx instruction only)*	
• Anxiety	854
• Agitation	92
• Panic	55
• Insomnia OR Sleep	36
• Prescribed as PRN	2058
Polypharmacy	
• Patient with >1 Antipsychotic	409
• Patient with severe polypharmacy (i.e. >10 medications)	1389
Comorbidities	
• Frail Patient	464
• Average chronic condition count	3.98

*True figure is likely to be much higher as these figures were based explicitly on having indication in dose direction on prescription (e.g. 1 TDS PRN **for anxiety**) which was available only for about one third (n=1037) of pericyazine prescriptions.

How to Deprescribe Pericyazine?

For patients on pericyazine for off-label use it can be deprescribed in primary care with careful monitoring.[3]

DO NOT stop or switch pericyazine prescriptions for schizophrenia or psychotic disorder in primary care – refer these patients to NSFT for review. Resources for switching guidance is for reference only.

Step 1: **Establish whether pericyazine is appropriate or not.**

Is the patient being prescribed pericyazine:

- For anxiety, psychomotor agitation, violent or dangerously impulsive behaviour for more than 3 months? OR
- As a hypnotic? OR
- For panic disorder? OR
- At the higher risk (e.g. frailty and history of falls, comorbidities or inappropriate polypharmacy), outweighing the benefit? OR
- Suitable for a safer and more cost-effective alternative?

If answer to any of above is **"YES"** then it is **NOT** appropriate to prescribe pericyazine and consider deprescribing.

Step 2: **Plan deprescribing Pericyazine**

De-prescribing should be a collaborative decision following a structured process to reduce the risk of relapse and discontinuation effects.

If pericyazine is NOT appropriate ask patient if he/she/they have been taking them? If NOT, pericyazine can be stopped straight away – the process stops here. Evidence suggests that around half of the patients with mental health conditions do not take their medication as prescribed so establishing adherence is critical.

If the patient is taking pericyazine, then discuss and recommend deprescribing pericyazine over 2-4 weeks and explain reason for deprescribing. If the patient is happy with your recommendations proceed with Step 3. It is worth noting that over 90% of patients on multiple medications tend to be willing to stop their medicines if recommended by their clinician.[12] Nearly half of pericyazine patients in NWICB are on severe polypharmacy (i.e. > 10 medications).

If the patient is worried or not ready, explore the reasons and try to allay the concerns – this may include explaining the reasons again in simpler terms, assuring that they can contact you should any problem arise during the process or in some cases, offering a safer and more cost-effective alternative treatment options or revisiting the deprescribing issue in a month or two.

Step 3: Deprescribe and Monitor

In most cases of inappropriate pericyazine prescribing, stopping it would be the most appropriate course of action. Advise patient to contact the clinician initiating pericyazine deprescribing should any problem arise.

Stopping or reducing the dose

Abrupt discontinuation should generally be avoided (especially if patient has been on it for over a year or higher dose i.e. >30mg per day) although this may be possible for very low dose (e.g. 5-10mg per day). However, it would be safer to taper the dose gradually, ideally over a few weeks. Reduce 20 to 25% dose weekly depending on patient's sensitivity, patient's preference and clinical judgement. Due to its sedative effect, prescribe lower dose in the morning leaving higher dose for night.

Example of cautious gradual stopping of pericyazine

Current Dose	OM (mg)	ON (mg)
	10	**10**
Week 1	5	10
Week 2	5	5
Week 3	2.5	2.5
Week 4	0	2.5
Week 5	**Stop**	

Discontinuation symptoms

Risk of discontinuation symptoms is relatively low with pericyazine compared to other antipsychotics. [13] The risk is likely to be even lower with lower dose prescribed in most patients. Nonetheless, discontinuation symptoms, such as those listed below, can occur (mostly after abrupt discontinuation):

- Nausea and vomiting
- Cholinergic rebound effects (e.g. feeling sick, tiredness, sweating, anxiety and insomnia, EPSEs)
- Relapse of previous symptoms

Most discontinuation symptoms generally start within few days to weeks but relapse of previous symptoms such as anxiety may develop after weeks to months. Discontinuation symptoms are generally mild (particularly with gradual withdrawal) only last a few days and self-resolving. However, if discontinuation symptoms are severe or persistent then patient may need to be prescribed alternatives.

Switching to alternative treatment

In some cases (e.g. patient's preferring something else in its place or persistence of discontinuation symptoms) it may be necessary to provide safer and more cost-effective alternatives.

Alternative treatment options depend on indication. First, identify why pericyazine is being prescribed. If pericyazine is being prescribed for:

- Short term use for anxiety: If anxiety treatment is needed for longer term, then offer talking therapy. Patient can self-refer to talking therapies via NHS website - https://www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/ and most patients are seen within 6 weeks. If medicines

is required as then consider sertraline or another selective serotonin reuptake inhibitor (SSRI) as per NICE CG113.

- Short term use for agitation: Talking therapy such as Cognitive behavioural therapy (CBT) or PRN promethazine for 1-2 weeks may be suitable.
- Insomnia: Provide "Handy Fact Sheet: Insomnia and Sleep Hygiene". Psychological therapy such as CBTi (CBT for insomnia) or "Better Sleep Program" or PRN Promethazine for 1-2 weeks may be suitable.
- Panic disorder: NICE CG113 states that antipsychotic **SHOULD NOT** be prescribed for panic disorder. CBT or an SSRI are suitable alternatives if needed.

If these options fail, refer to Mental Health services for switching.

- If patient is prescribed for short term for violent or dangerously impulsive behaviour and these symptoms deteriorate after pericyazine discontinuation then continue pericyazine and refer to mental health team for switching.

There is not much guidance on switching pericyazine to promethazine or antidepressants such as SSRI. However, based on its half-life (≈12hours) and considering most patients are on low dose pericyazine off-label (i.e. lower dose pericyazine, 5-10mg/per day), it should generally be safe for direct switch i.e. stop pericyazine and start the alternative such as promethazine or SSRIs on same day.

Table 2: Approximate Cost Comparison[14]

Medication	Approx. Cost
Pericyazine 10mg*84 tablets	£113
Pericyazine 2.5mg*84 tablets	£45
Promethazine HCL 10mg (or 25mg) * 28 tablets	£5
Other alternatives such as Sertraline * 28 tablets	£1
Comparative costs of antipsychotics are not provided since if pericyazine is prescribed for schizophrenia or other psychoses then it should NOT be stopped or switched in primary care. But many first- and second-generation antipsychotics are available at a fraction of cost of pericyazine.	

Follow up patient at least once after stopping or switching pericyazine and record the outcome of this follow up discussion in the PMR.

If it is being prescribed for schizophrenia or other psychotic disorder, Do NOT stop or switch pericyazine in primary care – refer these patients to NSFT for switching. Resources for switching guidance is for reference only.

Evaluation

Our aim is to achieve a 10% to 30% reduction in pericyazine prescribing across Norfolk and Waveney within the first year of the project. To track progress, we will monitor the following specific parameters on a quarterly basis, making any necessary adjustments along the way.

- Number of new pericyazine prescription in primary care

- Number of pericyazine prescription stopped
- Number of pericyazine prescription switched
- Total cost of pericyazine prescription
- Total cost increase of alternative medicines suggested

The overall success of the initiative will ultimately be assessed at the end of the first year based on our primary aim of reducing pericyazine prescriptions within the targeted range.

We also plan to look at PMR for patient's and clinician's experience.

Helpful Information Leaflets

Pericyazine information leaflets from Choice and Medication Website:

- Patient Information Leaflet (PIL) - CLICK HERE
- Quick Information Leaflet (QUILL) - CLICK HERE
- Stopping My Antipsychotic - CLICK HERE
- Handy Fact Sheet: Insomnia and Sleep Hygiene **–** CLICK HERE

Helpful Resources for Switching Antipsychotics (For information purpose ONLY)

- https://www.psychiatrienet.nl/switchtabel/show?id=SwitchAntipsychotics
- https://australianprescriber.tg.org.au/articles/antipsychotic-switching-tool.html
- https://pmc.ncbi.nlm.nih.gov/articles/PMC6787301/
- Dose Equivalents for Antipsychotic Drugs: The DDD Method - PMC –
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GP Template letter to patient

[Your GP Practice Letterhead]
[Date]

Dear [Patient's Name],

Important Update About Your Pericyazine Medication

We are writing to let you know about an important update regarding your medication, Pericyazine. Pericyazine is an old antipsychotic typically meant for short-term use to help with issues like anxiety, agitation, or impulsive behaviour. Pericyazine is not suitable for long term use. It is not considered the best option for many patients anymore and pericyazine is rarely used outside of Norfolk. If needed, safer and more cost-effective alternatives are now available, and we'd like to discuss whether it's time to stop or switch your pericyazine.

What This Means for You

Our goal is to make sure you're on the safest and most effective treatment possible. That's why we're reviewing all prescriptions for pericyazine and reaching out to you. If you're currently taking pericyazine, we may recommend stopping it or switching to a different medication that better suits your needs.

Next Steps

We would like to invite you to book a review appointment with your **[GP/Clinical Pharmacist]**. During this review, we will discuss and plan whether to stop pericyazine slowly or switch it to safer and more effective alternative medication.

Please book an appointment at your earliest convenience. If we don't hear back from you within two weeks, we'll follow up to make sure you've received this message.

We're here to support you every step of the way, so please don't hesitate to reach out if you have any questions or concerns before your appointment.

Thank you for taking the time to consider this important step in managing your health.

Warm regards,

[GP's Name]
[GP Practice Name]
[Contact Information]

Deprescribing Inappropriate Pericyazine (DIP) Algorithm