



**CHIEF MEDICAL OFFICER
DEPARTMENT OF HEALTH
MINISTRY FOR HEALTH, THE ELDERLY AND COMMUNITY CARE**

DH CIRCULAR No.247/2011

DH:4954/2011

7th November 2011

Attention All: Consultants
Medical Officers
Pharmacists
Pharmacy Technicians
Nurses

Re: Risperidone depot injections 25mg

Risperidone depot injections have been recommended by the Government Formulary List Advisory Committee and approved by the Superintendent of Public Health for introduction onto the Government Formulary List.

Risperidone is an atypical antipsychotic which is protocol regulated with protocol number 291.

Consultant Psychiatrists can prescribe Risperidone for the treatment of acute and chronic schizophrenic psychoses in:

- Patients on typical antipsychotic depot preparations suffering from well documented and recognized side effects of the typical antipsychotic type.
- Patients fulfilling the criteria for atypical antipsychotic medication who are at significant risk of relapse due to non-compliance with oral treatment.

Risperidone depot injections 25mg has been procured through the Centralised Procurement and Supplies Unit and is now available for use as per protocol.

Thank you

For your attention, please

Dr. Natasha Azzopardi Muscat
Chief Medical Officer

Protocol for Risperidone depot Injections

Prescriber Criteria: Consultant Psychiatrist

Clinical indications:

Treatment of acute and chronic schizophrenic psychoses.

Conditions qualifying patients for drug:

- i. Patients on typical antipsychotic depot preparations suffering from well documented and recognized side effects of the typical antipsychotic type.
- ii. Patients fulfilling the criteria for atypical antipsychotic medication who are at significant risk of relapse due to non-compliance with oral treatment.

Investigations prior to starting treatment:

- Report of disease condition before treatment
- Total BPRS of at least 45 (18 item version in which one indicates absent and seven indicates severe) and/or a global rating of 3 or more in the several subclasses of the global rating when using the SANS (score >25; max 120) and/or SAPS (score >30; max 175)
- Incapacitating isolated non-responsive symptoms e.g. paranoid delusions, hallucinations or passivity phenomena may qualify patients, even in the absence of high BPRS/SANS/SAPS scores.

Objective indicators of efficacy:

A significant degree of improvement and/or objective improvement in side effects

Frequency of review:

Minimum consultant follow-up after the first six months and then at yearly intervals.