The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Te Whatu Ora

Draft Guideline -Testing for, diagnosing and managing gestational diabetes / Te whakamātau, te tautohu me te whakahaere i te mate huka hapūtanga

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Excellence and equity in the provision of mental healthcare

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Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness, and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and is responsible for training, educating, and representing psychiatrists. The College has over 8400 members, including more than 5900 qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to provide input on the draft guideline - *Testing for, diagnosing and managing gestational diabetes / Te whakamātau, te tautohu me te whakahaere i te mate huka hapūtanga* (the guideline). The RANZCP supports the revised draft guideline and commends both its breadth and focus on prioritising more equitable maternal and infant outcomes in the management of gestational diabetes (GD).

The recommendations contained within this submission are based on consultation with the RANZCP's Section of Perinatal and Infant Psychiatry Committee and the Committee for Evidence-Based Practice, which are made up of psychiatrists with direct experience working in this space. This submission builds upon the RANZCP's ongoing work in improving perinatal mental health services for parents, their babies and whānau, recognising that pregnancy, childbirth and postpartum are periods of unique risk for new episodes and relapse of mental disorders. This commitment to improving perinatal mental health is detailed in the Position Statement 57: Perinatal mental health services.

The RANZCP also recognises the impact diabetes in all its forms can have on mental health outcomes and hauora overall. Our commitment to improving outcomes in this space is reflected in our recent submission to the inquiry into diabetes conducted by the Australian House of Representatives Standing Committee on Health, Aged Care, and Sport.

Key recommendations

The RANZCP recommends the guideline:

- Includes schizophrenia and related psychotic disorders as individual risk factors for GD, as those affected tend to have a higher rate of GD, regardless of treatment.
- Recognises the increased GD risk for individuals treated with antipsychotic medications such as Olanzapine, high-dose Quetiapine (>300mg), Clozapine, and Risperidone. These medications more than double the risk of developing GD.
- Initiates earlier monitoring for GD in individuals with serious mental illness, such as conducting the oral glucose tolerance tests (OGTT) at 16-18 weeks as well as the routine 28 weeks.
- Includes monitoring those on antipsychotic treatment for mild to moderate mental illness, especially those using quetiapine off-label for insomnia, anxiety, and agitation, as dosage changes can elevate the risk of GD in this group.
- Includes early screening to identify individuals with any history of past or current eating disorder, to ensure the delivery of information and support for diet and weight monitoring is appropriate and safely tailored to the individual.

Recognition of schizophrenia and related psychotic disorders as risk factors for GD

Regarding individual risk factors, we recommend the inclusion of schizophrenia and related psychotic disorders. Evidence shows that those living with these conditions have a higher rate of GD, irrespective of treatment.[1] In addition, those being managed for mental health disorders with antipsychotic medications that are associated with an increased risk for metabolic complications, are also at a higher risk of developing GD.[1] These medications include Olanzapine, higher dose Quetiapine (>300mg), Clozapine and Risperidone. Studies suggest their rate of GD is more than double the expected rate.[1, 2]

Enhanced and earlier monitoring for women with Serious Mental Illness

In view of the evidence highlighting the increased risk for GD for those with Serious Mental Illness, the latest National Perinatal Mental Health Guidelines in Australia (COPE) have recommended enhanced and earlier monitoring for this group.[3] For example, the OGTT are advised to be carried out at an earlier time, such as 16-18 weeks, as opposed to the routine 28 weeks. It is also recommended that if earlier screening is negative, the OGTT should still be repeated at the routine 28 weeks. The RANZCP recommends the Aotearoa guideline also consider adopting this guidance.

Increased awareness of off label prescribing of antipsychotic treatments and risk of GD

In Aotearoa, it is not uncommon for antipsychotic medication to be used in the treatment of mild to moderate mental illness. This includes medications such as quetiapine, which is frequently used off label for treatment of insomnia, anxiety, and agitation.[4] Although data suggests quetiapine is less likely to be associated with an increased risk for GD at doses below 300mg, doses can increase as part of a treatment plan.[1] Vigilance around monitoring dosage levels throughout pregnancy is therefore advised, as higher doses are associated with an increased risk of GD.

Greater awareness of and screening for past and current eating disorders

The RANZCP welcomes the guideline's support and advice towards healthy lifestyle and diet as integral to the management of GD. However, given the ever-increasing rates of eating disorder (ED) eating in the population, this advice needs to be delivered in a sensitive and thoughtful way to avoid exacerbating any underlying eating disorders.

Studies have shown that the dietary and lifestyle monitoring that is required in the management of GD can exacerbate disordered eating cognitions and restrictive eating behaviours for those with a history of eating disorders. [5] The RANZCP therefore recommends that clinicians ask of any history of past or current eating disorder following a GD diagnosis, to ensure the appropriate supports are initiated and that dietary guidance for GDM is optimally delivered in collaboration with ED specialists.

Further information

The RANZCP appreciates the opportunity to provide this submission. If you have any questions or wish to discuss any details further, please contact the New Zealand National Office - Tu Te Akaaka Roa.

References

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