

15 October 2024

Ms Caroline Topping
HM Assistant Coroner for Surrey

By email: [REDACTED]

Our reference: [REDACTED]

Dear Ms Topping

Re: Regulation 28 Prevention of Future Deaths Report in respect of Jessica Maizy Anne de Souza

I write in response to your regulation 28 report regarding the sad death of Jessica de Souza. I would like to express my sincere condolences to Jessica's family.

We have reflected on the circumstances surrounding Jessica's death and senior clinical advisers within our patient safety team have reviewed the concerns raised in your report.

British National Formulary (BNF) and the BMJ Best Practice Bipolar Disorder in Adults.

Your report indicates that the clinicians treating Jessica relied on the British National Formulary (BNF) and the BMJ Best Practice Bipolar Disorder in Adults.

The BNF is a joint publication of the British Medical Association and the Royal Pharmaceutical Society. NICE hold the licence to make this resource available on the NICE website to health professionals working in the UK, but we are not responsible for the content.

BMJ Best Practice is produced by the BMJ Publishing group and NICE cannot comment on its content.

I note that you have sent your report to those parties, and they are best placed to respond to your comments on their content.

NICE guideline on bipolar disorder: assessment and management [CG185]

NICE's guideline on bipolar disorder: assessment and management [CG185] does not recommend aripiprazole to treat an acute manic episode. Our recommendation 1.5.3 says:

'If a person develops mania or hypomania and is not taking an antipsychotic or mood stabiliser, offer haloperidol, olanzapine, quetiapine or risperidone, taking into account any advance statements, the person's preference and clinical context (including physical comorbidity, previous response to treatment and side effects).'

For longer term management of bipolar disorder (see section 1.7 of the guideline), NICE recommends discussion with the person, and their carers if appropriate, to help people understand that bipolar disorder is commonly a long-term relapsing and remitting condition that needs self-management and engagement with primary and secondary care professionals and involvement of carers. We suggest that the potential benefits and risks of long-term medication and psychological interventions, and the need to monitor mood and medication should be discussed with the patient and their carers if appropriate.

We recommend that lithium should be offered as the first-line, long-term pharmacological treatment for bipolar disorder (recommendation 1.7.7). It is not clear from your report if lithium was prescribed in Jessica's case.

The guideline advises that when planning long-term pharmacological treatment to prevent relapse, take into account drugs that have been effective during episodes of mania or bipolar depression. Discuss with the person whether they prefer to continue this treatment or switch to lithium, and explain that lithium is the most effective long-term treatment for bipolar disorder.

Our guideline goes on to say that if lithium is ineffective, poorly tolerated, or is not suitable (for example, because the person does not agree to routine blood monitoring), consider an antipsychotic (for example asenapine, aripiprazole, olanzapine, quetiapine or risperidone).

Sections 1.6 and 1.7 of the guideline make recommendations on the management options for depression in bipolar disorder, including on the need for review.

Our senior clinical advisers acknowledge that the guideline does not explicitly consider the 2 polarities of bipolar disorder in long-term treatment. We will discuss this area with our topic experts and review any new evidence that could impact on our recommendations, updating them if necessary.

I hope this response is helpful in confirming what NICE recommends and the actions that we will take because of your report relating to Jessica. I would like to reiterate my condolences to her family.

Yours sincerely

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Chief Executive