

STOMP:the good,the bad & the ugly

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Overview

- STOMP initiative
- Role of Faculty of ID in RCPsych in creating cultural change
- Experience, outcomes and consequences of STOMP



Public Health England estimated that up to 35,000 adults with ID were using psychotropic medicines when they do not have health conditions which are regarded as indications for medication. (PHE, 2015)

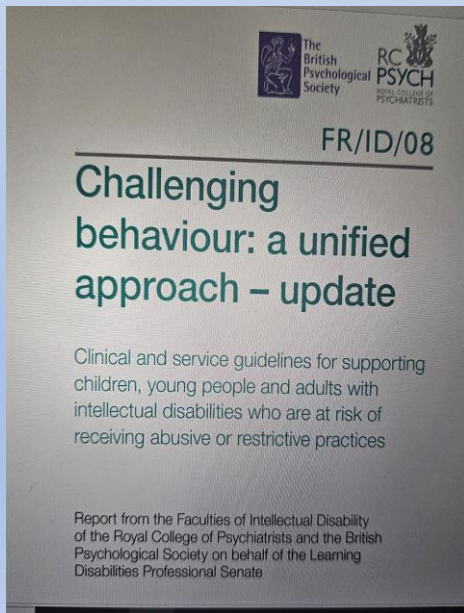


**Stopping
Over-Medication
of People with a
Learning Disability,
Autism or Both**
(STOMP)

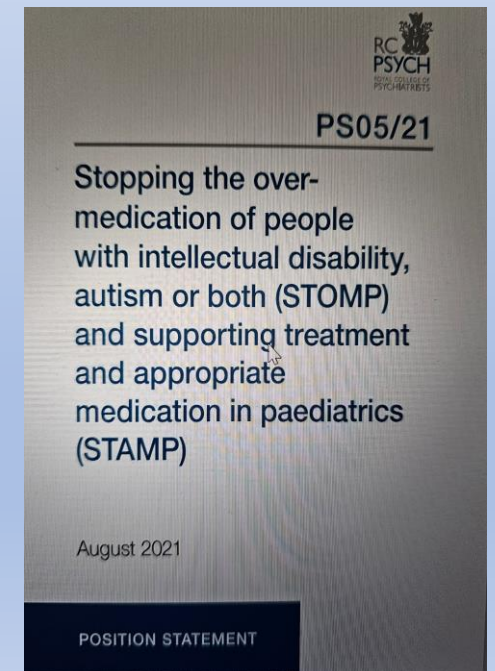




- Effective multidisciplinary working with joined up care plans and care pathways
- Psychotropic medication prescribing for the right indication, for the right reason, at the right time
- SDM: Reasonable adjustments made to meet a person's needs regarding their understanding
- Effective monitoring psychotropic medication
- Outcome structured tools, Side effect monitoring
- Review of positive behaviour support (PBS) plans
- Support from providers in Clinical review



[Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges \(nice.org.uk\)](https://www.nice.org.uk)



The Good....

- 30 years old male
- Moderate LD and autism
- Lives in residential home
- Behaviours of concern: verbal and physical aggression
- Medication history:
 - Olanzapine 10mg
 - Carbamazepine 800mg
 - Propranolol 20mg BD
- Medication reduction in a gradual and planned way
- Weight reduced from 86 to 52 kg
- Deprescribing led to better QoL and a reduction in body mass index.

(Adams D, Sawhney I. Deprescribing of psychotropic medication in a 30-year-old man with learning disability. *Eur J Hosp Pharm.* 2017 Jan;24(1):63-64)

Deprescribing :

- Reduce one medication at a time
- Regular monitoring
- The parent and carer active involvement
- Ensure accessible information and any necessary communication support is available
- MDT involvement
- Be mindful of drug interactions and discontinuation effects
- Risk assessment
- Deterioration of behaviour

Factors for successful withdrawal:

- low-dose antipsychotics
- antipsychotic monopharmacy
- first attempt at withdrawal
- experiencing side-effects of medication
- mild intellectual disability
- living with family
- a lower rate of baseline challenging behaviours
- Support available: multiagency, MDT, social worker, pharmacy input

- Barriers for a successful antipsychotic withdrawal
 - Resistance from care staff
 - Resistance from family
 - Lack of nonpharmacological psycho social interventions
 - Lack of MDT support
 - Lack of national guidelines on structure of withdrawal
 - Lack of pharmacist input
 - Comorbid autism, a higher dose of antipsychotic, greater severity of challenging behaviours and higher akathisia scores

(Deb S etal , BJPsych Open. 2020)

(de Kuijper,etal. J Intellect Disabil Res 2014)



- Patients: Better quality of Life
- Psychiatrists: Improved Clinical practise
- Improved MDT working
- Increased capacity within services
- Deterioration of behaviour/MI
- Complaints
- Mental illness untreated
- Perception of medication



- Experience of UK Psychiatrist for withdrawal of antipsychotics prescribed for challenging behaviours
 - An online questionnaire was sent to all UK psychiatrists working in the field of intellectual disability
 - 52.3% stated that they are less likely to initiate an antipsychotic for CB since the launch of STOMP.
 - **However, since then, 46.6% (41) prescribing other classes of psychotropic medication instead of antipsychotics for challenging behaviours, most frequently the antidepressants, mood stabiliser, benzodiazepines, antiepileptics and anxiolytics**
 - Half of the respondents stated that they started withdrawing antipsychotics over 5 years ago
 - **Only 4.5% (n = 4) of respondents achieved a complete withdrawal in over 50% of patients who were on antipsychotics inappropriately.** The majority (60.2%) (n = 52) achieved this among 1–25%.
 - **Reinstatement of antipsychotics** was at its highest within the first 3–6 months but may have increased in some cases at 12-month follow-up.
 - **A small proportion (11.4%) reported a deterioration in behaviour in over 50% of patients after withdrawal of antipsychotics**
- (Deb S et al , BJPsych Open. 2020 Sep)



Positive experience where there were adequate resources:

- positive changes in prescriber's attitude and practice concerning antipsychotic prescribing for challenging behaviours
- improved local multi-agency working including working with families
- better awareness of STOMP issues among the multi-disciplinary team (MDT), GPs, support staff and families,
- improved quality of life and decreased medication-related adverse events

Challenges & barriers:

- the resource issue including social services
- caregivers' attitude toward antipsychotic rationalisation;
- prescribers' views and attitude toward STOMP implementation.

- (Deb S etal, 2023)



- Prescribing rates have fallen for people with a learning disability and autistic people, for antipsychotics & benzodiazepines
- ***Prescribing rates for anti-depressants have increased year on year for the last five years.*** (NHS Digital , Branford D, et al. 2022)
- PWID who were treated with antidepressants was 20.7%, compared with 10.3% for those without intellectual disabilities.
- 13.6% for adults with diagnosed intellectual disabilities and 5.4% for adults without ID : received AD in the absence of diagnosis of depression.
- Antiseizure medications (ASMs) are the second most widely prescribed psychotropic for people with intellectual disabilities in England.
- ***The rate of ASM prescribing for PwID, both for those with epilepsy and those without, proportion receiving ASMs has risen throughout the age bands (NHS Digital)***
- Multiple psychotropic prescribing is prevalent in almost half of people with intellectual disabilities on ASMs
(Branford D, et al. 2023)

Conclusion

STOMP

- Significant improvement on QoL of patients
- Lack of resources barrier for implementation
- Implications for clinical practise

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Thank You

Questions? Comments?

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