

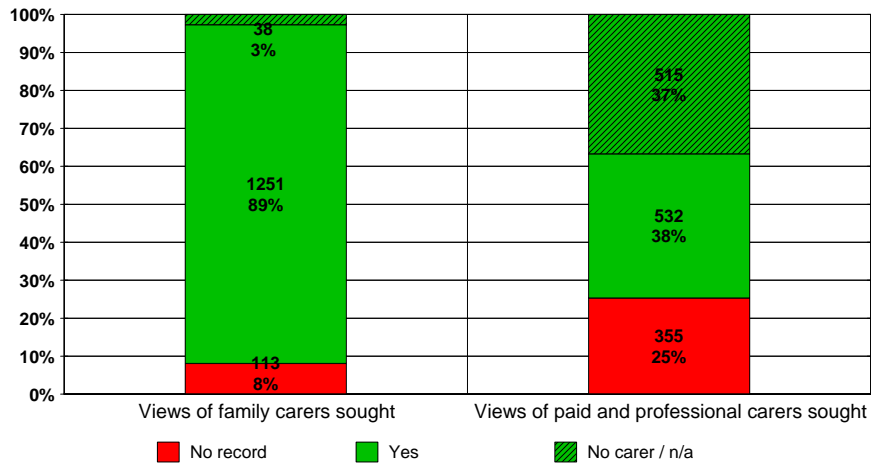
Audit standard 4: At follow-up, carers' views on a patient's condition should be sought (NICE, 2007).

For those patients who had been treated for more than 6 months, there was **documented evidence that:**

Family carers had been consulted in 92% of cases (range across participating Trusts 56–100%)

Paid or professional carers had been consulted in 75% of cases (range across participating Trusts 29–93%).

Views of family, paid and professional carers sought in applicable cases, i.e. treatment length greater than 6 months (n=1402)



Conclusion

Data were collected for the purpose of improving the quality of prescribing practice in this area. Summarised benchmarked data were fed back to Trusts to stimulate reflective practice.

Performance overall, against the audit standards, was good. There was however, wide variation across Trusts in the prevalence and quality of pre-screening assessments and ongoing review. Possible explanations include variable degrees of clarity over who is responsible for conducting physical examinations and laboratory tests and how the results are communicated across the interface between primary and secondary care. The quality of ongoing review may be influenced by the clinical setting in which the patient is seen and the staff resource available.



The Prescribing Observatory for Mental Health-UK (POMH-UK) runs national quality improvement programmes open to all UK specialist mental health services. This leaflet summarises the results of an audit conducted in October 2007 to benchmark the prescribing of anti-dementia drugs.

Benchmarking the prescribing of anti-dementia drugs

Background

It is estimated that around 800,000 people in the UK have dementia, the most common form of which is Alzheimer's disease (AD). AD is initially characterised by impairments in short-term memory, attention and concentration. As the disease progresses, abstract thinking, spatial awareness, judgement and the ability to solve problems deteriorate and personality may change. In the later stages, the ability to look after oneself and use language are lost and the person may be resistive to help or aggressive. Depression and psychotic symptoms are common.

The group of drugs known as cholinesterase inhibitors (donepezil, rivastigmine and galantamine) have been shown to slow down cognitive decline and are the first drugs to have been licensed in the UK for this purpose. A fourth drug, memantine, is also licensed for the treatment of dementia. The cholinesterase inhibitors are licensed for treatment of mild to moderate AD and memantine for moderate to severe AD.

This POMH-UK Topic allowed Trusts to benchmark:

- The estimated proportion of people with dementia in each of their PCT populations who were receiving treatment with a cholinesterase inhibitor or memantine.
- Prescribing practice with respect to pre-treatment screening and assessments, and on-treatment monitoring.

POMH-UK Topic 4: Benchmarking the prescribing of anti-dementia drugs

This project was carried out in 2 parts:

Part 1:

Comparison of prescribing data across Trust 'catchment area' populations; particularly in regard to the proportion of people with dementia being treated and the relative proportions who were prescribed each of the 4 anti-dementia drugs currently available in the UK. Nineteen Trusts submitted prescribing data for 54 Primary Care Trust (PCT) populations.

Conclusion

There was wide variation in the proportion of people with dementia being treated with anti-dementia drugs, and the relative proportion of prescribing costs that are incurred by primary and secondary care. Possible explanations include different levels of investment in dementia services, services being provided across PCT boundaries, and variation in the development of, and adherence to, shared care guidelines.

Part 2:

A retrospective audit of clinical case records against evidence-based standards; all patients who were prescribed anti-dementia drugs and were seen by participating clinical teams in June 2007 were included. Nineteen Trusts submitted data for 1897 patients from 93 clinical teams.

Performance against the audit standards

Audit standard 1: A physical examination, laboratory dementia screen, formal cognitive testing and medication review should be conducted before a diagnosis of dementia is made (Holden & Kelly 2002, NICE, 2006, Burns & O'Brien on behalf of the BAP dementia consensus group, 2006).

Prior to treatment with an anti-dementia drug being initiated, there was **documented evidence that:**

- **A physical examination** had been conducted in 65% of cases (range across participating Trusts 0-100%)
- **Formal cognitive testing** (using a standardised measure) had been conducted in 86% of cases (range across participating Trusts 59-100%)
- **A medication review** had been conducted in 80% of cases (range across participating Trusts 25-100%).

Audit standard 2: Only specialists in the care of people with dementia (psychiatrists, neurologists and physicians specialising in the care of the elderly) should initiate treatment with a cholinesterase inhibitor (NICE, 2007)

In the total national sample, 92% of patients had their treatment initiated by a psychiatrist, 4% by a geriatrician and 2% by a neurologist; all of whom would be considered to be specialists in the management of people with dementia.

Audit standard 3: All patients who continue on an anti-dementia drug should be reviewed every 6 months with a Mini-Mental State Examination (MMSE) and global, functional and behavioural assessment (NICE, 2007).

For those patients who had been treated for more than 6 months, there was **no documented evidence** for formal cognitive assessment in 21% (range across participating Trusts 0-40%);

There was **documented evidence that:**

- 84% had a **global assessment** (range across participating Trusts 44-100%)
- 90% had a **functional assessment** (range across participating Trusts 33- 100%)
- 88% had a **behavioural assessment** (range across participating Trusts 64-100%).