

UK psychiatrists' experience of withdrawal of antipsychotics prescribed for behaviours that challenge in adults with intellectual disabilities and/or autism

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Background

A high proportion of adults with intellectual disabilities (ID) are prescribed off-licence antipsychotics in the absence of a psychiatric illness primarily for behaviours that challenge (BtC). NHS England launched an initiative, 'Stopping over-medication of people with a learning (intellectual) disability, autism or both' (STOMP), to address this major public health concern to which STAMP was also added recently.

Aims

To gain understanding of the prescribing practice of the UK psychiatrists who work with adults with ID on the successes and challenges of withdrawing antipsychotics for BtC.

Methods

An online questionnaire was sent to all UK psychiatrists working with adults with ID (estimated n = 225). Among other things, the questionnaire covered psychiatrists' prescribing habits, the structures in place to support the withdrawal process, and the barriers to achieving withdrawal.

Results

Eighty-eight psychiatrists (39%) responded. About 52% of the respondents stated that they are less likely to initiate an antipsychotic to treat BtC in adults with ID since the launch of STOMP. However, since then, 47% are prescribing other classes of psychotropic medication instead of antipsychotics for BtC, most frequently the antidepressants. Complete antipsychotic discontinuation in over 50% of patients treated with antipsychotics was achieved by only 4.5% of respondents (n = 4); 11% reported deterioration in BtC in over 50% of patients upon withdrawal and the same proportion (11%) reported no deterioration. Only 32% of respondents made the diagnosis of psychiatric illness in all their patients themselves. Family and paid caregivers' concern, lack of multiagency and multidisciplinary input, unavailability of nonmedical psychosocial intervention, and a nationally agreed structure for antipsychotic withdrawal backed up by appropriate training for local adaptation are key reported factors hampering the withdrawal attempt.

Conclusions

There is an urgent need to develop national guidelines to provide a framework for systematic psychotropic drug reviews and withdrawal where possible.