

Antipsychotic prescribing for behavioural and psychological symptoms of dementia in the Black Country Partnership NHS Foundation Trust.

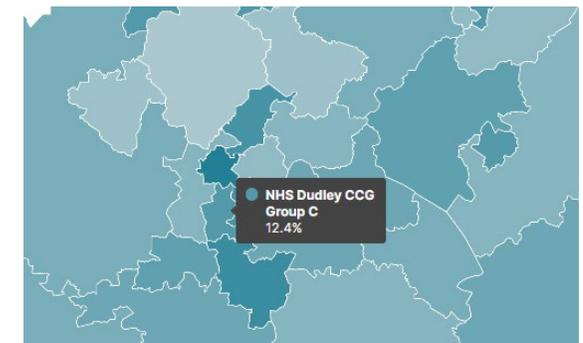
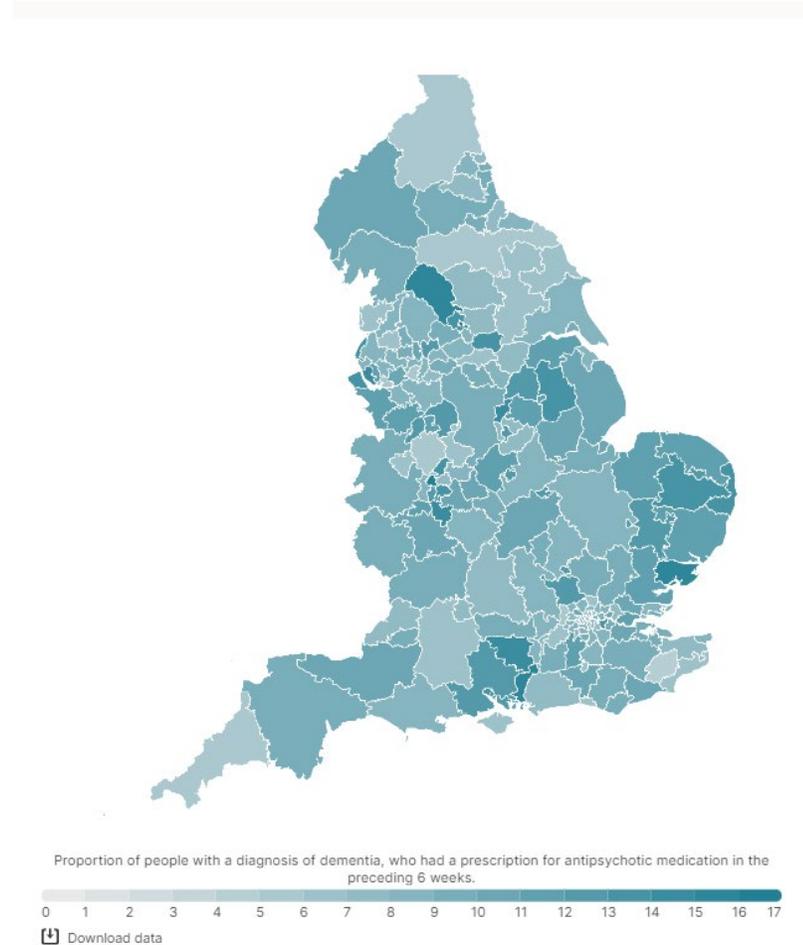
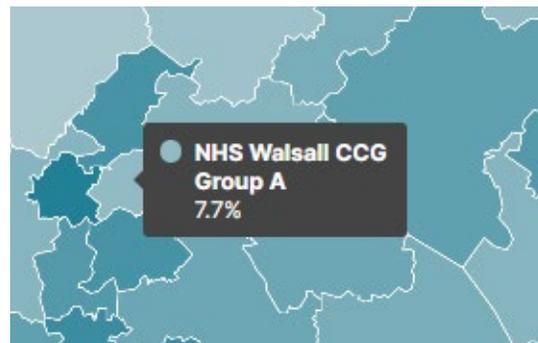
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Background

- Behavioural and psychological symptoms of dementia or 'BPSD' is an umbrella term devised by the International Psychogeriatric Association. These include agitation, aggression, hallucinations and delusions.
- More than 90 per cent of people with dementia will experience BPSD as part of their illness and nearly two thirds of people with dementia living in care homes are experiencing these symptoms at any one time (1).
- BPSD cause distress to the individual, add considerably to the stresses experienced by family and professional carers and can result in serious risks to the person and others. Many individuals experiencing these symptoms do not have the legal capacity to make informed decisions about their treatment.
- Anti psychotic medication has been shown to have modest efficacy in managing BPSD but is associated with well documented risks including excess cardiovascular events and increased mortality (2).
- This topic is particularly pertinent following the latest NHS digital data report on antipsychotic prescribing, which shows that 12% of dementia patients in the Black Country ICB are prescribed antipsychotic medication, vs 9.2% in England overall (3). The prescribing of antipsychotics within the ICB varies considerably by region and this may need further investigation.

Variation in prescribing of antipsychotic medication to people with a diagnosis of dementia across CCGs in England, October 2019 (3)



Aims



A divisional, trust wide audit to monitor the prescribing of antipsychotics in community patients in BCPFT with a diagnosis of dementia and BPSD.



This audit aims to ensure that antipsychotic prescribing for BPSD is in line with trust policy across the four localities within BCPFT .

Existing Guidance

1. Trust policy POL 315 'Pharmacological Management of Behavioural and Psychological Symptoms of Dementia'

2. NICE guidance NG97 'Dementia: assessment, management and support for people living with dementia and their carers'

3. MHRA Drug Safety Update 2014 'Antipsychotics: initiative to reduce prescribing to older people with dementia'

4. Alzheimer's Society 'Optimising treatment and care for people with behavioural and psychological symptoms of dementia'

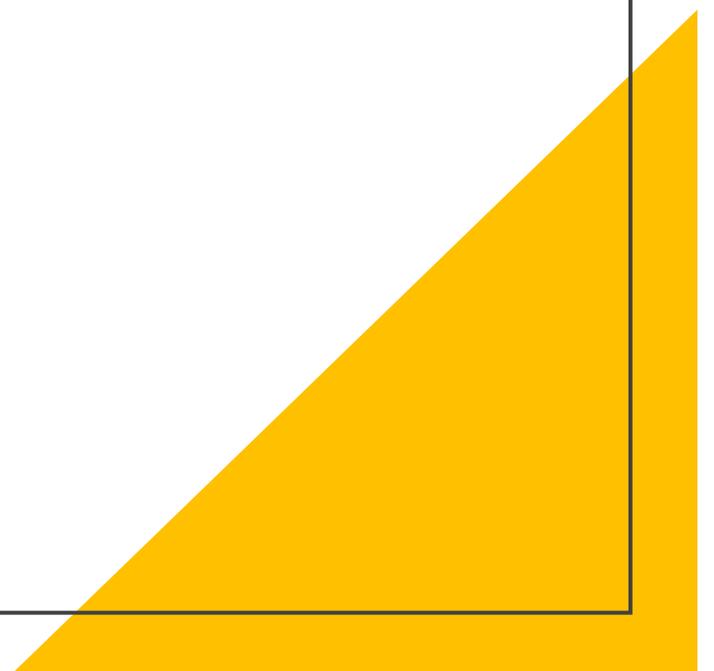
Criteria

- 1. Before starting pharmacological treatment undertake structured assessment to identify and address any underlying causes for BPSD.
- 2. Non-pharmacological methods should be offered first line (with or without antipsychotics).
- 3. Risk- benefit analysis of antipsychotic medication should be documented.
- 4. Before commencing antipsychotic discuss with patient and/or carer including risk/benefits. Consider using a decision aid.
- 5. Indication for antipsychotic should be recorded- severe distress or risk of harm to self or others.
- 6. Antipsychotic commenced at lowest effective dose, for shortest period of time, and reassessed on a regular basis.

Method

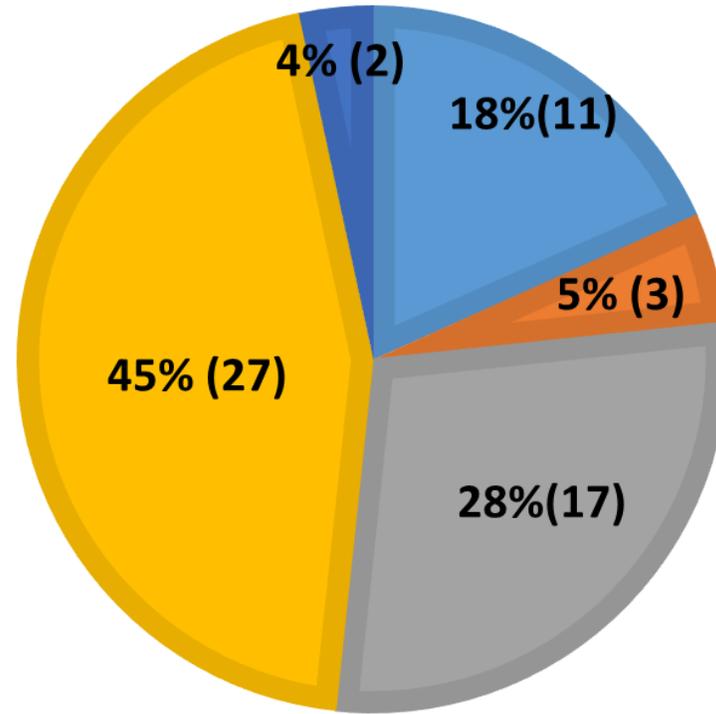
- Retrospective review of 60 sets of case notes (15 from each locality) including outpatient/community clinic letters, Rio progress notes and other relevant clinical documents.
- Inclusion criteria: Patients seen by a medic in older adult outpatient or community clinic in September 2022 with a diagnosis of dementia with BPSD **and** prescribed an antipsychotic medication.

Results

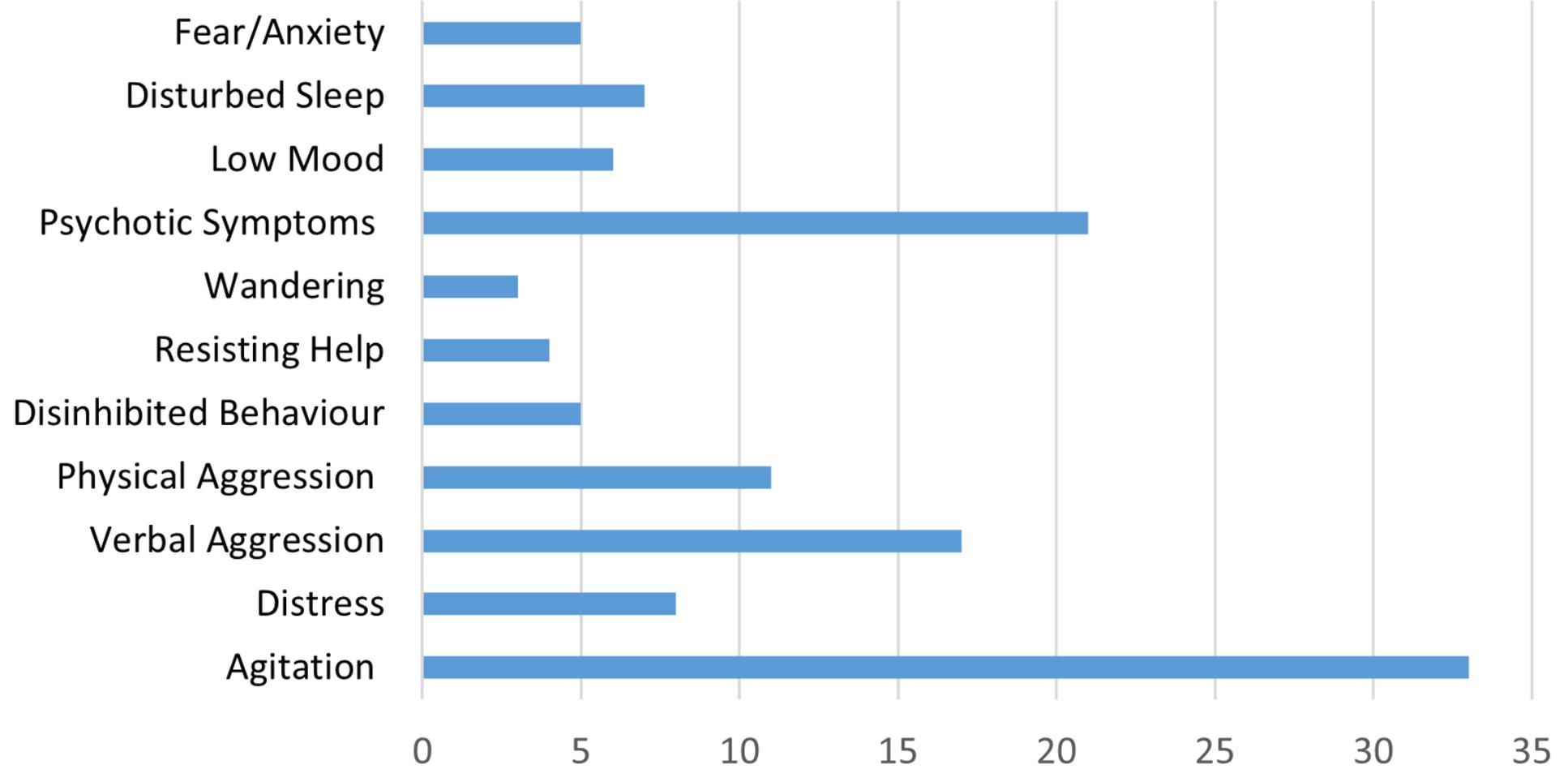


TOTAL DURATION OF TREATMENT WITH ANTIPSYCHOTIC

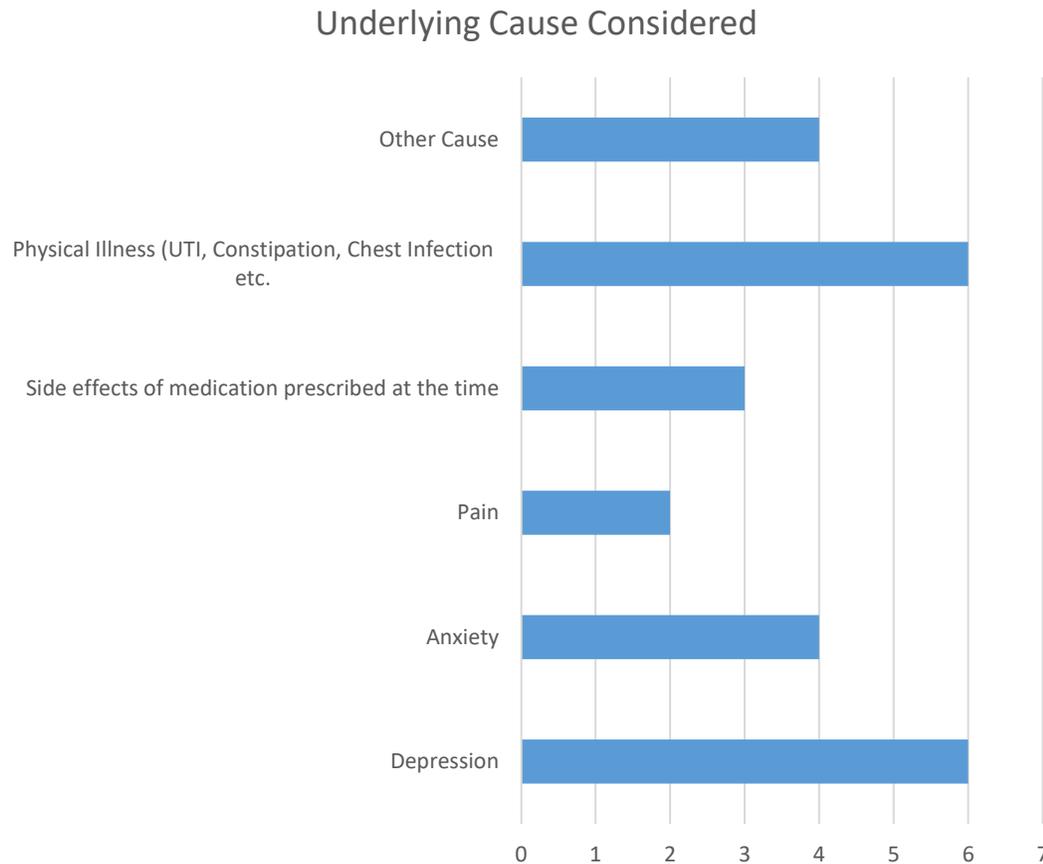
■ <3 months ■ 3-6 months ■ 6 months- 1 year ■ > 1 year ■ Data Not Available



Documented Indication

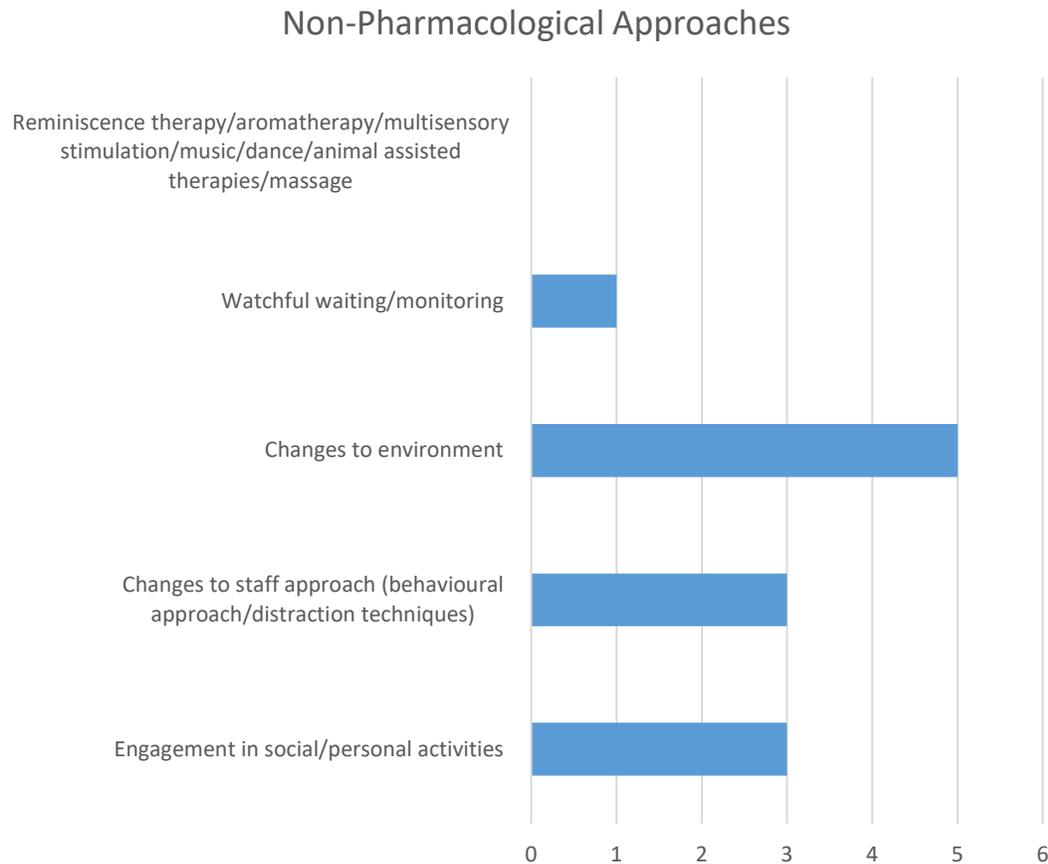


Underlying Causes Explored



- Where an antipsychotic had been prescribed for less than three months (18%, 11) consideration of underlying causes of BPSD was documented in 90% (10).

Non-Pharmacological Approaches



- Where an antipsychotic had been prescribed for less than three months (18%, 11), evidence of non-pharmacological approaches was documented in 64% (7).

Results

- Where an antipsychotic had been prescribed for less than 3 months 36% (4) had a documented risk-benefit analysis before commencing antipsychotic, discussion of the same with patient or carer was documented in all these cases.
- Where an antipsychotic was prescribed for more than three months 87% (41) had a review addressing therapeutic response within six months.

Discussion

- In all cases where antipsychotics had been commenced an appropriate indication was documented (where severe distress or risk to self or others was evident).
- Although not defined within the criterion other than the 'shortest period of time', it was noted that the majority of the sample were prescribed an antipsychotic for longer than the six weeks recommended by trust and NICE guidance. Where an antipsychotic was prescribed for more than 3 months the majority of patients had been reassessed on a regular basis (within six months).
- There was thorough documentation exploring underlying causes of BPSD and alternative treatment approaches, however documentation of a clear risk-benefit analysis (and discussion of this with patient or carer) prior to commencing antipsychotics needs improvement.

Recommendations



- 1) The results of this audit will be disseminated to the older adult medics via locality peer group teaching sessions.
 - 2) Views will be sought on whether a proforma and decision aids would improve practice in this area.
 - 3) A re-audit will take place in 12 months time.
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References

- 1) *What are the complications of dementia?* (2022) NICE. Available at: <https://cks.nice.org.uk/topics/dementia/background-information/complications/> (Accessed: 14 August 2023).
- 2) Tampi, R.R. *et al.* (2016) 'Antipsychotic use in dementia: A systematic review of benefits and risks from Meta-analyses', *Therapeutic Advances in Chronic Disease*, 7(5), pp. 229–245. doi:10.1177/2040622316658463.
- 3) *Variation in prescribing of antipsychotic medication to people with a diagnosis of dementia across CCGs in England* (no date) NHS choices. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses> (Accessed: 14 August 2023).