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

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INTRODUCTION

Behavioural and psychological symptoms of dementia or 'BPSD' is an umbrella term devised by the International Psychogeriatric Association. They include agitation, aggression, hallucinations and delusions. Antipsychotic 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 (1).

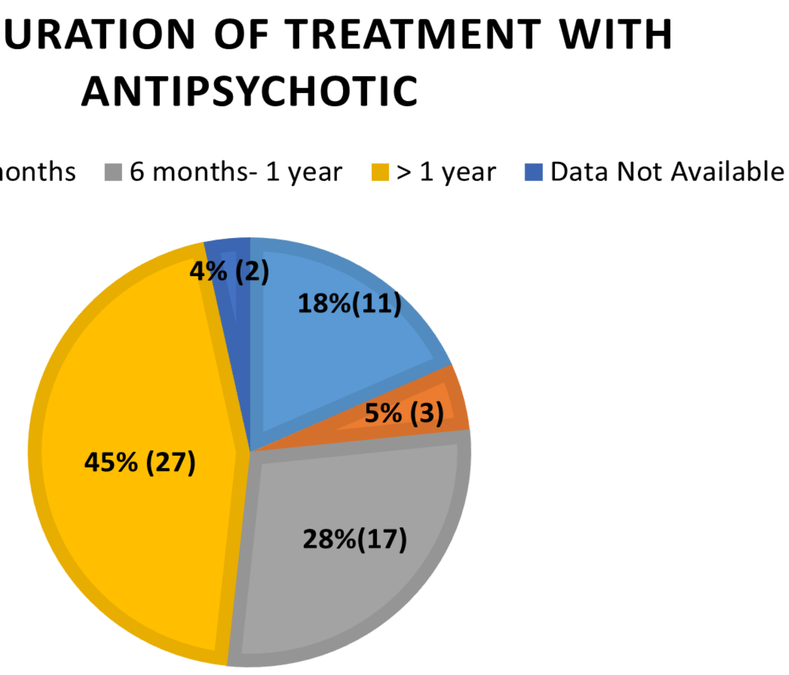
Black Country Partnership NHS Foundation Trust (BCPFT) policy, in line with NICE guidance (2), states that antipsychotic medication should only be used for management of BPSD where there is severe distress or an immediate risk of harm to self or others. Antipsychotic medication should only be considered after other possible clinical and environmental causes have been explored and addressed. Prior to commencing an antipsychotic there should be discussion with patients and their carers about the risks and benefits. Where an antipsychotic has been started it should be at the lowest effective dose, for the shortest possible time, and reassessed on a regular basis. This audit aims to ensure that antipsychotic prescribing for BPSD is in line with trust policy across BCPFT.

METHOD

A retrospective review of 60 sets of case notes was undertaken, 15 each from the four localities across the trust. Inclusion criteria were any patient seen by a medic in older adult community clinic in September 2022 with a diagnosis of dementia with BPSD **and** prescribed an antipsychotic medication. Six audit criteria were agreed on by the team following review of trust policy and NICE guidance, with 100% the standard aim throughout.

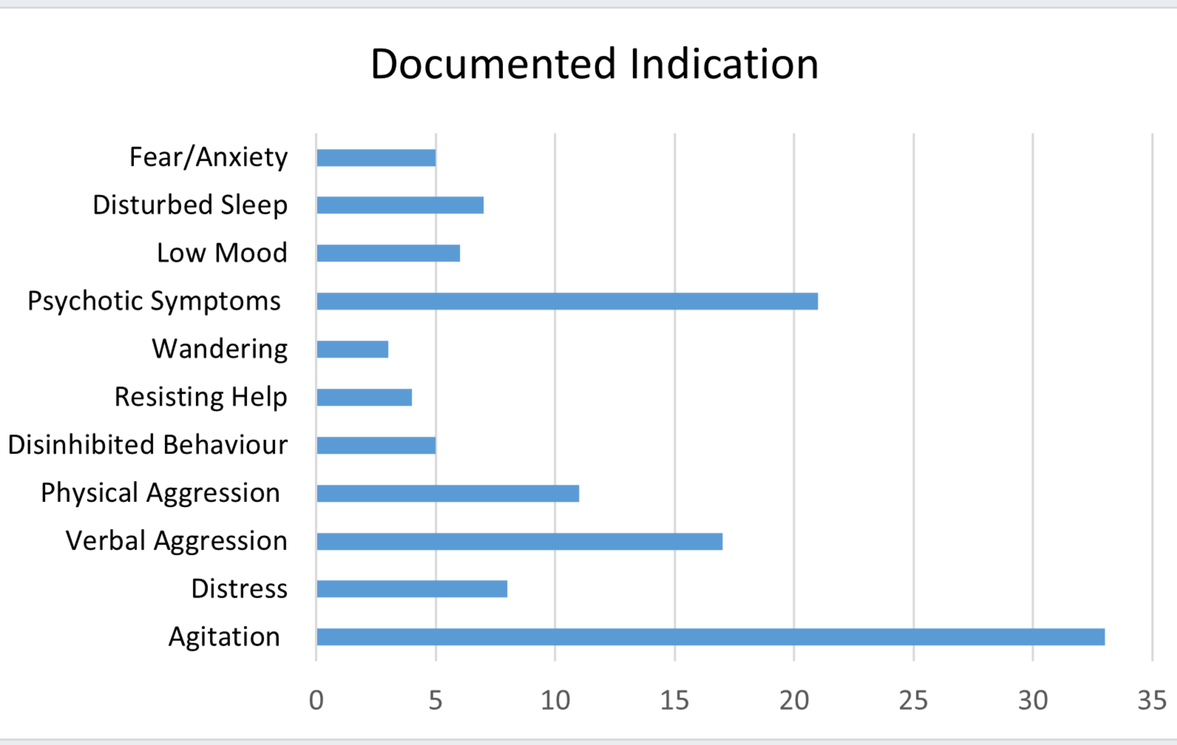
Criterion	Standard Aim
1. Before starting pharmacological treatment undertake structured assessment to identify and address any underlying causes for BPSD.	100%
2. Non pharmacological methods should be offered first line (with or without antipsychotics).	100%
3. Risk- benefit analysis of antipsychotic medication should be documented.	100%
4. Before commencing antipsychotic discuss with patient and/or carer including risk/benefits. Consider using a decision aid.	100%
5. Indication for antipsychotic should be recorded- severe distress or risk of harm to self or others.	100%
6. Antipsychotic commenced at lowest effective dose, for shortest period of time, and reassessed on a regular basis.	100%

RESULTS



RESULTS

100% (60) of the sample had a recorded indication for the prescribed antipsychotic. 78% (47) of the sample were prescribed an antipsychotic for more than three months. Where an antipsychotic had been prescribed for less than three months (18%, 11) consideration of underlying causes of BPSD was documented in 90% (10) and evidence of non-pharmacological approaches was documented in 64% (7). 36% (4) of this group 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 would improve practice in this area.
3) A re-audit will take place in 12 months time.

CONTACT INFORMATION

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REFERENCES

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