Antipsychotic prescribing for in-patients with dementia at university hospital llandough to look for good prescribing practice in line with NICE guidelines.

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Introduction:

The symptoms of Behavioural and Psychiatric Symptoms of Dementia (BPSD) include agitation, aggression, wandering, hoarding, sexual disinhibition, shouting, repeated questioning, sleep disturbance, depression, anxiety and psychosis. Those who do develop non-cognitive symptoms or behaviours should at first be assessed to exclude alternative causes, such as physical health issues (pain/infection), side effects of medication, environmental factors, psychosocial factors, individual biography (e.g. religious beliefs) etc. Then, non-pharmacological approaches should always be used as the first line in treating behavioural problems associated with Dementia.

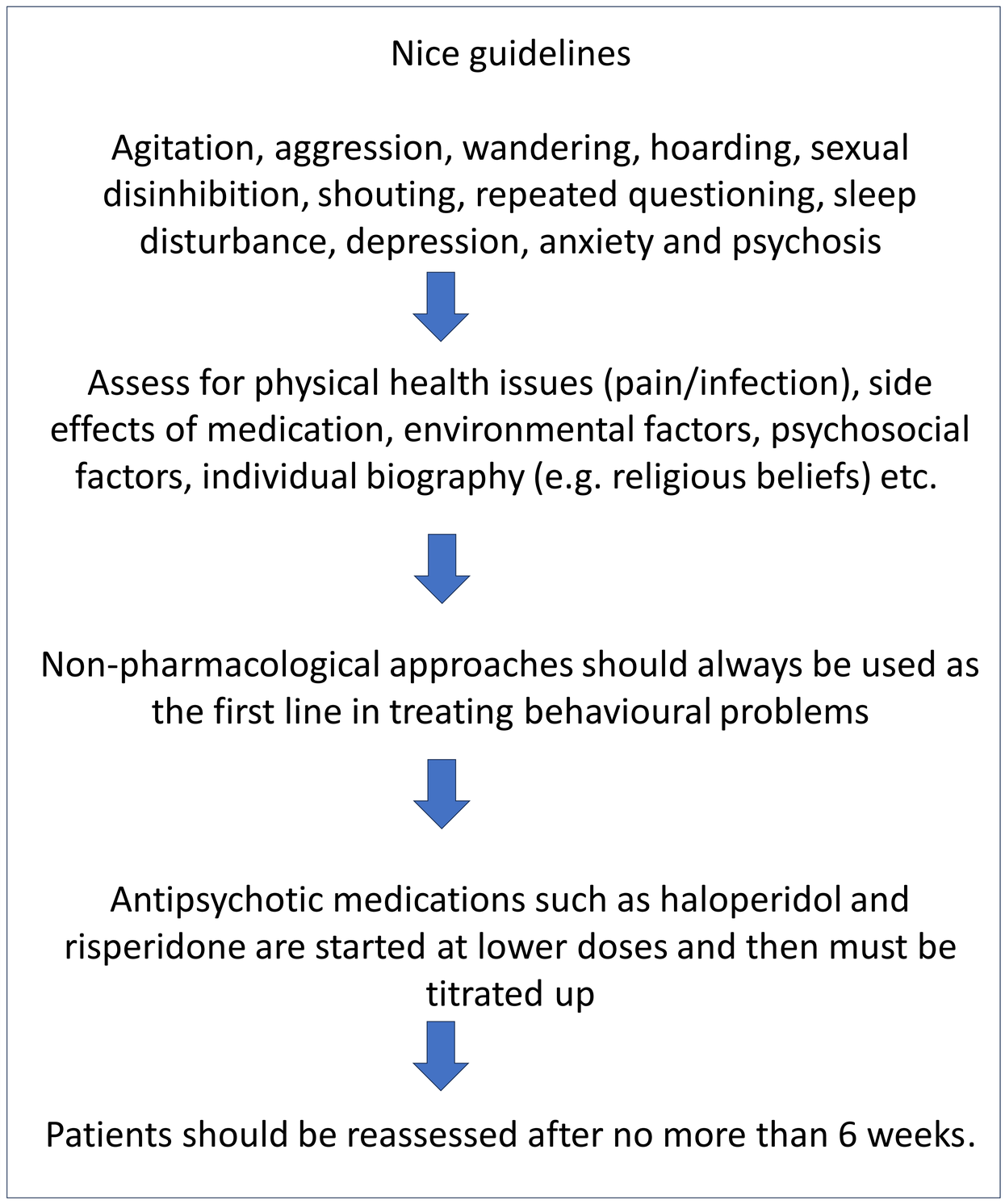
NICE guidelines state that antipsychotic medications such as haloperidol and risperidone are started at lower doses and then must be titrated up, and patients should be reassessed after no more than 6 weeks. The rationale for conducting this audit is to try and understand if the antipsychotic prescribing in the ward is in line with the NICE guidelines.

Methods:

A retrospective study to compare the treatment of all the patients admitted for Dementia in the Mental Health Services for Older people(MHSOP) wards located in University Hospital Llandough from November 2022 to April 2023 to the Nice guidelines.

Results:

- The results indicate a predominant prevalence of Alzheimer's (46%), followed by mixed dementia (23%) and vascular dementia (21%), among the diagnosed cases.
- In 67% of instances, healthcare professionals have considered alternative causative factors for the observed symptoms beyond the identified dementia subtypes.
- In 62% of cases, patients received treatment for alternative causes, while non-pharmacological approaches were attempted in 51%.
- A predominant prescription of Risperidone at 77%, followed by Quetiapine at 31%, Olanzapine at 10%, and Aripiprazole at 5%.
- 95% of patients were commenced treatment at the lowest dose, while information for 3% (1 patient) was not available.
- 62% were monitored according to guidelines and 56% were reviewed every 6 weeks.



Conclusions:

- There is room for improvement in terms of considering other causes of behavioural symptoms, utilizing non-pharmacological approaches, and adherence to monitoring and review intervals outlined in the guidelines.
- These findings underscore the importance of continuous evaluation and refinement of clinical practices to enhance the overall management of BPSD in dementia patients.

Next steps:

- Present the findings in the MHSOP directorate Q&S meeting.
- Educate the staff in MHSOP regarding the NICE guidelines.
- Re-audit in the next year.

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References:

- Antipsychotics | Prescribing information | Dementia | CKS | NICE