



Antipsychotic Polypharmacy in Adults with Learning Disabilities

Dr Ranmilowo Tehinse (ST5)

Leicestershire Partnership NHS Trust, United Kingdom



INTRODUCTION

- Antipsychotic polypharmacy is common in adults with learning disabilities.
- STOMP and NICE guidance emphasise a clear rationale, regular review and reduction of unnecessary prescribing.
- High total antipsychotic burden may increase adverse effects and complicate person-centred care.

AIMS

- Assess whether indication and rationale are documented.
- Check doses against BNF high-dose thresholds.
- Review documentation of off-label prescribing and side-effect monitoring.
- Identify opportunities for STOMP review and return to monotherapy where appropriate.

METHODS

Sample

30 adults with learning disabilities receiving more than one antipsychotic in community learning-disability services.

Data source and collection

Retrospective review of SystemOne clinical records by resident doctors.

Standards assessed

- Documented indication and clinical rationale
- Recorded discussion of off-label prescribing
- Annual side-effect review and STOMP review
- Total dose expressed as percentage of BNF maximum
- Benchmarking against CR190, BNF, STOMP and NICE guidance

AUDIT GOVERNANCE

Audit status
Approved and registered as a clinical audit within Leicestershire Partnership NHS Trust. Formal research ethics approval was not required.

Funding
No external funding was received.

Declaration of interests
The authors declare no conflicts of interest.

REFERENCES

- Royal College of Psychiatrists. College Report CR190: High-dose antipsychotic treatment (HDAT), 2023.
- NHS England. STOMP: Stopping Over-Medication of People with a Learning Disability, Autism or Both.
- NICE. Psychosis and schizophrenia in adults: prevention and management. CG178, 2014.



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HIGH-DOSE THERAPY (HDAT)

CR190 defines high-dose antipsychotic therapy (HDAT) as either:

1

A total daily dose of a single antipsychotic exceeding the upper limit in the SPC or BNF for the patient's age and indication.

OR

2

A combined daily dose of two or more antipsychotics exceeding 100% of the BNF maximum using the percentage method.

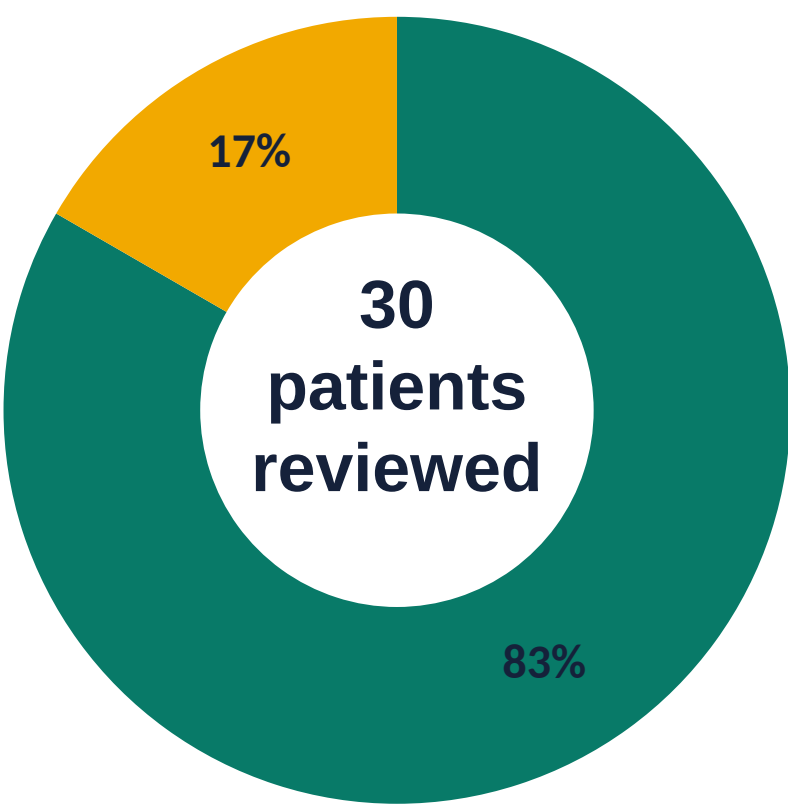
Worked example

Amisulpride 800 mg/day = 67% of maximum
Olanzapine 15 mg/day = 75% of maximum

Total daily percentage = 142%

>100% = high-dose antipsychotic therapy

BNF PERCENTAGE DISTRIBUTION



5 of 30 patients (16.7%) were prescribed high-dose antipsychotic therapy.

INDIVIDUAL HDAT CASES

Case	Combination	Total BNF
1	Aripiprazole + Olanzapine	117%
3	Aripiprazole + Olanzapine	117%
10	Risperidone + Haloperidol	106%
13	Olanzapine + Haloperidol	120%
15	Olanzapine + Aripiprazole	125%

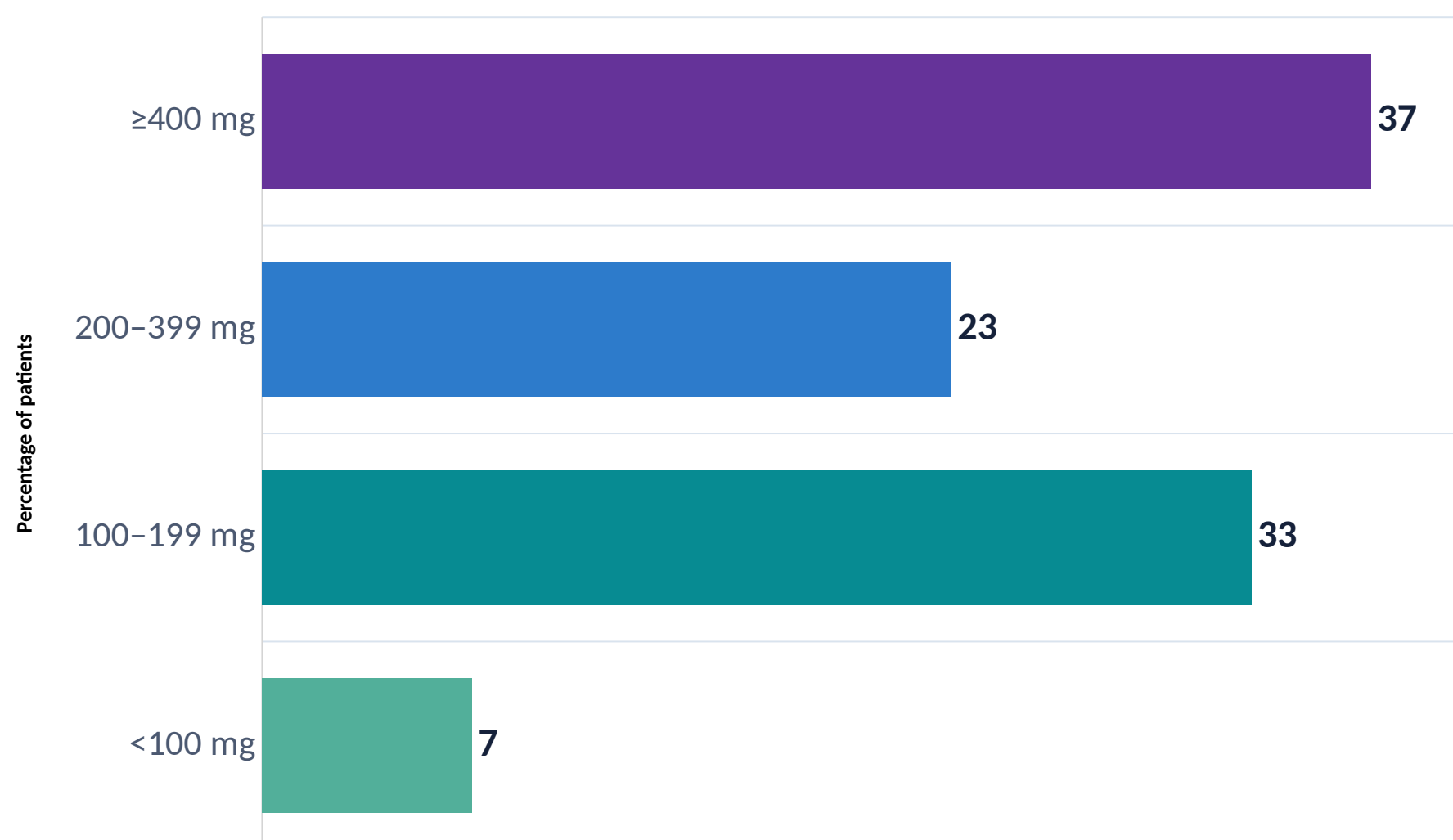
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Contact
ranmilowo.tehinse1@nhs.net



CPZ-EQUIVALENT BURDEN



Maximum CPZ-equivalent dose 950 mg/day

60% had a CPZ-equivalent dose ≥200 mg/day

DISCUSSION

- Most patients remained within BNF maximum limits, but 16.7% met HDAT criteria.
- The CPZ-equivalent findings indicate substantial medication burden even when the combined BNF threshold is not exceeded.
- Variation in combinations reinforces the need for systematic calculation, documentation and multidisciplinary review.

LIMITATIONS

- Small sample drawn from a single community service.
- Retrospective documentation may not capture every clinical discussion or decision.
- CPZ equivalents describe medication burden but do not replace individual clinical assessment.

RECOMMENDATIONS

- Use structured medication reviews at least annually, aligned with STOMP and NICE guidance.
- Record the indication, rationale, off-label discussion, side effects and total BNF percentage consistently.
- Agree and document a step-down plan towards monotherapy where clinically appropriate and safe.
- Provide ongoing prescriber education on BNF limits, HDAT risks and safer prescribing principles.
- Re-audit in 12 months to measure improvement and sustain change.

CONCLUSIONS

High-dose antipsychotic therapy was identified in a significant minority of adults receiving antipsychotic polypharmacy.

Stronger documentation, routine medication review and structured deprescribing may improve prescribing safety while supporting person-centred care for adults with learning disabilities.

Review • Rationalise • Monitor • Re-audit