

Rationalising Psychotropic Prescribing in People with Intellectual Disability: A Quality Improvement (QI) Project

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INTRODUCTION

People with Intellectual Disability (PwID) are thought to be 15 times more likely, and autistic people 7 times more likely, to be prescribed an antipsychotic than the general population¹.

Service users are at increased risk of sensitivity to psychotropic medication and often have co-morbidities that predispose them to further complications².

Long-term use of these medications, coupled with poorer health outcomes in PwID, risks premature metabolic disorders and reduced life expectancy³.

AIM

This QI project aimed to:

- Use QI methodology to identify the barriers to reducing long-term prescribing of psychotropic medication in PwID within Swansea Bay University Health Board (SBUHB).
- Implement a PDSA cycle to reduce non-severe mental illness (non-SMI) prescribing of antipsychotics in PwID within one Community Learning Disability Team (CLDT) in SBUHB.

METHOD

Stakeholder analysis identified that parent and/or carer involvement would be critical to implementing medication rationalisation. A driver diagram (Figure 2) was developed to identify the barriers to reducing psychotropic burden.

Pareto analysis (Figure 1) for Cardiff West identified anxiety and behaviour that challenges as the most common non-SMI indications for antipsychotic prescribing, so efforts were focused here.

A PDSA cycle introduced an antipsychotic rationalisation clinic, delivered by a prescribing pharmacist and physician associate, drawing on their knowledge of medication rationalisation, side-effect monitoring and physical health monitoring.

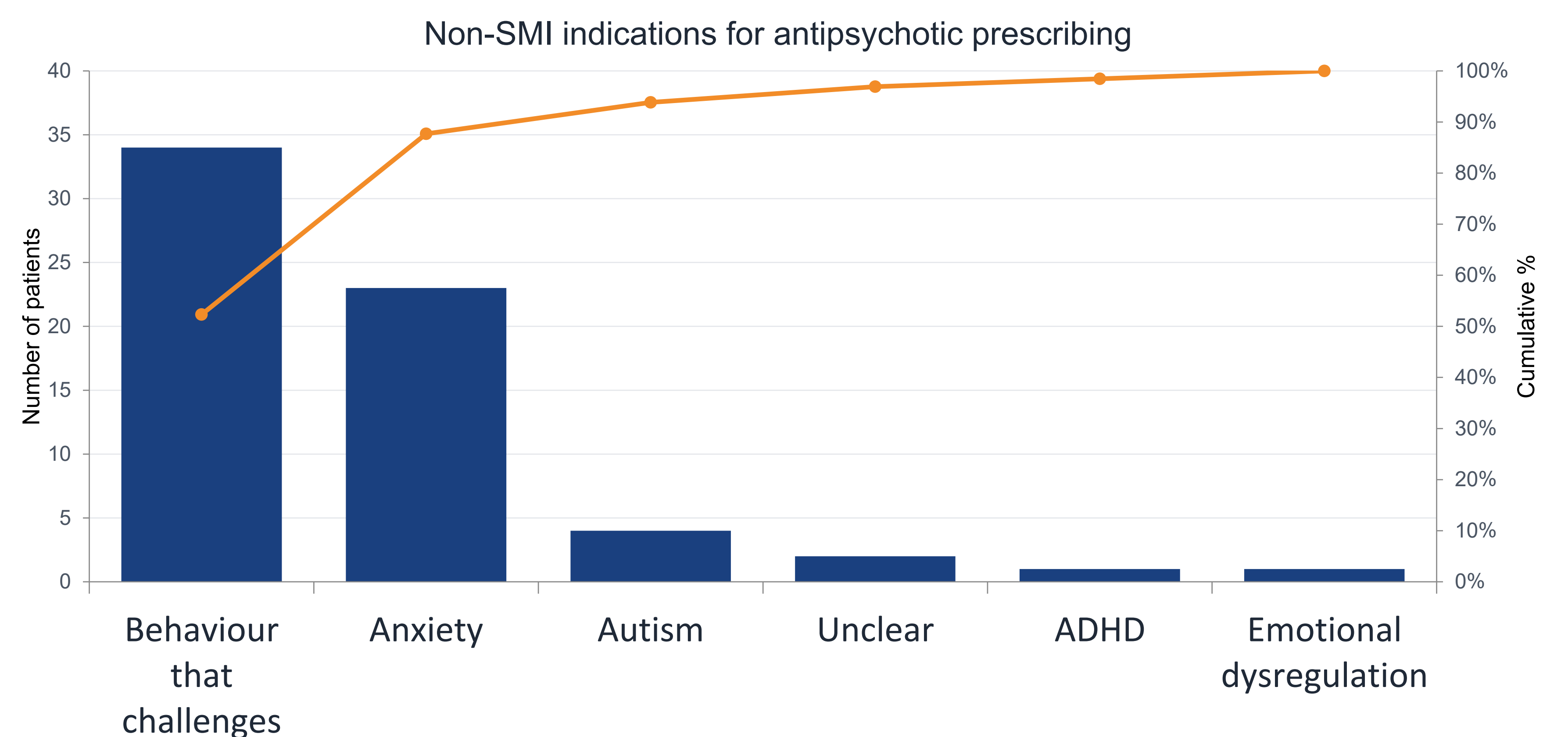


Figure 1: Pareto analysis of non-SMI antipsychotic prescribing in the Cardiff CLDT

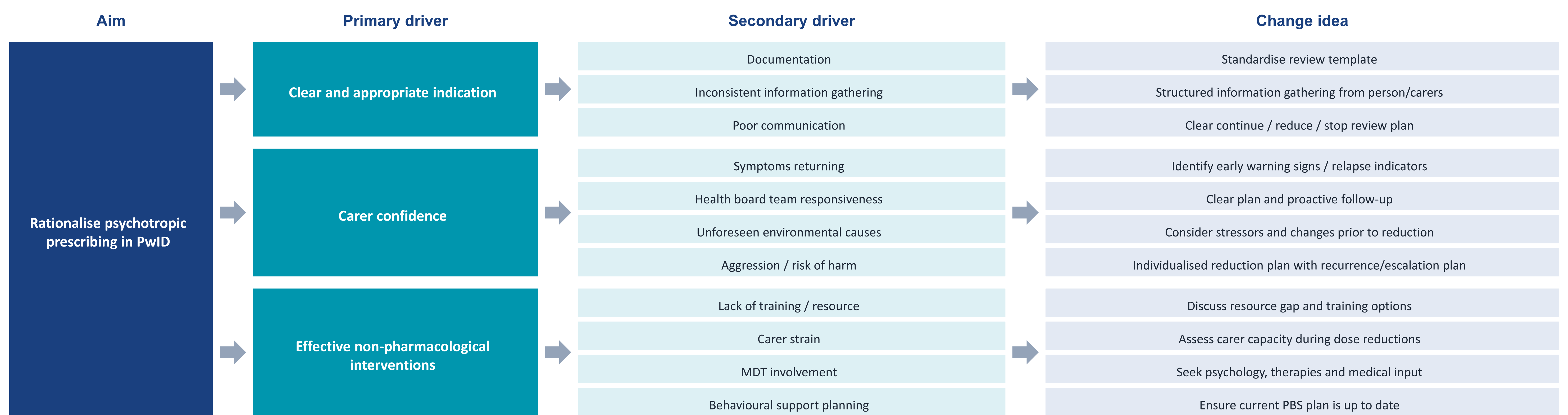


Figure 2: Driver diagram exploring psychotropic prescribing in PwID

RESULTS

Over an 18-month period, targeted interventions resulted in:

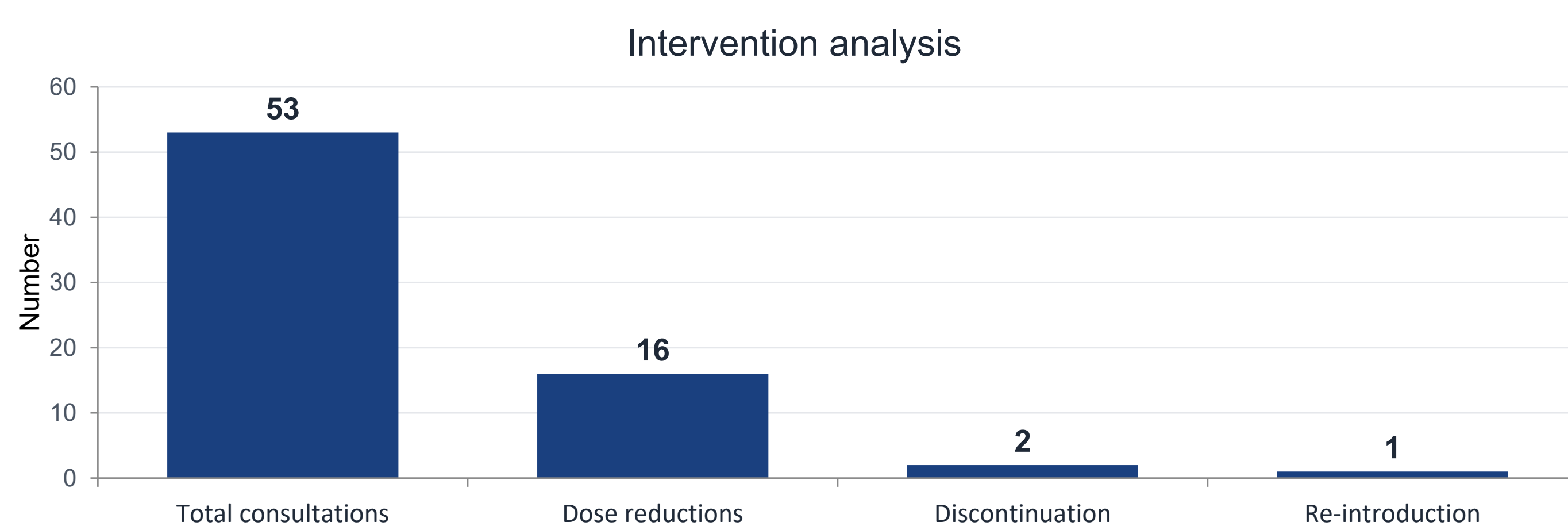


Figure 3: Analysis of the 'Do' intervention of the PDSA cycle

CONCLUSIONS

Collaborative working with families and/or carers decreased psychotropic burden in PwID in the Cardiff West area.

- Clinic capacity allowed regular reviews, so incremental dose reductions happened and were reviewed in a timely manner.
- Further PDSA cycles will address the other issues identified in the driver diagram.

REFERENCES

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2. McMahon, M., Hatton, C. and Bowring, D. L. (2020) Polypharmacy and psychotropic polypharmacy in adults with intellectual disability: a cross-sectional total population study. J Intellect Disabil Res, 64: 834–851. <https://doi.org/10.1111/jir.12775>
3. Glover, G., Williams, R., Heslop, P., Oyinola, J. and Grey, J. (2017) Mortality in people with intellectual disabilities in England. J Intellect Disabil Res, 61: 62–74.