

Centre for
Intellectual Disabilities
and Mental Health



Deprescribing psychotropic medication- learning from a tale of two countries; the Dutch experience

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Content

- Deprescribing antipsychotics for challenging behaviour in individuals with ID/clinical practice
- The Dutch experience:
 - Study on determinants for successful discontinuation
 - Ministry of Health, Welfare & Sports (VWS)
 - ‘Better off with less medication’ VWS/Vilans knowledge center: project on reduction of psychotropics in elderly- and ID health care
 - Legislation on involuntary care/coercion in elderly and ID-care: Wet zorg en dwang (Wzd)
 - Multidisciplinary guideline on problem behavior in adults with ID



Deprescribing antipsychotics in ID populations

- Clinical practice
 - Different schedules for tapering-off (time/dosage)
 - Evidence for specific schedule is unclear
 - environmental factors seem of large influence
 - discontinuation of AP for CB often fails ..
 - ...due to (perceived) behavioural worsening?



The Dutch experience/discontinuation studies

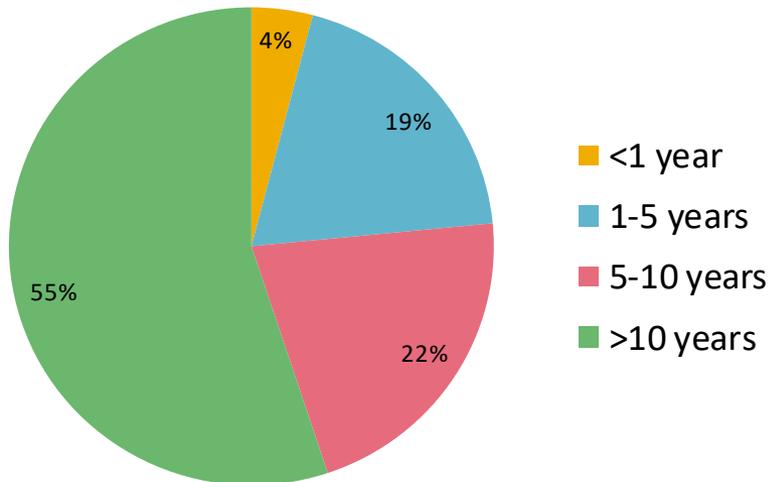
- Study on determinants for successful discontinuation: patient factors & environmental factors:
 - An open label discontinuation trial of long-term used off-label antipsychotic medication in people with intellectual disability; determinants of success and failure. **de Kuijper & Hoekstra, Journal of Clinical Pharmacology, 2018**
 - An open label discontinuation trial of long-term used off-label antipsychotic drugs in people with intellectual disability: The influence of staff-related factors. **de Kuijper & Hoekstra, Journal of Applied research in Intellectual disabilities, 2019**
- Aimed to prospectively study
 - AP discontinuation trajectories
 - the influence of client related and environmental factors
- Methods
- Results



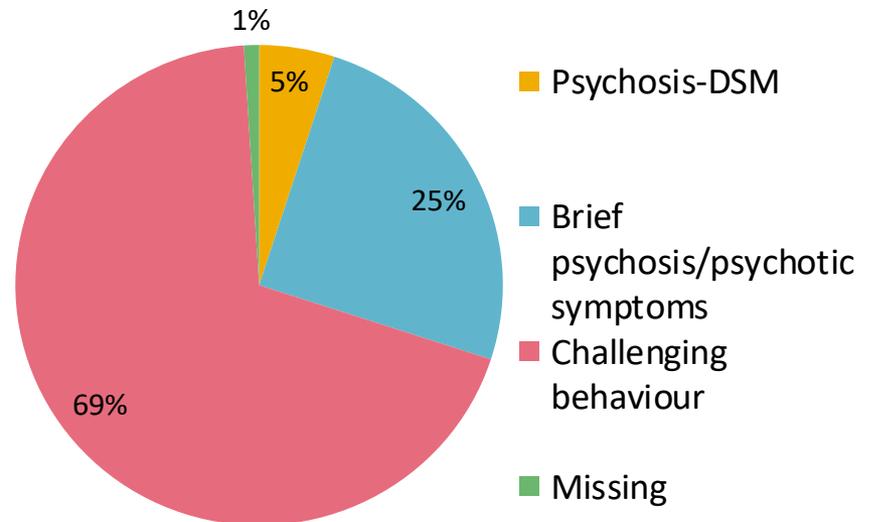
Methods/study population: residents of 6 ID-careproviders

Prevalence antipsychotic drug use 30% (977/3299)

Duration of use



Reasons for use

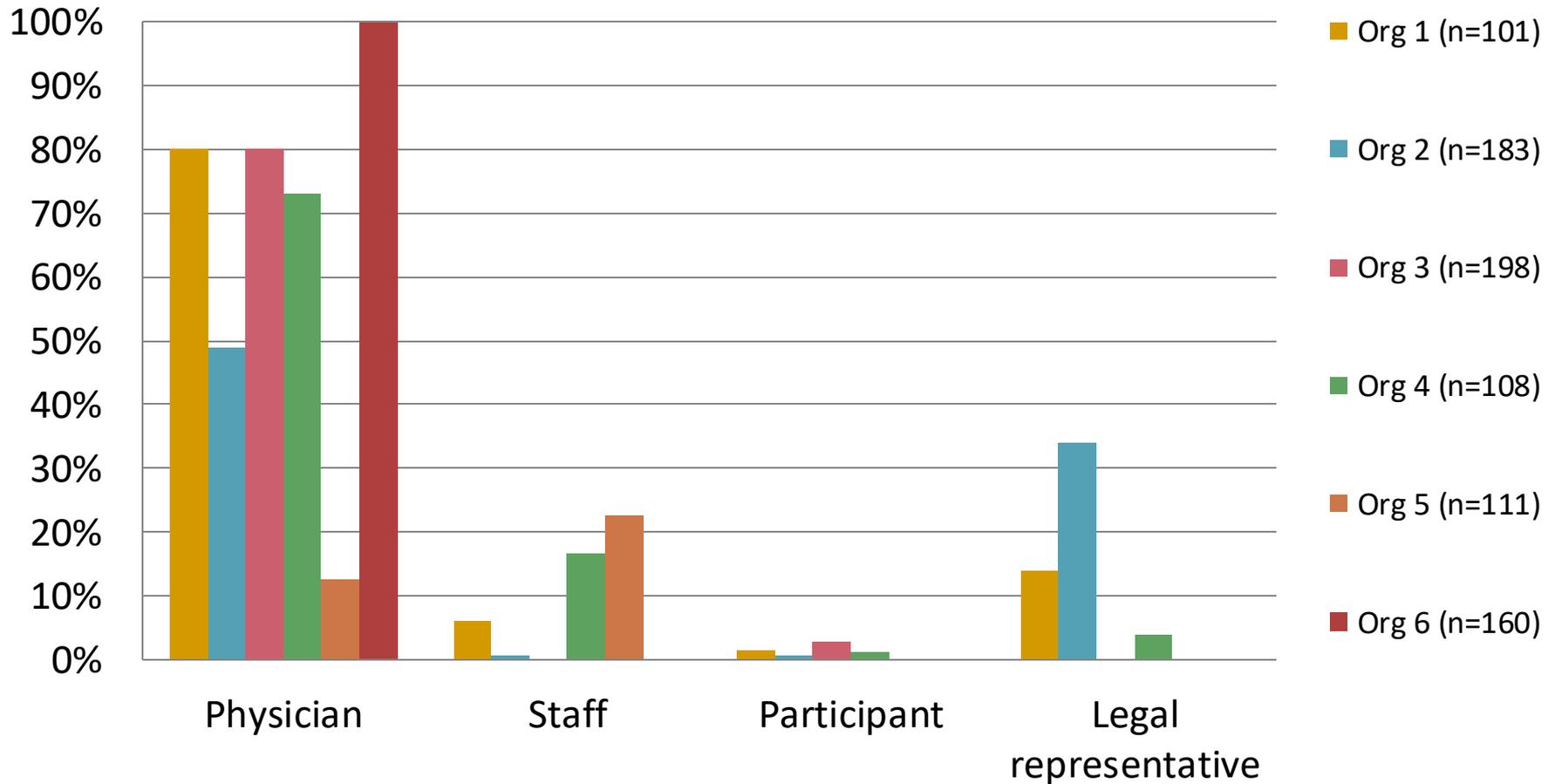


Methods/potential determinants

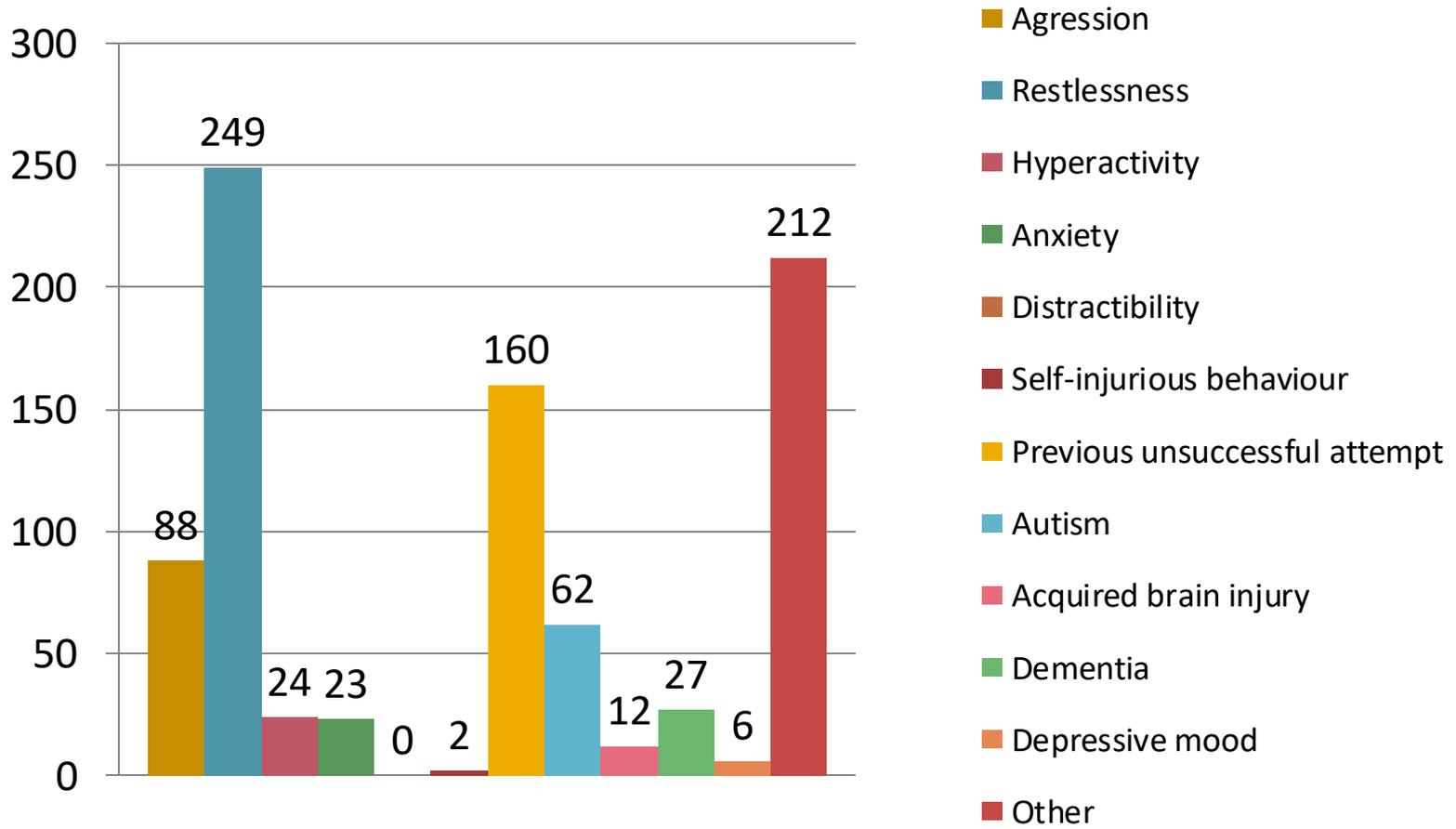
- Patients factors
 - severity of ID (cognitive/adaptive)
 - mental & physical health (including medication side-effects)
 - nature and severity of challenging behaviour
- Environmental/ staff/ social factors
 - attitudes, knowledge and beliefs of staff & representatives
 - setting culture (management CB, coercive measures /physicians' reasons to continue off label prescriptions of antipsychotics)
 - changes in or unfavourable living circumstances



Example setting culture: Decisions of physicians to discontinue AP for CB primarily based on considerations of:



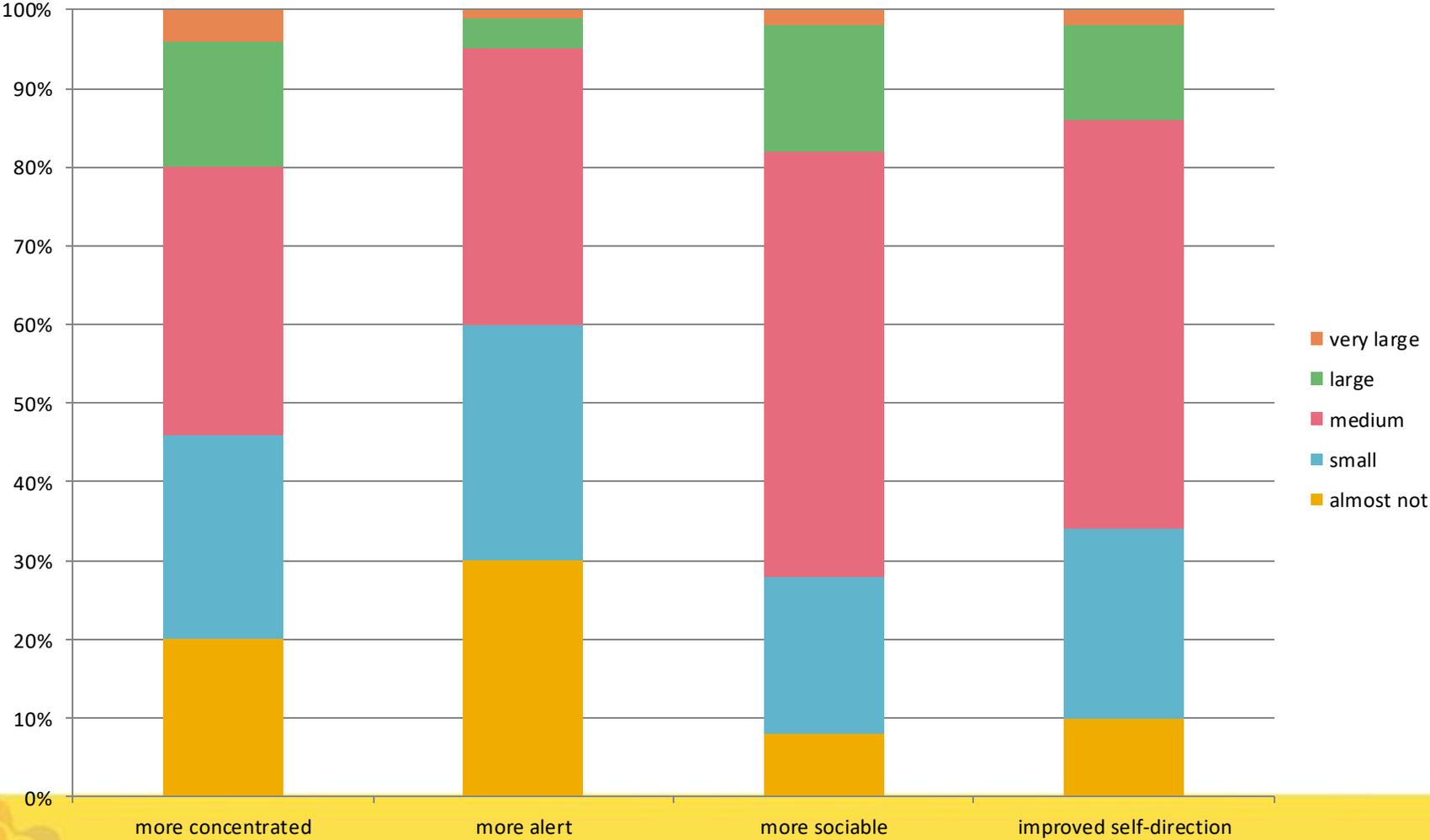
Example staff factors: Reasons not to discontinue (N=590) data org.5&6 are missing; not all physicians made note of the reason)



Example staff-factors: survey among direct support professionals

Expectations of effects of antipsychotics in their ID clients

(6% had sufficient knowledge on effects of psychotropic drugs;
60% indicated they needed education)



Methods

Design, participants & setting

- Discontinuation (primary outcome) per protocol (16 weeks), restart and discontinuation during follow-up (28 & 40 weeks)
- Data collection: 4, 8, 12, 16, 22, 28, & 40 weeks
- Age > 6; off-label use > 1 year, a proposal to discontinue
- Living facilities of service providers, 24h/day care

Data on:

- Severity ID, gender, age, (history) of health conditions, psychotropic drug use, life-events, living situation
- Behavioural measures:
Aberrant Behavior Checklist (ABC)
 - Subscales irritability, lethargy, stereotypy, hyperactivity, inadequate speech
- CGI (ID physicians' judgements)



Results;flow chard of discontinuation trajectories

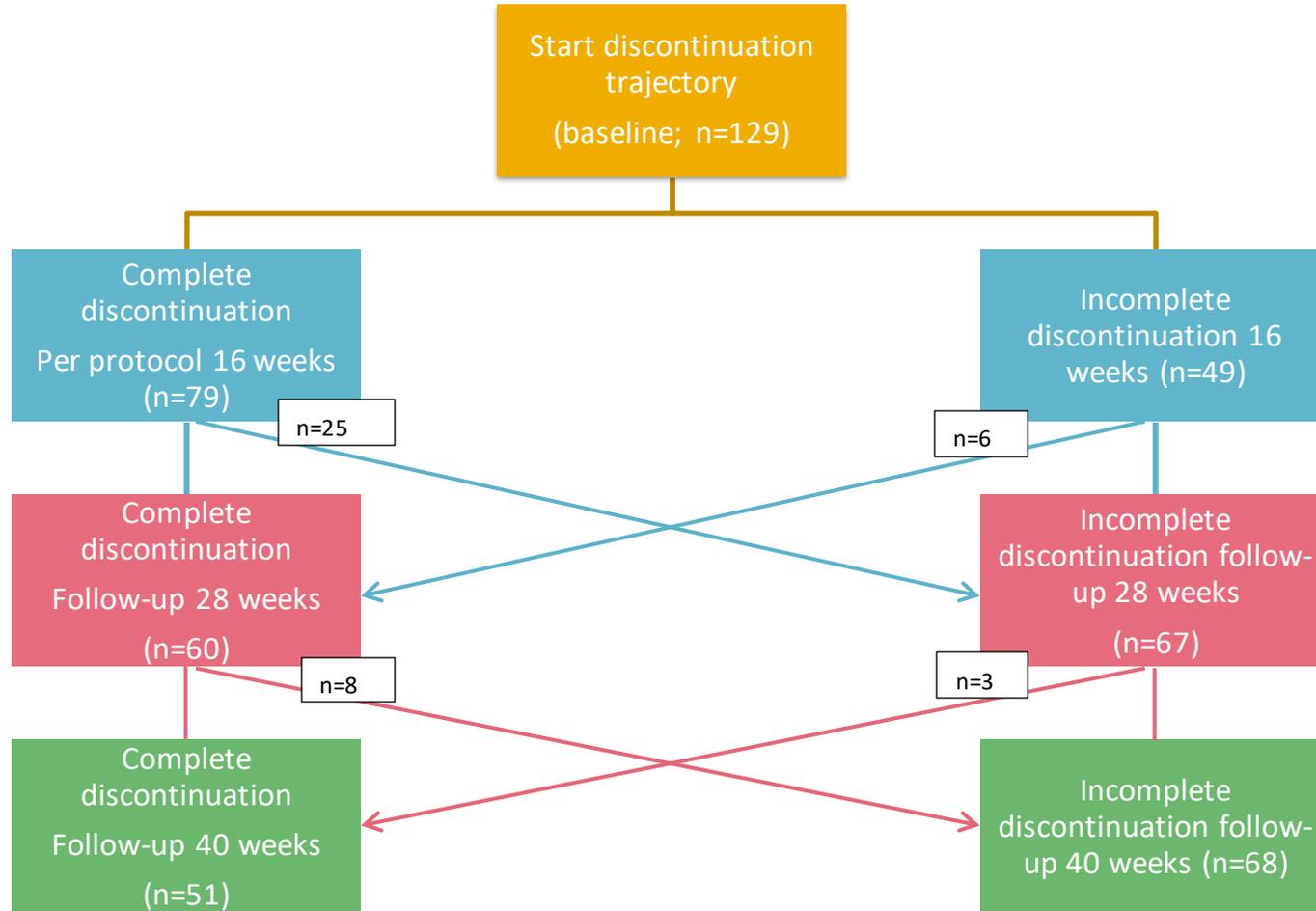


Figure 2 Flow chart of antipsychotic drugs discontinuation trajectory of participants; 16 weeks: 1 missing; 28 weeks: 2 missing; 40 weeks: 10 missing

Results/determinants

comparison groups complete vs incomplete discontinuation

- Health
 - Less incidence of worsening in health during tapering off process
 - No autism,
 - Lower baseline dose of antipsychotic drug
- Behavioural
 - Lower baseline scores of ABC (subscales)
 - Significant decrease in ABC total and some subscales
- Staff-related:/ul>- Clinicians: CGI-I: less often worsening/more often no change
- Support professionals: more knowledge psychotropic drugs



Determinants/associated variables with complete discontinuation 28 weeks

Determinants/associated variables	Odds ratio	P-value
No autism	2.92	P<0.05
More health worsening	0.70	P<0.01
No use of >1 AP simult.	8.15	P=0.05
Baseline dose of AP	0.35	P<0.05
ABC total 16 weeks	0.98	P<0.01
ABC total 28 weeks	0.98	P<0.01
BARS (akathisia) 28 weeks	0.76	P<0.05
Gender caregiver=man	0.13	P<0.01
Depression-Anger *16 wks	0.82	P<0.05

*Emotional reactions to challenging behavior (ERCB)-scale; Mitchell & Hasting 1998



Conclusions

Study on discontinuation of antipsychotics for challenging behaviour in intellectually disabled residents in the Netherlands

- 40% complete discontinuation
(at follow-up in by ID physicians selected sample!)
- No behavioural worsening
 - complete discontinuation (\downarrow ABC total & most ABC-subcales)
 - incomplete discontinuation (no change in ABC)
- Determinants/associated variables with failure to discontinue
 - Worse health (physical, akathisia, autism)
 - Higher AP dose & number
 - More severe challenging behaviour (CB)
 - More concerns/worries in staff (fear of prescribers for \uparrow CB, negative feelings of support professionals)



The Dutch experience/ initiatives to reduce inappropriate psychotropic drug use in individuals with ID

- Vilans project 'Better off with less medication (1) (2016-2019)
- Legislation: Act on involuntary care (wet zorg en dwang) (2) (2020)
- Multidisciplinary guideline on problem behaviour (3) (2019)
(ID-physicians, psychologists, psychiatrists, nurses, social workers, pharmacists, paramedic professionals, general practitioners, clients & -representatives)



(1): Vilans & Center for intellectual disabilities and mental health

- Project: 'better off with less medication'
Reduction of inappropriate psychotropic drug prescribing in elderly with dementia and individuals with ID
- Studies: Associations between staff's attitudes, cognitions & beliefs towards challenging behaviours and psychotropic drug use of clients
 - Lack of knowledge how to manage challenging behaviour
 - Lack of knowledge towards the effects, including side effects, of psychotropic drug use for challenging behaviour
- → To improve appropriate psychotropic drug use of clients education of staff is needed



(1): Vilans & Center for intellectual disabilities and mental health

Online learning intervention (Josien Jonker, PhD candidate)

Development of a tool for direct care staff:

- Unrealistic beliefs
- Lack of knowledge
- Focus on awareness and behaviour
- To improve management of challenging behaviour

Four modules: presentation of the case, exercises and links



(2) Legislation involuntary care/care & coercion (Wzd)

(3) guideline: problem behavior in adults with ID

- Coercive measures: physical/chemical
- Chemical: off-label prescription of psychotropic drugs and/or outside guidelines' recommendations
 - In the Netherlands, it is legally *required* to follow a step by step plan when psychotropic drugs are off-label prescribed in case of 'involuntary care' and in case of 'incapacitated clients'.
 - In case of competent clients it is not required but *advised* to follow the step by step plan.
 - Step by step plan in case of involuntary care: multidisciplinary evaluation every three months/after six months: external review
 - Consider discontinuation regularly/every step



Key points/take home messages

- Deprescribing antipsychotics for CB:
 - Establishing of policies by legislation and guidelines
 - Unity of clinicians in implementation is necessary
 - Involvement of patient/-representatives
 - shared decision making
 - Education & training & support of direct care staff
 - Carefully monitoring & treatment/management of patient related factors that may interfere with the process



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The Dutch experience on deprescribing
psychotropic drugs in individuals with ID

Questions?

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