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

- <1 year: 4%
- 1-5 years: 19%
- 5-10 years: 22%
- >10 years: 55%

Reasons for use

- Psychosis-DSM: 1%
- Brief psychosis/psychotic symptoms: 5%
- Challenging behaviour: 25%
- Missing: 69%
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:

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%
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)

- more concentrated
- more alert
- more sociable
- improved self-direction

very large
large
medium
small
almost not
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 chart of discontinuation trajectories

Start discontinuation trajectory (baseline; n=129)

Complete discontinuation
Per protocol 16 weeks (n=79)
- Complete discontinuation
  Follow-up 28 weeks (n=60)
    - Complete discontinuation
      Follow-up 40 weeks (n=51)
    - Incomplete discontinuation
      Follow-up 28 weeks (n=67)

Incomplete discontinuation 16 weeks (n=49)
- Incomplete discontinuation follow-up 28 weeks (n=67)
  - Incomplete discontinuation follow-up 40 weeks (n=68)

n=25
n=8
n=3
n=6

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:
  – Clinicians: CGI-I: less often worsening/more often no change
  – Support professionals: more knowledge psychotropic drugs
Determinants/associated variables with complete discontinuation 28 weeks

<table>
<thead>
<tr>
<th>Determinants/associated variables</th>
<th>Odds ratio</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No autism</td>
<td>2.92</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>More health worsening</td>
<td>0.70</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>No use of &gt;1 AP simult.</td>
<td>8.15</td>
<td>P=0.05</td>
</tr>
<tr>
<td>Baseline dose of AP</td>
<td>0.35</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>ABC total 16 weeks</td>
<td>0.98</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>ABC total 28 weeks</td>
<td>0.98</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>BARS (akathisia) 28 weeks</td>
<td>0.76</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>Gender caregiver=man</td>
<td>0.13</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Depression-Anger *16 wks</td>
<td>0.82</td>
<td>P&lt;0.05</td>
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*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 (↓ABC total & most ABC-sub scales)
  – 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 ↑ 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
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
The Dutch experience on deprescribing psychotropic drugs in individuals with ID

Questions?

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