

The UK experience - the elephant in the room



Professor Rohit Shankar MBE, MBBS, DPM, FRCPsych

Consultant Neuropsychiatrist & Clinical Director (ID Services)

Professor in Neuropsychiatry **Cornwall Intellectual Disability Equitable Research (CIDER)**

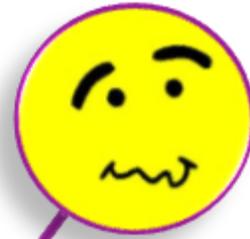
Acknowledgements – Dr David Branford Associate Professor (hon.) **CIDER**

Professor Shankar has received institutional / research support, lecture and consultation fees in the last 2 years from:

UCB, Eisai, Bial, Special Products, LivaNova, GW Pharma, and Averelle

No elephants were harmed in the preparation of this talk

Challenges



- Physical & mental health co-morbidity



- Polypharmacy



- Communication
- Cognition
- Choice

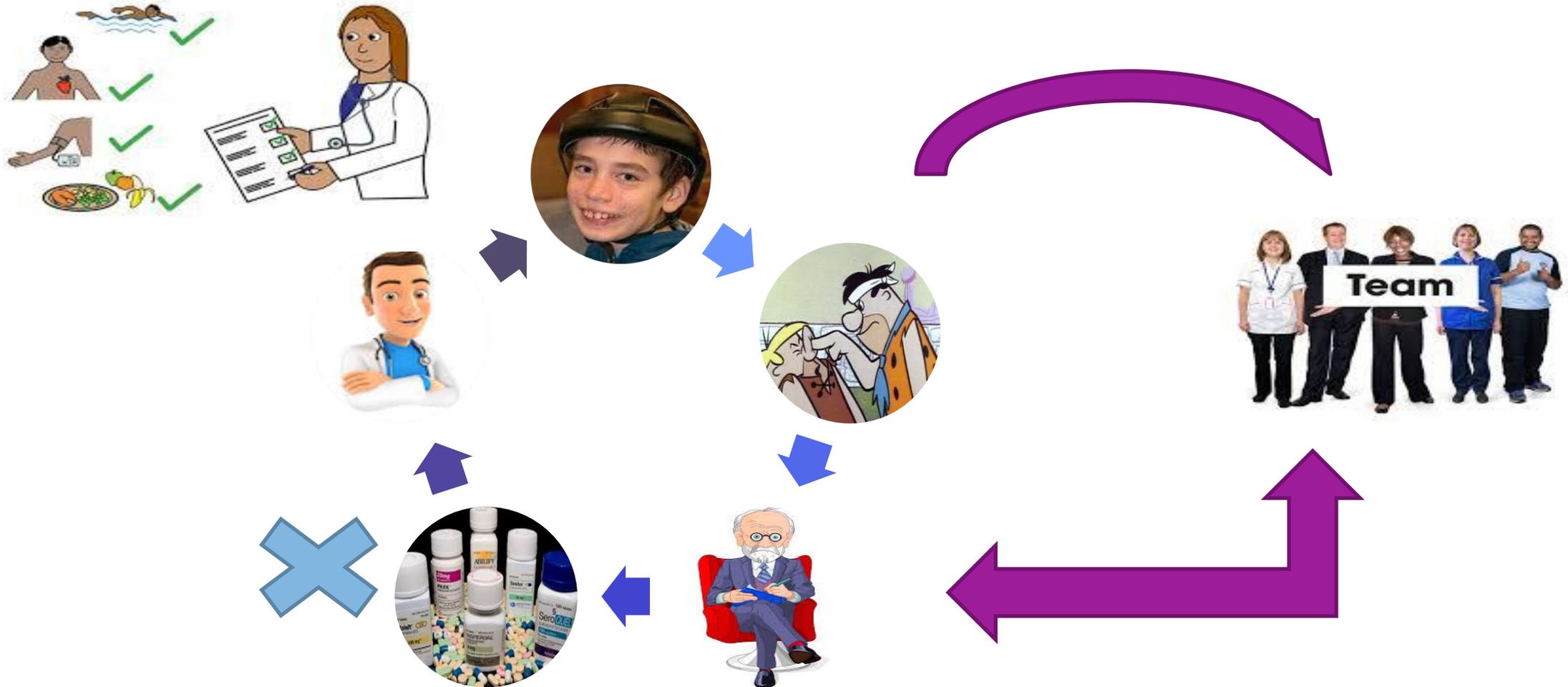


- Behavioural side effects
- Cognitive side effects



- Treatment-resistance
- Diagnostic overshadowing

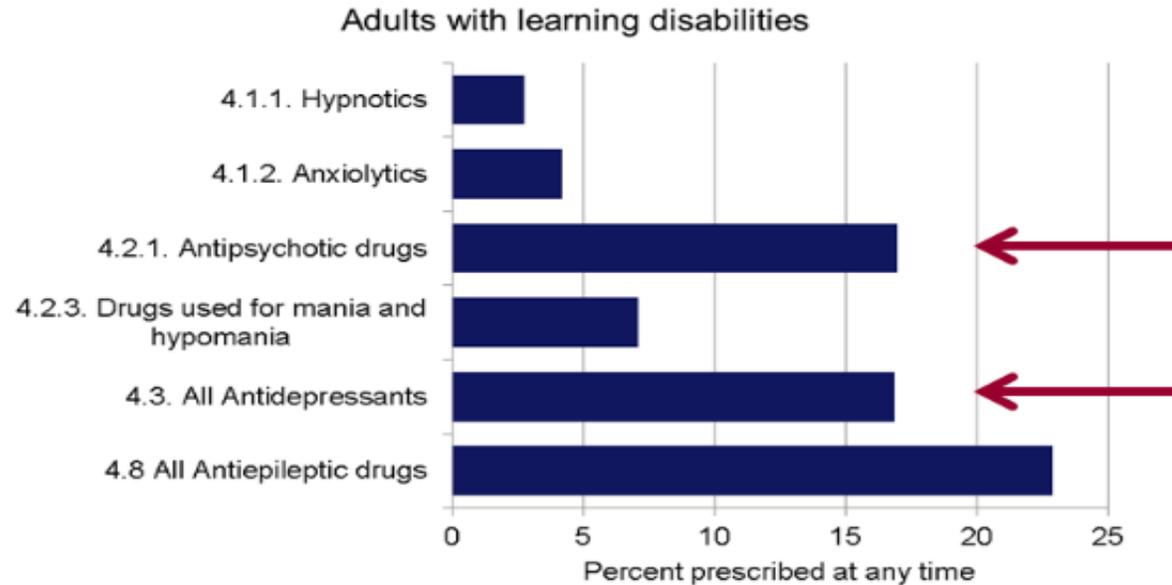
Background



Data from CPRD General Practice prescribing study



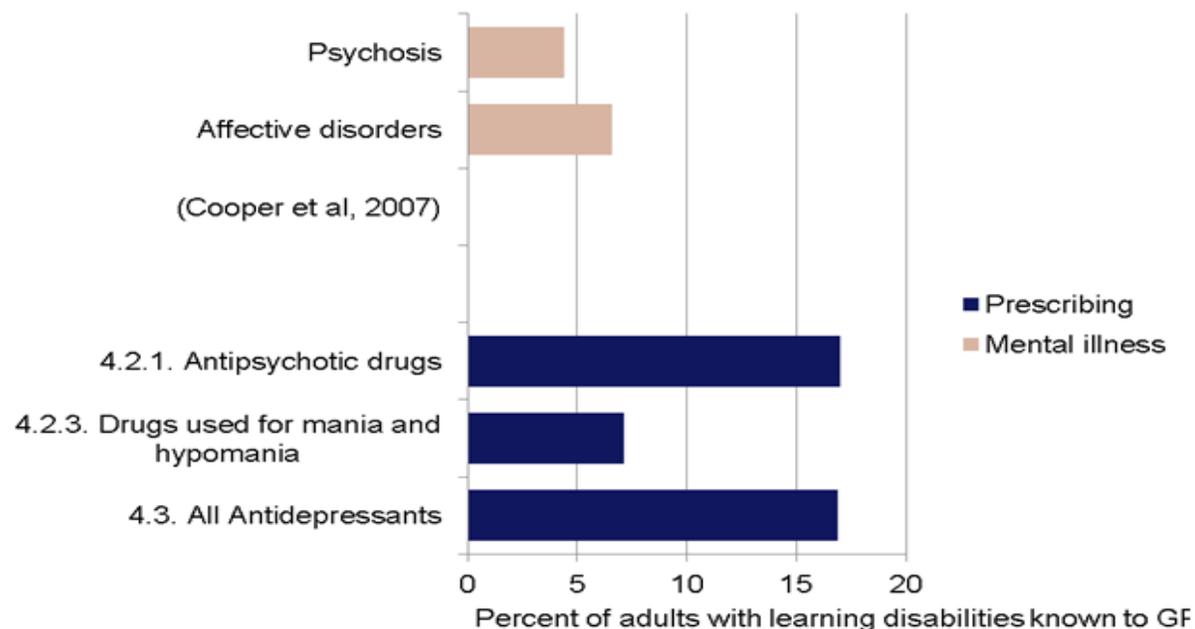
1. Rates of prescribing of antipsychotics and antidepressants are very high.



Data from CPRD General Practice prescribing study



4. Prescribing rates are substantially higher than rates of psychosis or affective disorder. 



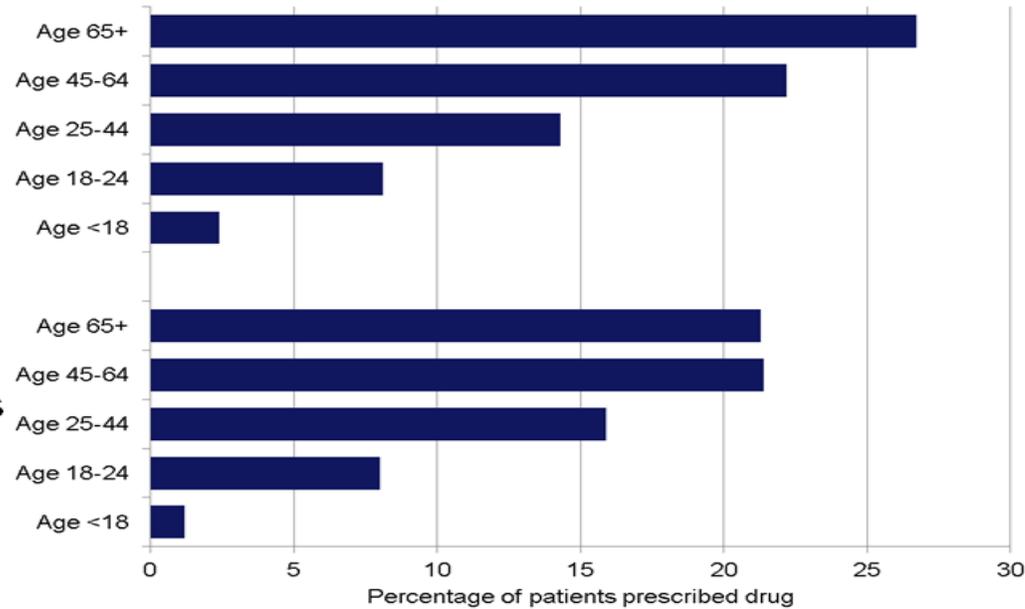
Data from CPRD General Practice prescribing study



2. Prescribing rates rise almost continuously with age

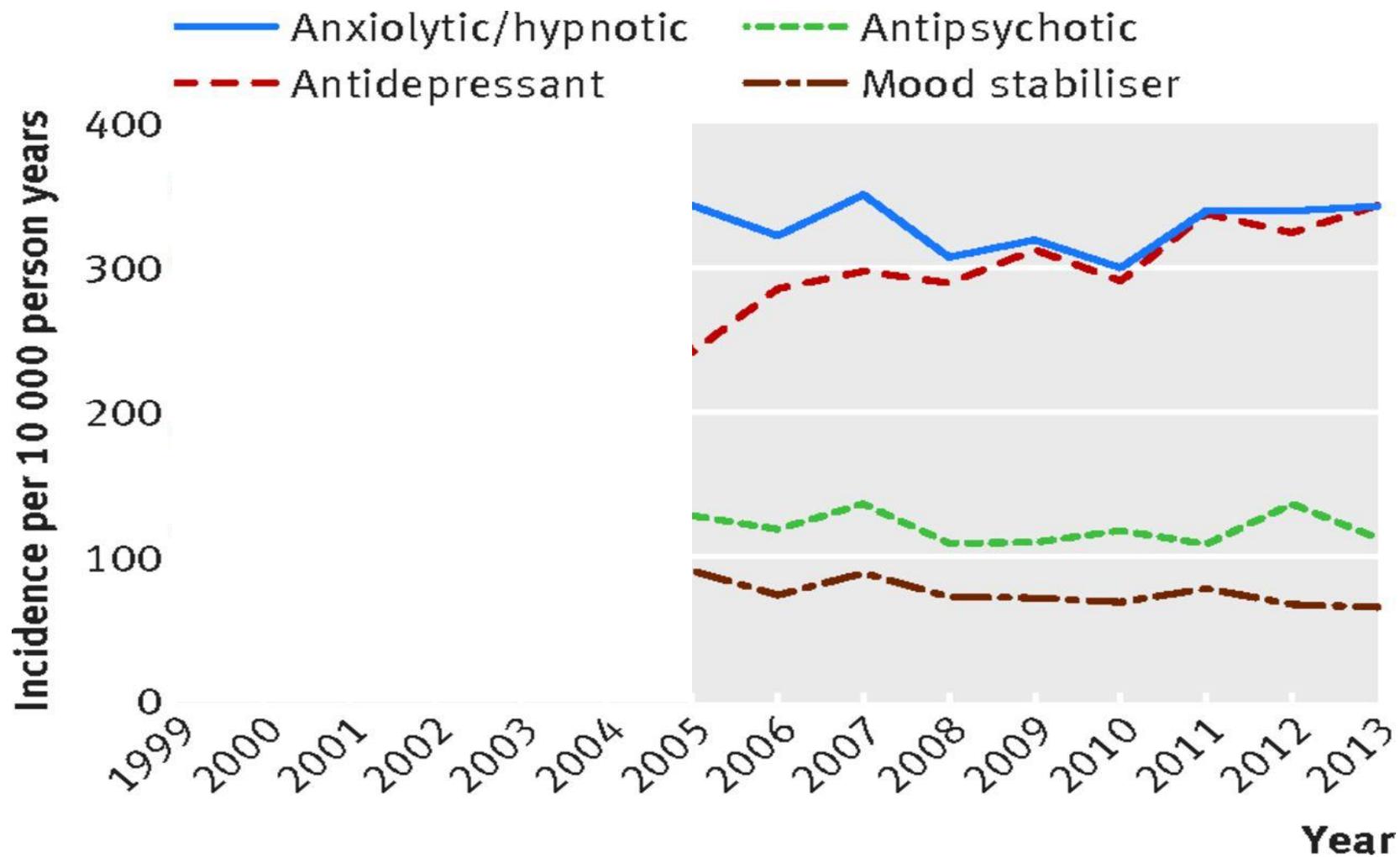


Antipsychotic drugs



All antidepressants

Time trends in new prescriptions of psychotropic drugs in adults with intellectual disability in UK primary care, 1999-2013



Problem

- Nearly 1/3 of people with ID on one of these drugs
- 58% of those on antipsychotics and 32% of those on antidepressants have no relevant diagnosis recorded
- 22.5% were on more than 1 antipsychotic and 5.5% above BNF limits

Based on these figures, the authors estimated that

.....

“.....30-35000 adults with learning disability are on antipsychotics or antidepressants or both without appropriate indications (psychosis or affective disorder)”.

OPEN ACCESS



Mental illness, challenging behaviour, and psychotropic drug prescribing in people with intellectual disability: UK population based cohort study

Rory Sheehan,¹ Angela Hassiotis,¹ Kate Walters,² David Osborn,¹ André Strydom,¹ Laura Horsfall²

Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)

Final report



National Collaborating Centre for Mental Health

Challenging behaviour and learning disabilities

Challenging Behaviour and Learning Disabilities:

Prevention and interventions for people with learning disabilities whose behaviour challenges

NICE guideline 11
Methods, evidence and recommendations
May 2015

Commissioned by the National Institute for Health and Care Excellence



FR/ID/09

Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines

Faculty of Psychiatry of Intellectual Disability

FACULTY REPORT



CR206

Prescribing anti-epileptic drugs for people with epilepsy and intellectual disability

COLLEGE REPORT



GOOD PSYCHIATRIC PRACTICE CR203

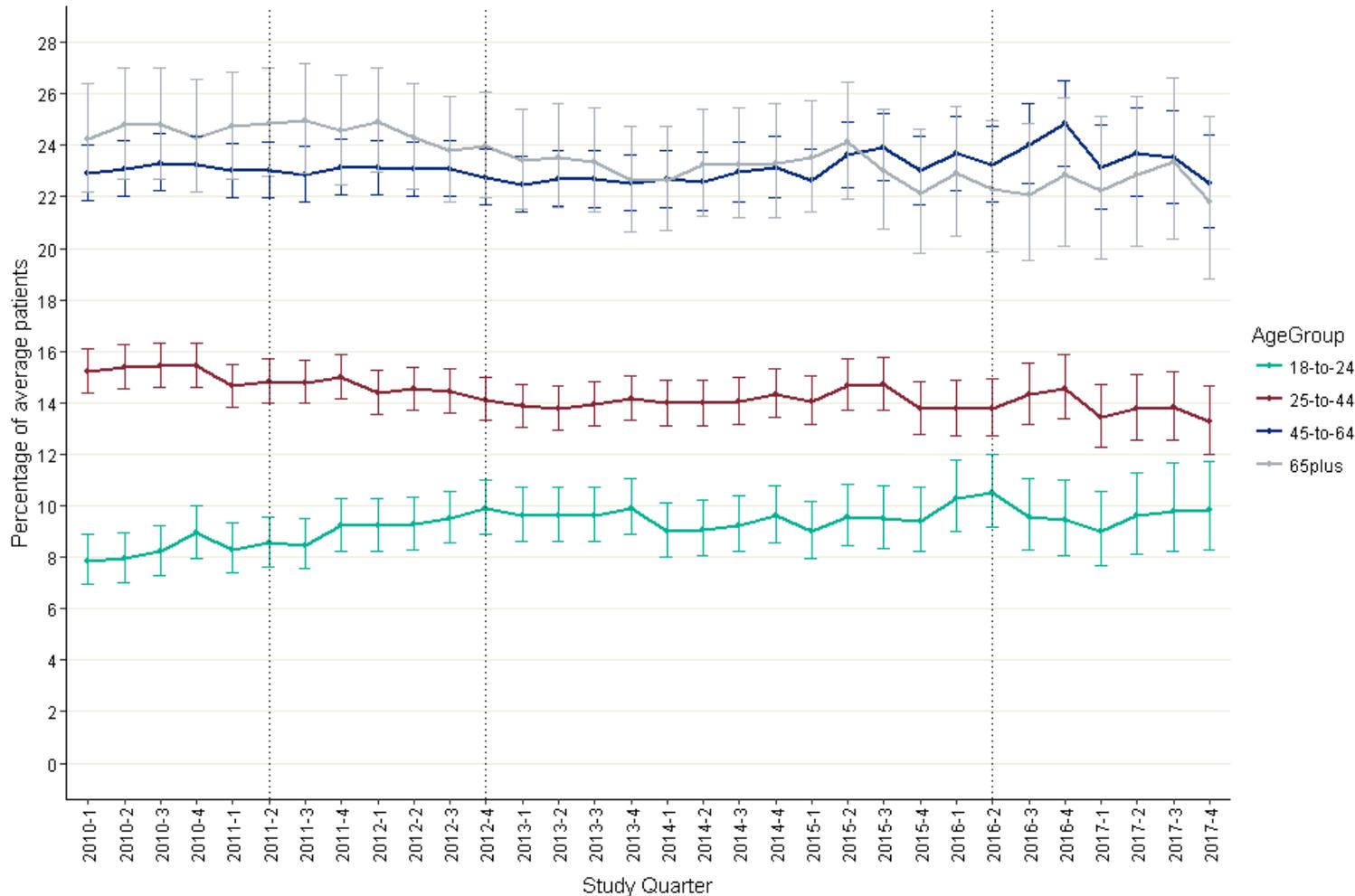
Management of epilepsy in adults with intellectual disability

COLLEGE REPORT

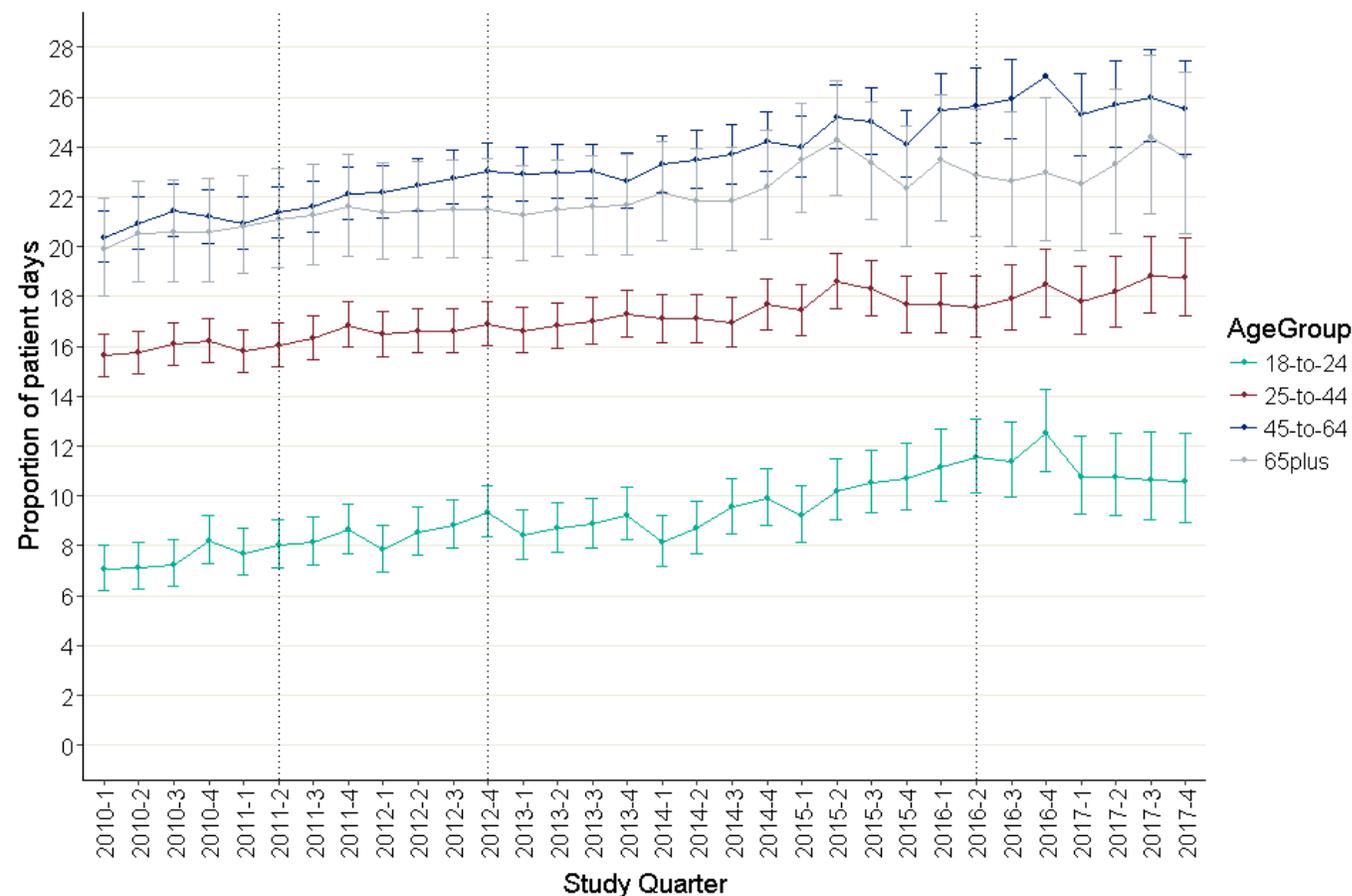
Prevalence of antipsychotic prescription, by quarter- learning disabilities (18 and over)

PRE VS. POST

If the current findings were representative to the GP LD register, this roughly equated to 2,000 fewer people prescribed antipsychotics with indications, than were originally anticipated if the pre- STOMP trend had continued



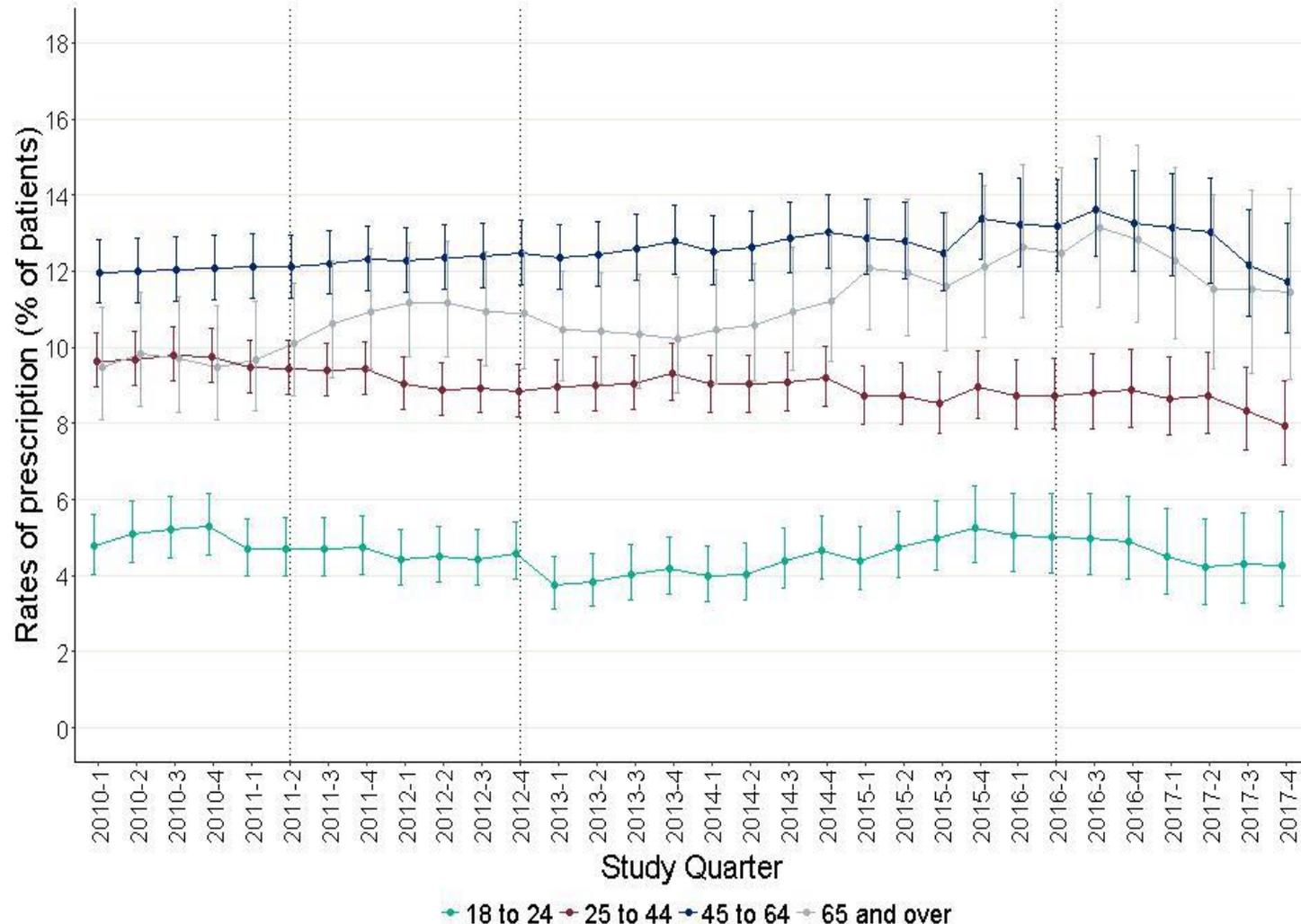
Prevalence of antidepressant prescription, by quarter- Learning Disabilities (18 and over)



On comparing the regression model estimates, both the pre-STOMP and post-STOMP slopes showed increasing trends.

If we assume that the number of people with learning disabilities remained more or less the same and the findings were representative of the GP LD register, there were roughly 14,000 more adults with LD, prescribed antidepressants between 2010- 1 and 2017- 4, in England.

Trends in rates of prescription of anxiolytics- learning disabilities (aged 18 and over)

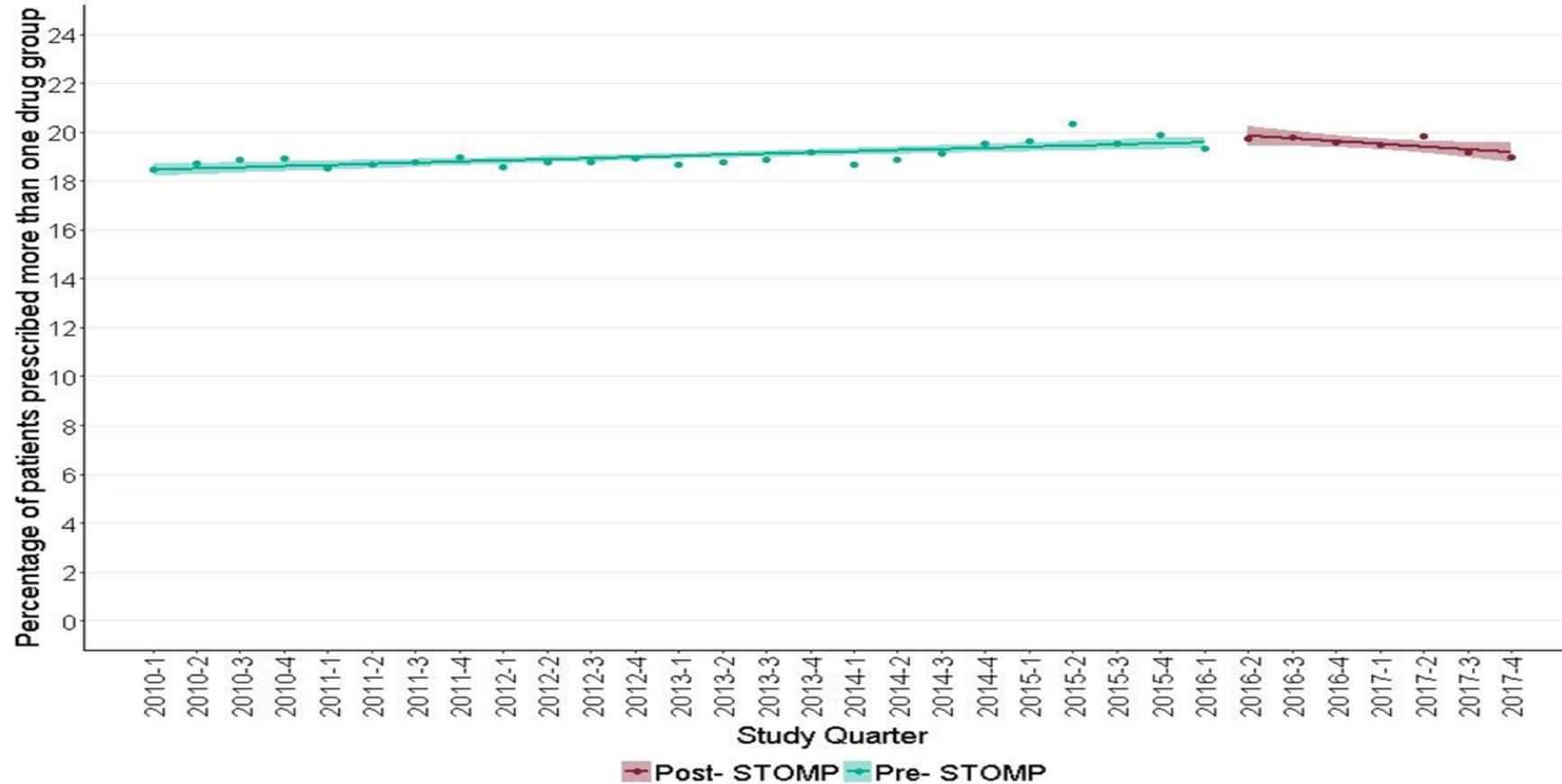


*Lines at 2011-2: The Panorama programme about Winterbourne View, 2012-4: Transforming Care published, 2016- 2: Launch of STOMP

If the current findings were representative of the LD GP register, there were roughly 2,000 fewer adults in England, prescribed anxiolytics, following the launch of the STOMP programme.

Model estimates for both, prescribing rates in presence and in absence of an indication, also showed a declining trend in the post- STOMP period.

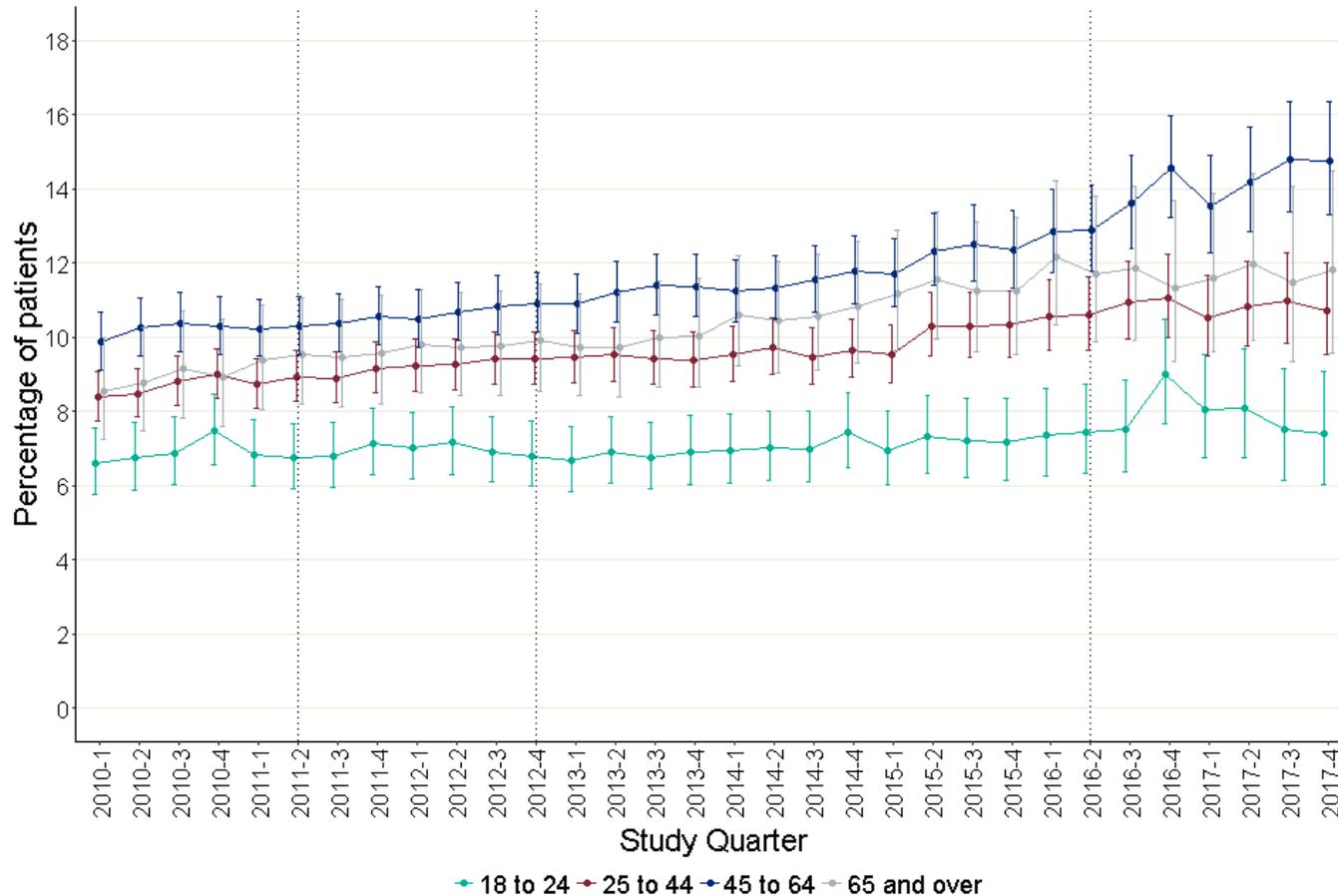
Comparing trends before and after STOMP- example



Positive changes in prescribing- adults with learning disabilities

Measure		
	Background or pre-STOMP trend	Change
Overall prevalence antipsychotics antidepressants anxiolytics	Increasing Increasing no trend	Change to decreasing Change to no significant trend Change to decreasing
Prevalence in relation to indications antipsychotics with indications antidepressants without indications	no trend Increasing	Change to decreasing Change to no significant trend
Polypharmacy more than one antidepressant more than one drug group	Increasing Increasing	Change to no significant trend Change to decreasing

Prevalence of prescription to anti-epileptics- LD(18 and over)



This shows that the overall prevalence shows a steady rise throughout the study period

The proportion of those prescribed an antiepileptic at the start of the period (22.6%) was smaller than the corresponding proportion at the last point (25.03%) - p value for comparison of two proportions <0.0005

Antiepileptic drugs for adults with a learning disability

Antiepileptic drugs now most widely prescribed psychotropic drugs for adults with a learning disability

Wide range of indications and uses

- Bipolar disorder
- Epilepsy
- Challenging behaviours
- **Concerns about antiepileptic prescribing**
 - To what extent used to manage behaviour
 - Polypharmacy
 - Valproate and women of child bearing age
 - Side effects

• Findings

- The overall prevalence of prescribing some type of antiepileptic drugs for adults with learning disabilities was 23.3%.
- At the start of the period, 84.9% of people prescribed an antiepileptic were recorded as having a recognised indication of epilepsy; 15.1% did not. By the end of the period, the proportion with a recognised indication had fallen to 79.6%

Data challenges

Coding issues

Diagnosis

Agreement over drugs and indications

Many drugs have more than one indications

Different formulations of the same drug used for different indications

Issues with data

Number of GP practices not sure whether they are representative of the whole

Some data very difficult to interpret - example – stimulants/children/autism

Findings so far and interpretations

STOMP has improved raising the issues associated with overmedication of people with a learning disability, autism or both.

It is early days for the STOMP programme

many initiatives to review the prescribing of psychotropic drugs and have seen some indicators of change

not yet seen that progress through to real change to the prescribing habits of GPs

Is the current “elephant in the room” – Anti-seizure drugs?

