

Behavioural Disturbance in Patients with Parkinson's Disease/ Parkinson Plus Conditions: Improving Care and Reducing Risk of Iatrogenic Harm.

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Background

- **Sept 2019:** Two patients with Lewy Body Dementia (LBD) were noted to receive Haloperidol at Addenbrookes Hospital.
- Haloperidol is dangerous for these patients but is first line in Behavioural Disturbance Guidelines.
- Other patient populations at risk: Parkinson's Disease, PD+ conditions e.g. Progressive Supranuclear Palsy, Corticobasal Degeneration, Multisystem Atrophy

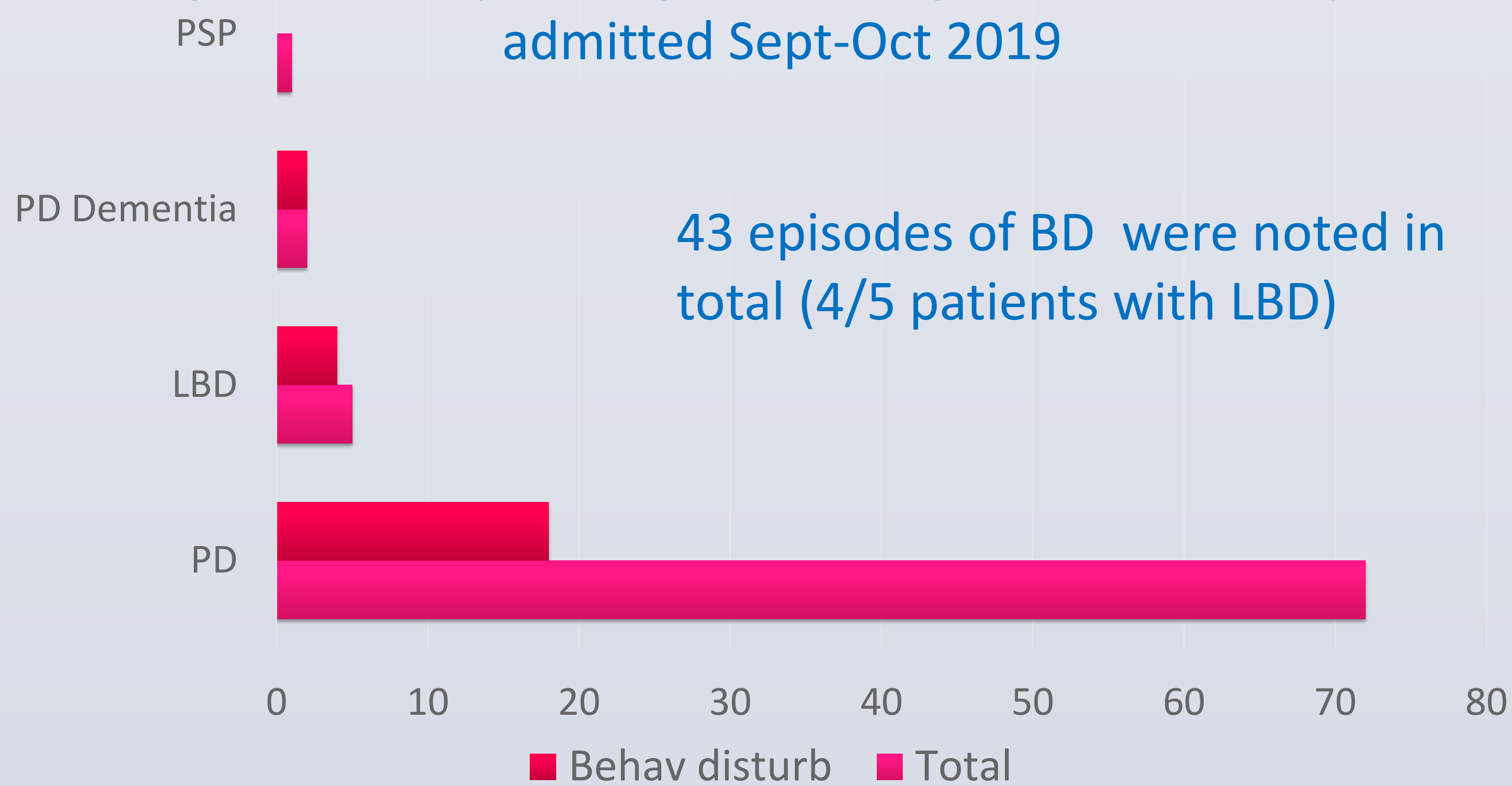


Aims

- **Phase 1: Oct 2019-Mar2020:** Retrospective audit to assess current management of this patient group during episodes of behavioural disturbance (BD).
- **Phase 2: Feb - Nov 2020:** Create sustainable changes to reduce the risk of recurrence.
- **Phase 3: Present:** Re-evaluation

Phase 1: Audit

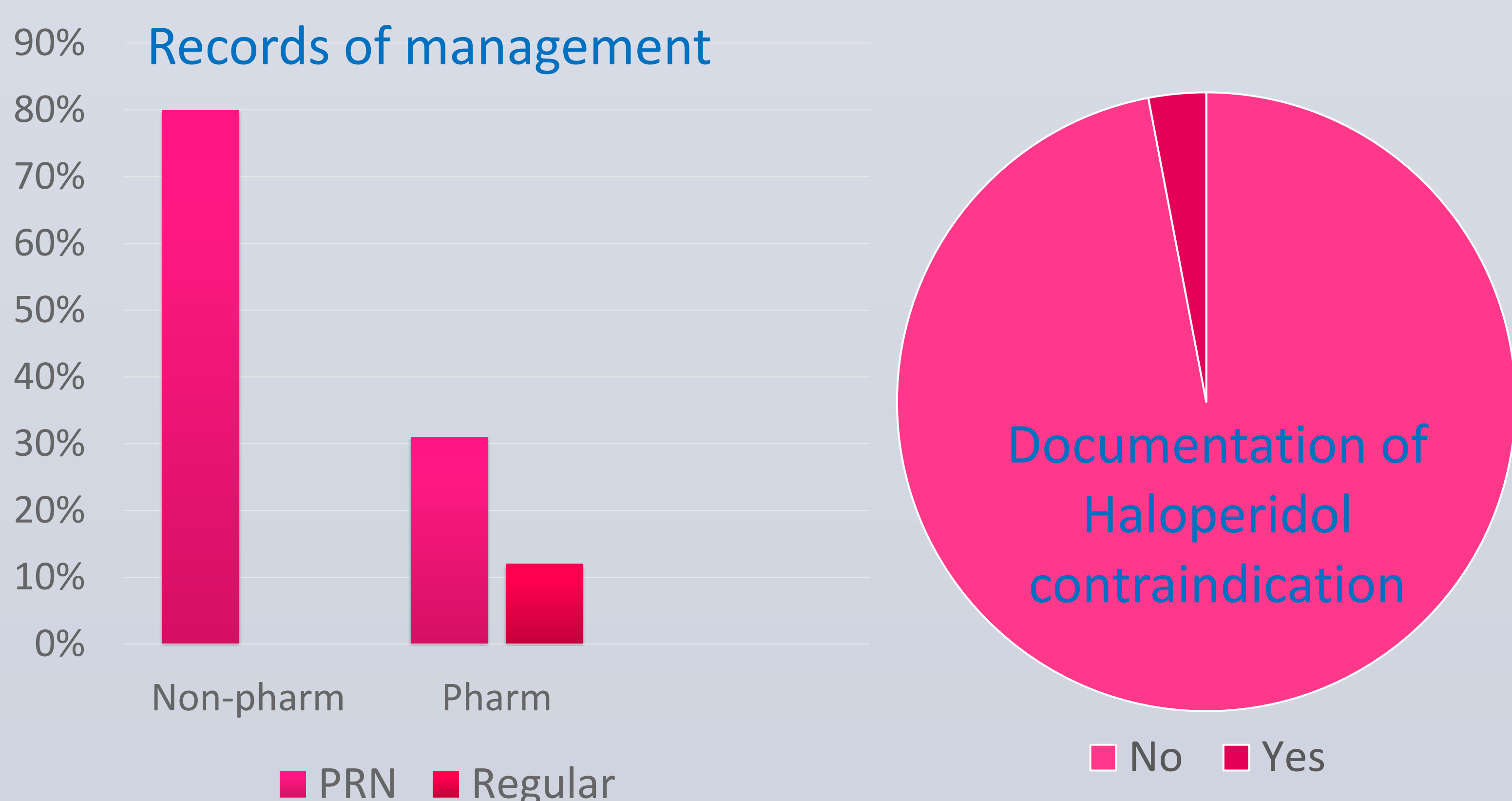
Management compared against local guidelines for 80 patients admitted Sept-Oct 2019



43 episodes of BD were noted in total (4/5 patients with LBD)

Index cases were rare events: No other px Haloperidol noted

Records of management



A lack of confidence in prescribing was noted:

I am not sure if haloperidol is appropriate given her PD'

Phase 2: Service Improvement



Standard operating procedure

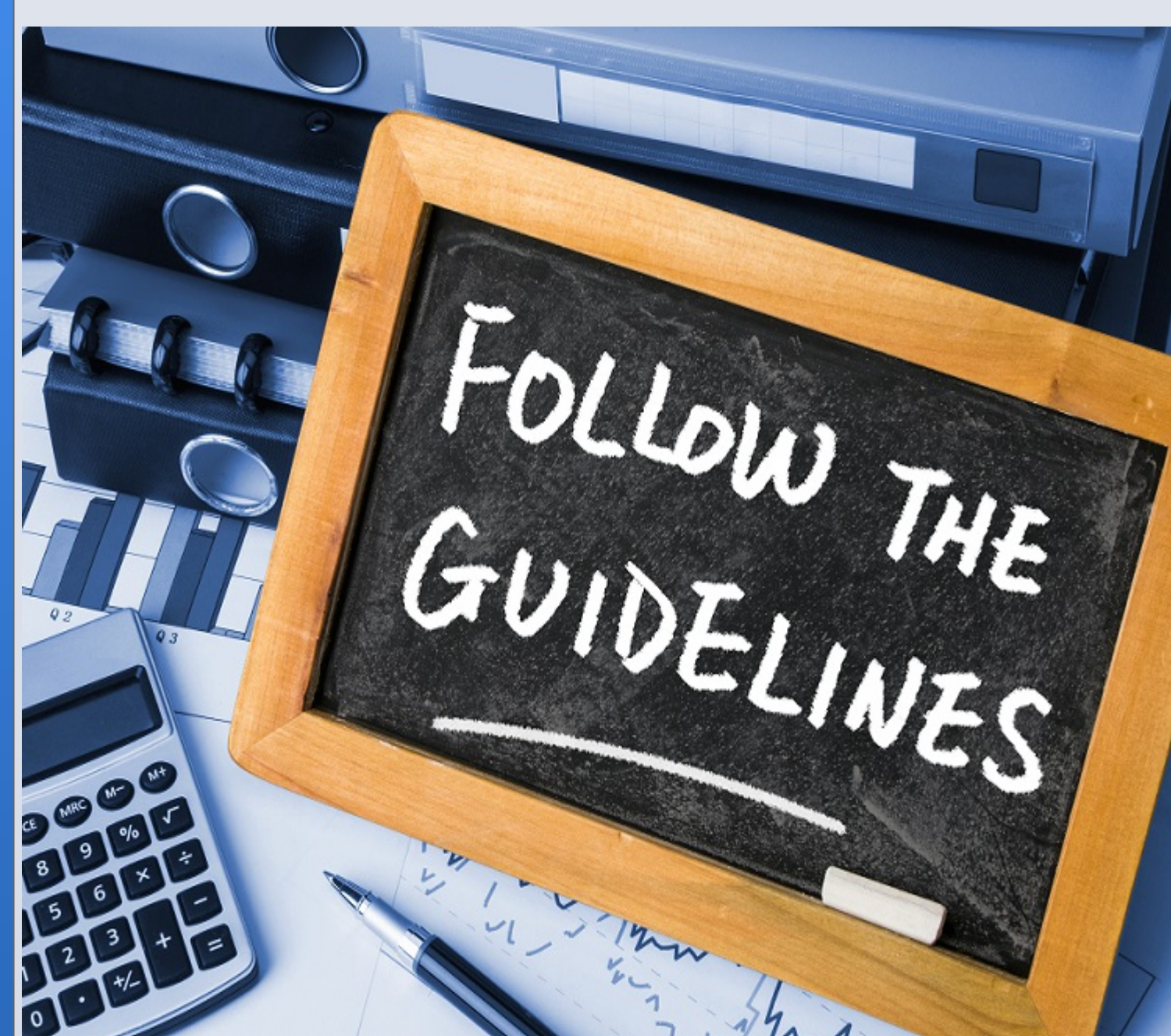
1. Pharmacy protocol updated February 2020
 - Routinely add Haloperidol as a contraindication on e-records for patients with PD/ PD+

2. Updated prescribing guidelines with newly printed cards to make contraindications clearer. →→→.

3. Teaching and feedback sessions to at risk clinicians esp around LBD:

- 3rd March: Acute medics confidence improves for management 4/7→5.5/7
- 15th October: ED trainees=
- 8th January 2021: FY trainees

Do	Consider	Don't
<p>Non pharmacotherapy first</p> <ul style="list-style-type: none"> • Introduce yourself • Orientate frequently • Use a calming manner • Think glasses, hearing aids, teeth? • Investigate & treat reversible causes • Reduce polypharmacy • Optimise BP, O2, Sats • Complete 'What is Important to Me' • Provide blue wrist band • Display yellow delirium flower • Involve familiar people – family, friends and staff • Hydrate • Engage and mobilise • Enable sleep at night only • Follow falls pathway 	<p>PRN medication</p> <p>ONLY IF non-pharmacotherapy strategies fails & patient is at risk to self and others</p> <p>Haloperidol is the first line medication to treat delirium</p> <p>Can Haloperidol be given?</p> <p>Yes ↓</p> <p>Haloperidol 0.5mg – 1mg PO> IM 1 to 2 hourly PRN, Max 5mg / 24hrs</p>	<p>Delay attending patients</p> <ul style="list-style-type: none"> • Argue or confront • Frequently change staff • Calibrate unnecessarily • Perform unnecessary procedures • Routinely restrain or restrict <p>Haloperidol contraindications:</p> <ul style="list-style-type: none"> • QTc>440msec m/ 470msec f • Parkinson's Disease (PD) • Lewy Body Dementia (LBD) • Progressive Supranuclear Palsy (PSP) • Corticobasal degeneration, (CBD) • Multi System Atrophy (MSA) • Frontotemporal Dementia (FTD)



Summary

- Index prescribing errors for patients with PD+ were isolated.
- Whilst overall prescribing was in accordance with guidelines there was uncertainty over safe choice of medications.
- We have completed clinician training to increase awareness of mx BD in PD+ diagnoses (esp LBD) and made system changes to make prescribing safer and reduce risk of recurrence.

Reference/ acknowledgements

- Weintraub et al (2016) Association of Antipsychotic Use With Mortality Risk in Patients With Parkinson Disease. JAMA Neurol. 2016 May 1;73(5):535-41
- Many thanks to Addenbrookes Hospital Older Peoples Liaison Psychiatry and LeaP teams for their invaluable support.

4. Integration of Delirium/ Dementia Guidelines to improve clarity.
5. Creating Care-Plans for Non-Pharmacological Management.
6. We are currently doing phase 3 of the project by re-evaluating the service after implementation of the changes with new standard around Haloperidol Contraindication.