

Before writing that script: Use of antipsychotic medication in patients with dementia in a Community Mental Health Team for Older Adults, Mid Surrey AN AUDIT

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Aims

The aim was to carry out an audit of the community team's approach to managing patients with BPSD in line with NICE guidelines. The audit was carried out from October – November 2019 and audited the following:

- Evidence of documentation of specific distressing behaviour in patients' electronic records.
- Evidence of use of structured assessment for assessing patients with distressing non-cognitive symptoms of Dementia. Use of an ABC chart for structured assessment was used for this audit.
- Evidence of review of antipsychotic medication at 6 weeks after commencement

Background

As recently as 2009 it was identified that there were obvious lapses in the care that dementia patients received in the UK. This led to the government of the day introducing the first national dementia strategy¹ and commissioning the Banerjee report – Time for Action, an independent review of the use of antipsychotics in elderly people with dementia.²

This report found that antipsychotic use in patients with Behavioural and Psychological Symptoms of Dementia (BPSD) had only limited positive effect and could expose these patients to side effects. The recommendation then was to encourage clinicians to consider non-pharmacological approaches first and leaving antipsychotic use for when all else fails.

A national audit of prevalence of antipsychotic drug prescribing in the UK was done in 2011 – 2012 to audit the practise and it found areas of relatively good current practice, including consideration of alternatives to antipsychotic medication and clear documentation of target symptoms. The data also suggest areas for improvement, such as the frequency and quality of review of long-term medication.³

NICE guideline of June 2018 on management of non-cognitive symptoms of dementia encourages clinicians to do a structured assessment in patients with (BPSD) first and manage with non-pharmacological strategies. When this fails or patient or others are at risk, then consider antipsychotics.⁴

Methods

Review of relevant literature and guidelines on the use of antipsychotics in patients diagnosed with dementia

Patients with a diagnosis of dementia in the CMHTOA Mid Surrey team in October 2019 were identified from Systmone electronic records. A total of 87 patients were identified.

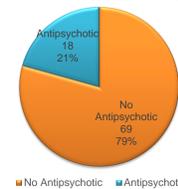
Patients with dementia on antipsychotic medication at the time of the audit were further identified from this cohort making 18 patients.

Data was collected from the records of the 18 patients with regards to – demographics; documentation of specific distressing/challenging behaviour; use of ABC charts; and documentation of medication review after 6 weeks

Data was analysed based on demographics, documentation of target behaviour, use of ABC charts, and review of use of antipsychotic medication at 6 weeks

Results

Patients with Dementia



21 percent (18) of all 87 patients with a diagnosis of dementia had been commenced on antipsychotic medication at the time of the audit in October 2019. These patients were then audited and the data revealed the following results:

- ❖ 100% of patients had the particular target symptom identified and documented on their electronic records. Some of the patients were experiencing more than one symptom.

Behaviour	Number of Patients	Proportion (%)
Verbal/Physical aggression	11	61
Hallucination	4	22
Screaming/Crying	2	11
Paranoia	3	17

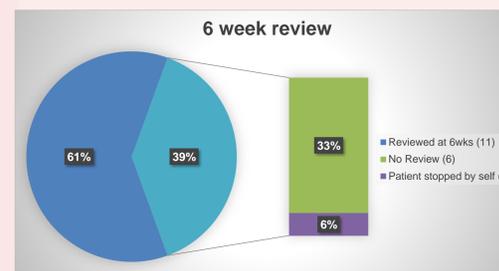
Table 1: Evidence of documentation of target symptoms

- ❖ Only 3 of the 18 patients had been assessed using an ABC chart prior to commencement on antipsychotic medication

Distressing behaviour identified	Yes	No
Distressing behaviour identified	18	0
Structured Assessment completed	Yes	No
Structured Assessment completed	3	15

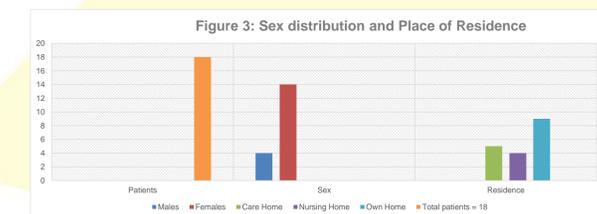
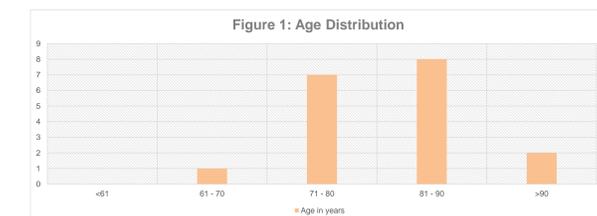
Table 2: Evidence of use of structured assessment (ABC chart)

61% of patients had been reviewed after the first 6 weeks of taking antipsychotics.



Most of the patients audited were of the 71-90 age group and reflected the age of patients most referred to the Older adults services for memory concerns. Half of these patients lived at home and the other half were either in a care or nursing home. There were clearly more females on antipsychotic medication and this appears to be a reflection of the fact that dementia is commoner in women than men (national average of F=65%, M=35%).⁵

Patient demographics are depicted in the charts below:



Conclusions

Less than a third (18) of the 87 patient records reviewed were requiring antipsychotic treatment. Of these, 17% had a structured assessment using an ABC chart before antipsychotic medication was initiated. 61% of audited cases had a medication review after the first 6 weeks of starting antipsychotics. The audit did not further determine if there was ongoing 6 weekly reviews for patients who continued on the medication. The audit was presented to the team and the following recommendations were made to help improve clinical practise:

- Create an eFolder with resources for assessing patients with BPSD – folder to contain ABC chart, ABC chart crib sheet, antipsychotic decision-making aid.
- ABC chart to be done for 1 week and information used to assess behaviour.
- Create an anonymised database for patients with dementia on antipsychotic medication.
- Database to be reviewed and updated by named clinical lead who will prompt clinicians to do 6 weekly medication review.
- Clinician to incorporate 6 weekly review in care plan when starting patients on antipsychotic.
- IT to look into alert system for antipsychotic review on Systmone electronic records.
- CMHTOA to consider training sessions for staff at residential homes on good quality ABC chart assessment, recognising potential medication side effects, non-pharmacological ways of managing challenging behaviour.

References

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5. <https://www.dementiastatistics.org/statistics/prevalence-by-gender-in-the-uk/> (accessed February 2020)