

Audit of compliance with the revised NICE guideline (NG97) on the pharmacological managements of cognitive and non-cognitive symptoms of patients with dementia at Broxtowe Community Mental Health Team

Authors: Dr Hyun Yu (Foundation Year 2 Doctor), Dr Daisy Wiley (Consultant Psychiatrist)
Broxtowe Community Mental Health Team, Stapleford, Nottinghamshire NG9 8DB

Aim

The aim was to assess the compliance rate of Broxtowe Community Mental Health Team (CMHT) with the revised NICE guideline (NG97) on the pharmacological managements of cognitive and non-cognitive symptoms of patients with dementia.

Background

The NICE guideline on dementia management was revised in June 2018 [1]. Significant changes were made particularly to the pharmacological managements e.g. memantine should now be used in addition to acetylcholinesterase inhibitors (AChEi), rather than replacing them, in moderate/severe Alzheimer's disease. It is therefore important to ensure that the Trust is following the revised national guideline, so that our clients are receiving the optimal benefits from their medication regimen.

Methods

A retrospective study was carried out involving 185 randomly selected patients known to the Broxtowe CMHT, who has got a formal diagnosis of dementia, and whose dementia medications were commenced/reviewed between the period of January 2019 and October 2020. The data were collected using the electronic patient records (Rio and Viper).

Criteria/Standards

The criteria below were based on the NICE guideline (NG97) recommendations 1.5 'Pharmacological interventions for dementia', and 1.7 'Managing non-cognitive symptoms' [1]:

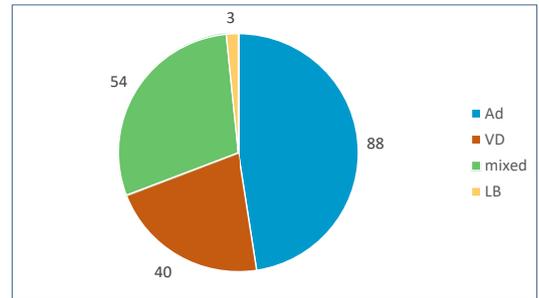
Cognitive Symptoms	Criteria	Recommendations
Alzheimer's Dementia (AD)	Acetylcholinesterase Inhibitors (AChEi) (1.5.2)	1. Use as monotherapies
	Memantine (1.5.3, 1.5.4)	1. Add to AChEi 2. Replace AChEi if AChEi not tolerated/ contraindicated
	Diabetes medicines/hypertension medicines, statins, NSAIDs including aspirin (1.5.9)	1. NOT to be offered to slow the progression 2. Exception: randomised controlled trials
Lewy Bodies Dementia (LBD)	AChEi (1.5.10, 1.5.11)	1. Donepezil or rivastigmine 2. Galantamine if above two AChEi not tolerated 3. Memantine if AChEi not tolerated/contraindicated
Vascular Dementia (VD)/Mixed Dementia (Mixed)	AChEi/Memantine (1.5.14)	1. Either but NOT both, and only if suspected comorbid AD, Parkinson's disease dementia or LBD

Non-cognitive Symptoms	Criteria	Recommendations
Agitation, aggression, distress and psychosis	Antipsychotics	1. Discuss the benefits and harms with the patient AND family members (1.7.5) 2. Start with the lowest effective dose (1.7.6) 3. Re-assess at least every 6 weeks (1.7.6)
	Valproate	NOT to be offered routinely (1.7.10)
Depression and anxiety	Antidepressants	1. NOT to be offered routinely (1.7.12) 2. Exception: pre-existing severe mental health problem (1.7.12)
Sleep problems	Melatonin (AD only)	NOT to be offered routinely (1.7.13)

The expected standard to be achieved: 100%

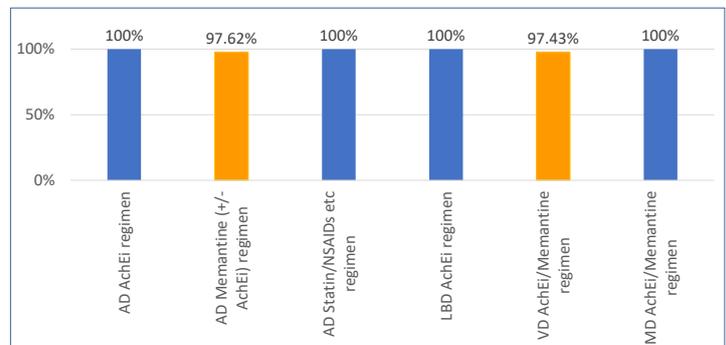
Results

Chart 1: Dementia sub-types



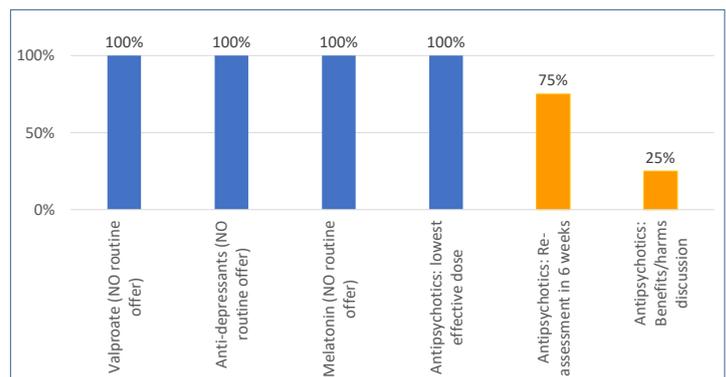
Among the 185 patients, 88 patients had Alzheimer's Dementia (AD), 40 Vascular Dementia (VD), 54 Mixed Dementia (MD), and 3 Lewy Bodies Dementia (LBD)

Chart 2: Pharmacological managements of cognitive symptoms



100% compliance rate except: AD memantine (+/- AChEi) and VD AChEi/Memantine regimens (97.62% and 97.43% respectively)

Chart 3: Pharmacological managements of non-cognitive symptoms



100% compliance rate except: AD memantine (+/- AChEi) and VD AChEi/Memantine regimens (97.62% and 97.43% respectively)

Conclusions

The audit showed that the revised NICE guideline has already been well-implemented in the Trust. This implied that the medication regimens among our service users are up-to-date.

Areas with less than 100% compliance rate were attributed to the quality of record-keeping in Rio. Its importance was re-emphasised, especially in the context of community old age psychiatry, whereby the patient's complex lifelong biopsychosocial needs require multi-disciplinary team involvement; and hence the need for accurate information transfer between the members in maintaining the continuity of patient care.

References

[1] The NICE guideline NG97: 'Dementia: assessment, management and support for people living with dementia and their carers'. 20 June 2018