

# **1 Psychotropic Prescribing in Intellectual Disabilities: A Community Team Service Evaluation**

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**Aims:** The review looked at psychotropic drug prescribing practice for behaviours which challenge, within a community intellectual disability team.

**Background:** There are concerns psychotropic drugs are used inappropriately in people with intellectual disability, particularly for the treatment of behaviours that challenge. Research has highlighted concerns in both primary care and inpatient practice, that adults with intellectual disability are on antipsychotics, antidepressants or both without appropriate indications and limited rationale. In view of these findings, practice guidelines for psychotropic drug prescribing for people with intellectual disability, recommend psychotropic drug prescribing should be seen as part of a wider multidisciplinary and holistic care plan. Furthermore, regular reviews of the drugs should occur and indication(s) and rationale should be stated.

**Method:** 72 patient clinic notes under the Rugby community learning disability team were retrospectively reviewed, between April 2017- April 2018. Parameters considered included (1) Is the ongoing need for psychotropic medication reviewed regularly? Satisfactory review was considered if there was clear documentation of medication discussion and rationale within at least 12 months. (2) Are appropriate indications for psychotropic drugs documented? This was considered satisfactory if there was clear documentation in clinic letters with rationale for psychotropic drug prescribing. (3) Are we providing holistic care for patients on psychotropic medication for behaviours which challenge? This was considered satisfactory, if those prescribed psychotropic medication had been either referred to psychology or had a behavioural plan in place to target behaviours.

**Results:** 88.6% of patients were prescribed either one or more psychotropic drugs. For those who were receiving antipsychotics 17.5% were due to either mood instability or psychosis. The remaining 82.5% were given for reasons including behaviour which challenges, self-injury, agitation or aggression. 98% of patients were involved in medication discussion within 12 months. Indications for psychotropic medication were difficult to identify within clinical notes. However, for 83%, a rationale was provided. For those on psychotropic medication, 91% had a care plan and only 31% received psychology input or a behavioural plan to target behaviours that challenge.

**Conclusions:** The use of antipsychotics and other psychotropic medication for behaviour that challenges among community intellectual disability

patients is common practice. There is a need to adopt a holistic care model, to avoid unnecessarily medicating our patients. Moving forward it is fundamental to integrate psychology and behavioural therapy in the management of these patients. This maybe through the development of MDT lead community clinics specific to addressing behaviours including aggression, anxiety and self-injury.