

(De)Prescription of Antipsychotics in LD population in HPFT during 2016-17

Dr Kamalika Mukherji, (Consultant psychiatrist), Dr Anu Sharma (SAS): ID, HPFT

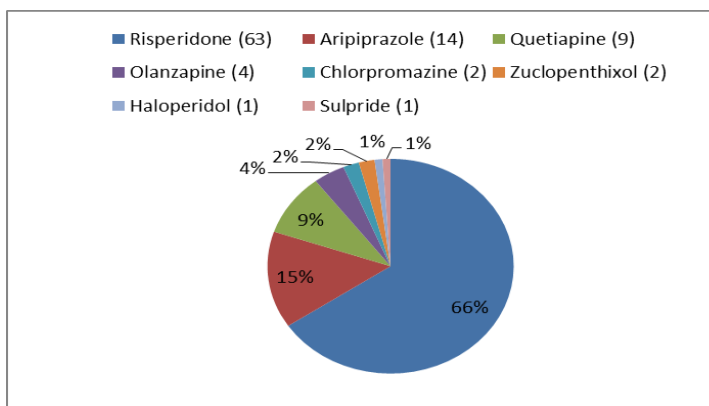
Background : Considering the rampant overuse of psychotropic medication in LD population, the royal college of psychiatrist started an campaign 'Stopping Overuse of Medication in People with Learning Disability' (STOMP)" to generate awareness about the overuse and also drafted guidelines that would deter clinicians from prescribing them indiscriminately. Faculty of ID declared STOMP as a priority and urged clinicians across all boards to work towards regular reviewing of any prescribed psychotropic medication, review of indications and side effects. ID faculty emphasised on the patient centred approach and to work with the families and the carers to provide better care to the patient and also to make efforts to minimize risks and side effects of the medication.

AIMS: In keeping with agenda of the Royal College and also to foster good medical practice, following audit aims to analyse our current practice in ID with regard to applying STOMP in our daily clinical practice.

Methods: Data collection spans over 2 years (2016-2017). Data collected by the treating clinicians. Data cleansing was done at the later stages.

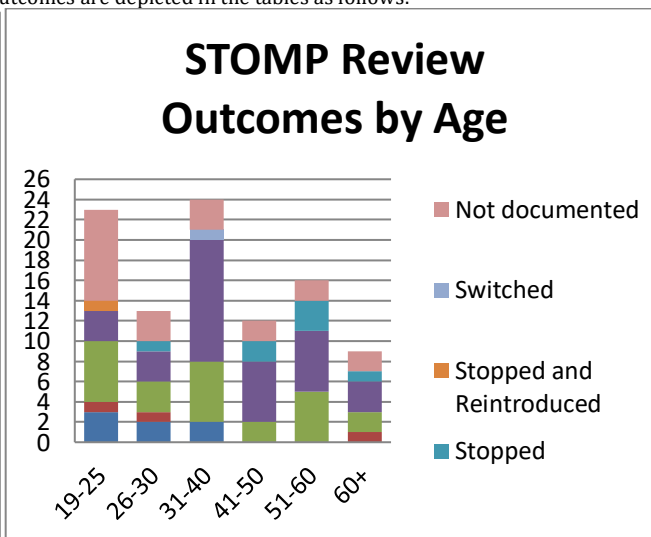
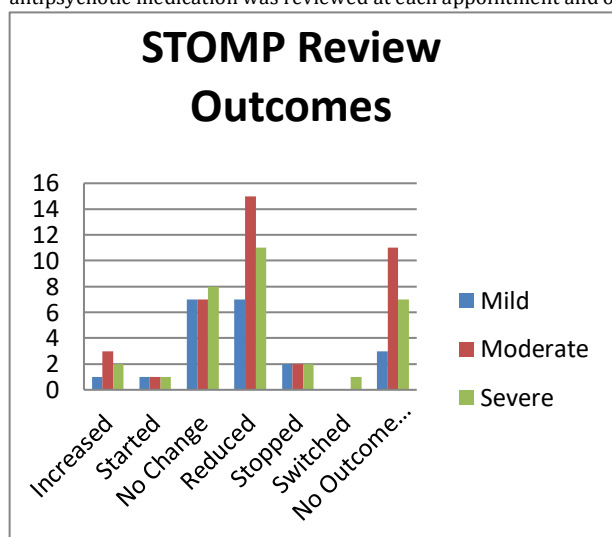
FINDINGS: Total Cases (364) - Total Patients on Antipsychotics (347)- Challenging Behaviour (primary diagnosis 96) Males 69 + Females 27)

Level of Learning Disability	
Mild	21
Moderate	39
Severe	32
Not Documented	4



Additional Diagnosis		
F 84	ASD	62
G 40	Epilepsy	16
F 41	Anxiety	6
F 32	Depression	6
F 31	BPD	5
F 42	OCD	3
F 90	ADHD	2
F 61	EUPD	2
F 40	Social Phobias	1
F 43	PTSD	1
F 44	Dissociative Disorder	1
F 00	Dementia	1
G 80	Cerebral Palsy	1
Q 90	Downs Syndrome	1
	No Secondary Diagnosis	22

Conclusion: Patients were reviewed at 3 monthly intervals and data was compiled for over 2 years. Their antipsychotic medication was reviewed at each appointment and outcomes are depicted in the tables as follows:



Discussion: It is possible to reduce the intensity and frequency of challenging behaviour through interventions that are non-pharmaceutical in nature, viz- Positive Behaviour support, sensory assessments and the relevant input, and improving social situation around them, in out settings.

Challenging behaviour is treated as a concern requiring intervention by psychologists, psychiatrists and other behaviour support professionals.

Highest increase - younger age group (19 -30 years)- most of the young adults undergo significant changes in their life style - move from family home to residential house; new environment; finish school- another huge disruption in daily schedule.

Biggest reduction-middle segment (31-50 years)- the period of stability in the life for most patients.. No new patient was started on antipsychotic in this age group.

Maximum stoppage- elderly age group (51+ years). As physical comorbidities develop, the general trend is to reduce antipsychotic medication.

No change the ones who had been unsuccessfully tried on reduced doses of antipsychotic medication and medication had to be resumed as a last resort (after failing of non-pharmacological means of intervention).

ALTERNATE STRATEGIES USED TO MANAGE CHALLENGING BEHAVIOUR	
PBS (22), Psychology (2), Staff Training (3)	27
Sensory Assessment	2
Art Therapy	1
Social Care	1
Neurology Referral	1
Anti depressants	5
Not documented	68
Discharge	6
Died	1

Recommendations

1. Patients prescribed anti-psychotic medication for challenging behaviour should be offered regular review of medication.
2. Clinicians should offer non pharmaceutical approach to deal with the challenging behaviour.
3. Medication, if needed, should be subjected to regular review and should be used at the least possible dose and for a minimal duration only.

References: RCPsych: Faculty of Psychiatry of Intellectual Disability; 'Stopping Overuse of Medication in People with Learning Disability' (STOMP), 2016