

ANTIPSYCHOTIC PRESCRIBING FOR BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA: AN AUDIT OF PRESCRIBING PRACTICES IN THE HARROGATE COMMUNITY MENTAL HEALTH TEAM FOR OLDER ADULTS

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INTRODUCTION

Behavioural and Psychological Symptoms of Dementia (BPSD) include a range of neuropsychiatric disturbances such as agitation, aggression, depression, and psychotic symptoms. These common symptoms can impact patients' functioning and quality of life. Antipsychotic medication can be prescribed to alleviate some symptoms, but this comes with significant risks including cerebrovascular events and increased mortality.

We aimed to review antipsychotic prescribing of the Harrogate Older Adult Community Mental Health Team (CMHT); to measure compliance with NICE guidance and local policy and thus improve the prescribing and monitoring process with the overall aim of improving patient care and safe practice.

METHODS

Using electronic patient records, we identified all patients under the care of the CMHT with a diagnosis of dementia currently receiving antipsychotic treatment; a total of 55 patients.

A random sample of 24 patients were reviewed; their records were hand searched for relevant information.

The standards measured were derived from the NICE Guideline (NG97) June 2018: 'Dementia: assessment, management and support for people living with dementia and their carers' as well as local trust guidance.

RESULTS

All 24 patients were receiving antipsychotics for severe distress or aggression. 88% of patients had an assessment of sources of distress before treatment was started, but only 42% had a non-pharmacological intervention before antipsychotic treatment was started.

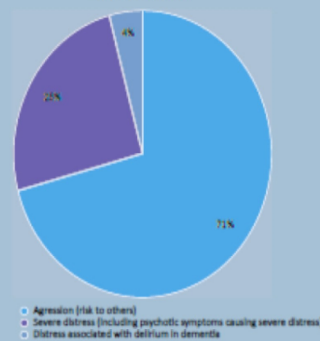
Once antipsychotic treatment had started this increased to 58%. For some patients, the reason for not receiving a non-pharmacological intervention was due to urgency of treatment or being on a waiting list for occupational therapy, but for most the reason was not explicitly documented.

For 63%, there was evidence of a discussion of the risks of treatment with the patient, carer or family member. 63% had baseline blood tests and 54% had a baseline ECG.

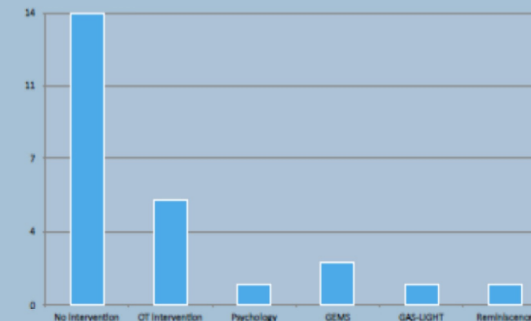
Of the patients who did not have baseline monitoring, a suitable reason was given for just over 60%. Only 28% of patients who had antipsychotic treatment for over 12 weeks had a trial of discontinuation or dose reduction, and only 20% of discontinuation trials were successful.

Less than 22% of patients had physical health monitoring at one year of treatment and no eligible patients had annual physical health monitoring at two or more years of treatment.

Indication for antipsychotic medication

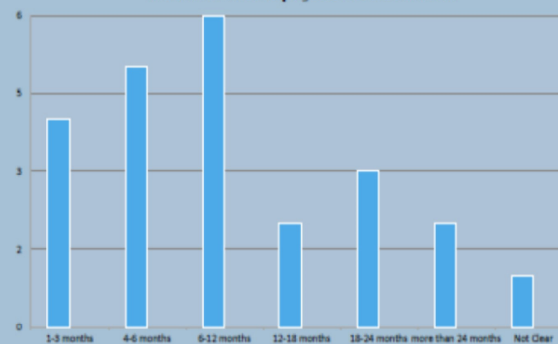


Psychosocial and environmental interventions received before antipsychotic initiation



- **OT Intervention:** occupational therapy intervention
- **Psychology:** intervention with psychologist
- **GEMS:** intervention to help patients and carers recognise different brain states and respond to them
- **GAS-LIGHT:** simplified goal attainment scaling - working towards set goals
- **Reminiscence therapy:** using events and experiences from the past to connect to the person

Duration of antipsychotic treatment



Percentage of eligible patients who have had antipsychotic physical health monitoring



CONCLUSIONS

There were shortfalls in several areas including: the offer of non-pharmacological interventions before and during antipsychotic treatment; regular review of the ongoing need for antipsychotics, and physical health monitoring.

Introduction of a checklist before antipsychotics are prescribed is recommended, to include discussion of risks and benefits, non-pharmacological interventions, and initial monitoring. Also recommended is a system to identify when monitoring and review of antipsychotics are due. The recommendations are in progress and re-audit is planned 12 months from the instigation of recommendations.

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