

Antipsychotic Prescribing in Dementia

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Background:

The majority of people with dementia will develop one or more behavioural or psychological symptoms of dementia (BPSD) as the illness progresses (1). Treating these symptoms in diverse residential environments is a challenge. Up to one third of this group are prescribed an antipsychotic (AP) medication (2). The risks and limited benefits of antipsychotic use in this context are well recognised, prompting national guidelines to recommend justifiable prescribing.

Aims:

- 1) Assess the frequency and appropriateness of prescribing of antipsychotic medication in older adults with BPSD referred to Psychiatry of Old Age, Sligo Leitrim Mental Health Service by comparing with best practice guidelines.
- 2) Address identified deficits via quality improvement initiatives within department.

Methods:

Audit standards were set using draft National Clinical Guideline (3) and NICE guidelines for prescribing in dementia (4) to develop a study specific audit tool. Clinical records for all patients actively under the care of the Sligo/Leitrim Psychiatry of Old Age team in March 2019 with a diagnosis of BPSD were audited using this tool.

Results:

49 patients with BPSD were attending the service in this time period. 58% (n=29) of the cohort were prescribed an antipsychotic, most commonly quetiapine (Figure 1, Table 1). Guideline measures of exploration of non pharmacological management of BPSD, documentation of discussion of risks of AP medication (metabolic, cardiovascular, falls, sedation, extrapyramidal) were all achieved in less than 50% of cases (Figure 2).

Interventions:

The proforma assessment tool for Psychiatry of Old Age in Sligo/Leitrim has been updated to prompt appropriate monitoring of antipsychotic prescribing by medical and nursing staff. The results will be submitted for national publication in order to increase awareness in all relevant prescribers.

Conclusions:

Despite increased attention regarding the limited benefits of antipsychotic medication in managing challenging behaviour in BPSD, their use remains widespread. Furthermore there is insufficient evidence of review of their use following initiation. All prescribers should first consider alternate management strategies and make themselves aware of monitoring requirements once prescribed.

Location	Antipsychotic	Hypnotic	Benzodiazepine	Memantine
Home (n=36)	50% (n=18)	11.1% (n=4)	8.3% (n=3)	52.8% (n=19)
Nursing Home (n=10)	80% (n=8)	40% (n=4)	40% (n=4)	40% (n=4)
Hospital (n=3)	100% (n=3)	33.3% (n=1)	66.7% (n=2)	66.7% (n=2)

Table 1: Medication Class Use by Location in Patients with BPSD

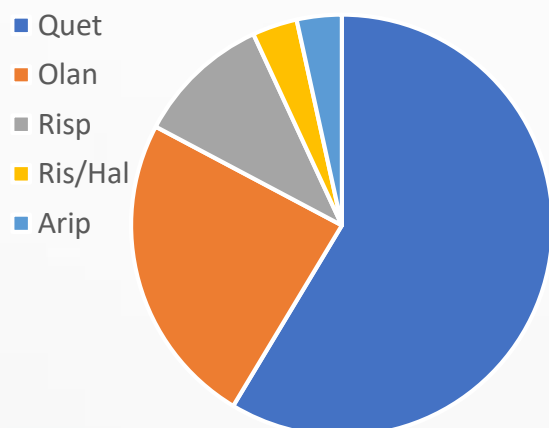


Figure 1: Antipsychotics Used

Quet=Quetiapine, Olan=Olanzapine, Risp=Risperidone
Hal=Haloperidol, Arip=Aripiprazole

References:

- 1) Kales HC, Gitlin LN, Lyketsos CG. Assessment and management of behavioral and psychological symptoms of dementia. BMJ [Internet]. 2015 Mar 2 [cited 2019 May 13];350. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4707529/>
- 2) Seitz D, Sherman C, Kirkham J. Prevalence of Psychotropic Medication Use Among Older Adults with Dementia: Meta-Analysis. The American Journal of Geriatric Psychiatry. 2015 Mar 1;23(3):S154-5.
- 3) Department of Health. 'Appropriate Prescribing of Psychotropic Medication in People with Dementia' (draft) NCEC National Clinical Guideline No. XX, 2018. Available at: <http://health.gov.ie/national-patient-safety-office/ncec/>
- 4) National Institute for Health and Care Excellence. 'Dementia: assessment, management and support for people living with dementia and their carers'. Section 1.7 NICE. June 2018.

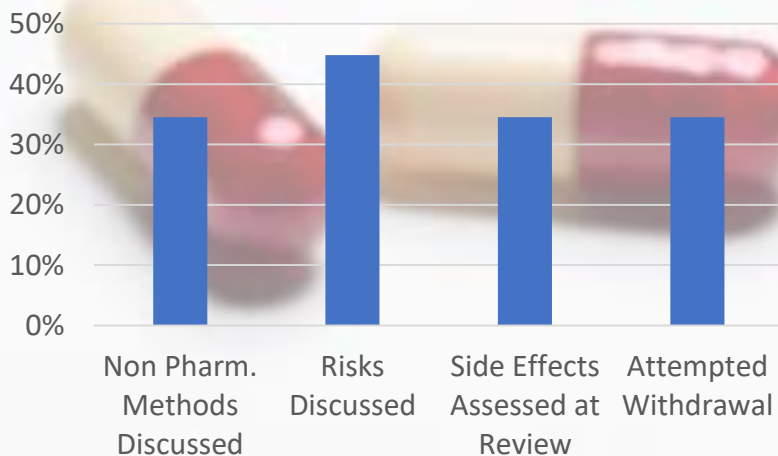


Figure 2: Adherence to AP Prescribing Guidelines in BPSD