APS 16

Ymchwiliad ar ddefnydd o feddyginiaeth wrthseicotig mewn cartrefi gofal
Inquiry on the use of anti-psychotic medication in care homes
Ymateb gan Dîm Cysylltu Gofal Cartref, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Response from The Care Home Liaison Team, Cardiff and Vale University Health Board

Response to Consultation: Use of anti-psychotic medication in care homes

Medicines Management

The Care Home Liaison Service within Mental Health Services for Older People, Cardiff and Vale UHB is predominantly a primary care service which aims to support Care Homes by providing comprehensive mental health assessment and follow-up. There are currently sixty seven care homes in Cardiff and Vale with registered beds for dementia. As a service we follow a stepped care model of assessment and intervention, as advocated by The Psychological Society in 'Alternatives to anti-psychotic medication: Psychological approaches in managing psychological and behavioural distress in people with dementia'. This includes the use of 'The Newcastle Model' by Ian James, utilising psycho-social interventions, such as, Cognitive Stimulation Therapy, meaningful activities informed by life story work, behaviour management plans that are tailored to the individual.

In relation to training, we provide a two day course that concentrates on non-pharmacological approaches to reduce Behaviour That Challenges in Dementia.

The Cardiff and Vale Care Home Liaison (CHL) team work closely with primary care Prescribing Advisors and have their own mental health pharmacist employed within the team.

Example of recent good practice – joint project between primary care and secondary care (CHL mental health Pharmacist and Dementia Care Advisor nurse):

A Prescribing Pharmacist and a Dementia Care Advisor Nurse led Antipsychotic Review of Dementia Patients in a single Nursing Home in Cardiff Gimson, V*., Rowlands, C. & Clement, C.

Background

In response to the Banerjee report (2009), antipsychotic prescribing in people with dementia across each GP practice in Cardiff and Vale UHB was audited in 2010/11. The audit demonstrated that the majority of people prescribed antipsychotics for this indication were residents in care home settings. Of this population, only a third of people were having their antipsychotic medication reviewed every 3 months, and about two thirds of people had been on treatment for over 9 months.

In order to address the issue of timely review, the UHB primary care prescribing team and the care home liaison team (CHL) ran an initial pilot project at a care home in Cardiff. This involved the CHL conducting antipsychotic reviews, providing training for care home staff and utilizing the Challenging Behaviour Scale (CBS)[2] as a standardised way of quantifying and evaluating behaviour. Over a period of 31 weeks, 21 people's medication regimes were reviewed for a period of 3 months. It was possible to withdraw antipsychotic treatment in 12 residents and an additional 6 people had their treatment reduced.

A further pilot at a second care home commenced in September 2013. A dementia care adviser nurse (DCA nurse) conducted CBS assessments and proposed candidates for antipsychotic medication review to their GP's. This model did not have the desired impact in an appropriate time frame.

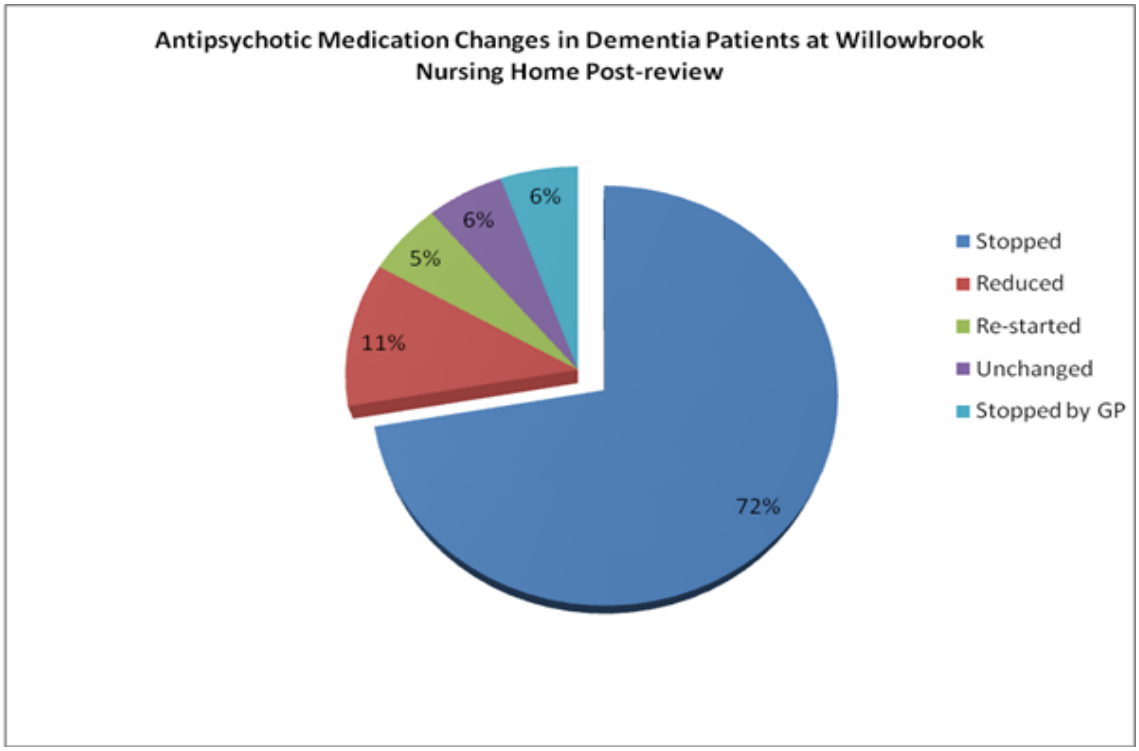
This abstract outlines a third approach which commenced in February 2016.

Method

The care home was selected as the GP surgery providing their service was the highest prescriber of antipsychotics in dementia patients in their area.

Candidates from the care home were identified through the GP coding system as having a diagnosis of dementia and being prescribed an antipsychotic (n=18). Each patient's behaviour was assessed by the DCA nurse and the identified key worker using the CBS. Patients scoring less than 100 on the CBS (usual range 0-400) had their medication reviewed and antipsychotic medication reduced, where appropriate, by the prescribing pharmacist. After the initial CBS scoring, patients were then reviewed weekly or fortnightly whereby further reductions were made, if no deterioration was observed. A final CBS assessment was carried out at the end of the pilot.

Results Of the 18 people assessed 14 patients had their antipsychotic medication withdrawn completely. (1 patient by the GP prior to start of pilot).The diagram below represents the results at the end of the four month pilot.



Conclusion/Discussion The results suggest that this model utilizing a prescribing mental health pharmacist and a dementia care advisor nurse is effective and timely in reducing antipsychotic medication in dementia patients in a care home setting.This study provides insight into the benefit of the extended role of prescribing pharmacists and how collaborative cross-sector working with specialist dementia care nurses has beneficial outcomes for dementia patients in care homes.

Following on from the good results GP guidance has been written jointly to support such reviews in the community. Secondary care support is to be provided from Hafan Y Coed mental health pharmacists, overseen by the CHL pharmacist. Primary care are piloting the GP antipsychotic reviews in dementia patients in 27 GP practices with nursing home enhanced service provision in early summer 2017. A target of 5 reviews per involved surgery is the initial target for the pilot.

In 2016 the medicines management pharmacy sub-group of Cardiff and Vale Dementia Taskforce group have also rolled out to secondary care the Care Pathway for Managing Behaviour that Challenges in People with Dementia. It is completed when any antipsychotic is prescribed to a dementia patient – a copy on remains in the patient's notes and is relayed to the GP on discharge. The GP can identify initial target indications/behaviours for the antipsychotics use and then use this information to review patients appropriately.

DRAFT Pathway for the Review of People with Dementia Prescribed Antipsychotics for Behaviour that Challenges in the Primary Care Setting

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Use of antipsychotics in people with dementia can worsen cognition, increase the risk of falls and increase the risk of stroke and death
People should have their antipsychotic reviewed 4-6 weeks after initiation and then every 3 months to see if a reduction or withdrawal is appropriate

Does the person have an underlying mental health issue e.g. history of psychosis, schizophrenia or psychotic depression, persistent delusional disorder, or bipolar affective disorder?

Is the patient's antipsychotic being **actively** reviewed by a mental health team?

→ Exclude from review

Review patient – Enter Read Code 8BM01 Antipsychotic Medication Review
Antipsychotic drugs should be used only if there is **severe distress** or an **immediate risk of harm** to the person with dementia or others
If the patient is a resident in a care home, the care home staff can complete the Challenging Behaviour Scale (CBS) For Older People Living in Care Homes to aid the review

- Does the person exhibit behaviour that challenges on a regular basis and there is a RISK OF HARM to themselves or others?
- If CBS score available is it more than 100?

No

Aim for reduction and withdrawal of antipsychotic
- Any stop date should usually be planned for a Monday so that if behavioural symptoms reappear these can be assessed during the working week
- Start with a reduction of 25% of the total daily dose
- If current dose is low (at the suggesting starting dose) the antipsychotic can be stopped without tapering the dose

Review after 1 week

If there are no problems the dose should remain the same with further review at week 4

Review 4 weeks after initial dose reduction
- If the reduction has been tolerated without any discontinuation symptoms then reduce by a further 25% and repeat the process
- Once the total daily dose is reduced to the recommended starting dose for the individual antipsychotic, it may be stopped

Yes

Do not reduce antipsychotic at this time – review in a further 3 months
- Consider causes of behaviour that challenges
- Consider non-pharmacological methods for addressing behaviour that challenges
- Ensure there are no side effects from antipsychotic medication
- Refer to the UHB Care Pathway for Managing Behaviour that Challenges in People with Dementia

- If the person exhibits discontinuation symptoms (nausea, vomiting, anorexia, diarrhoea, rhinorrhoea, sweating, myalgia,paraesthesia, insomnia, restlessness, anxiety and agitation) **OR** there is re-emergence of the initial "target" symptoms, conduct an assessment of the risk and benefits of re-instating the previous dose of antipsychotic
- Refer to the UHB Care Pathway for Managing Behaviour that Challenges in People with Dementia
- Further attempts to reduce the antipsychotic should be made one month later with smaller decrements for example 10% of the total daily dose.

UHB Care Pathway for Managing Behaviour that Challenges in People with Dementia:
http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/PHARMACY_CP/MEDICINE_TREATMENT_PATHWAYS/TAB49715/DEM

If there are any concerns about particular patients, or advice or support is needed please contact a Mental Health Specialist Pharmacist on [redacted]