

# Stopping/ Reducing Low Dose Antipsychotics in Dementia Patients

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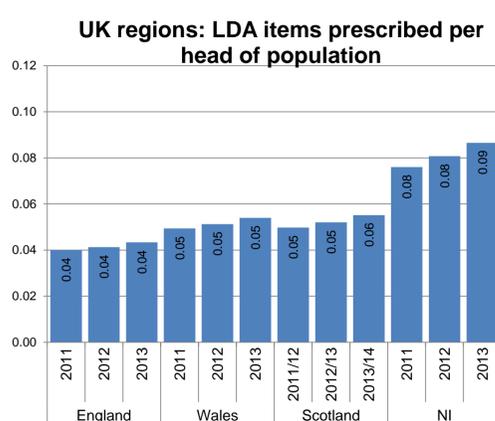
## Background

90% of people with dementia will experience behavioural and psychological symptoms of dementia (BPSD) at some point during the course of their condition. The symptoms are more common in people in the later stages of the condition and those living in care homes and are often the result of unmet needs that can be managed by non-drug therapies.

Frequently low dose antipsychotic drugs (LDAs) are prescribed first line to manage BPSD, exposing patients to the high risk or dangerous side effects of these drugs e.g. excessive sedation, unsteadiness, accelerated cognitive decline.

The drugs may be prescribed long term. Research has shown that antipsychotic drugs can be stopped in 70% of patients with dementia without worsening symptoms.

Northern Ireland per head of population prescribes more LDAs than the rest of the United Kingdom.



The use of low dose antipsychotic drugs in people with dementia is a key priority in the HSCB Pharmaceutical Clinical Effectiveness Programme.

## Methodology

A pilot was undertaken in one GP practice and nursing home using the PrescQipp 'Reducing Antipsychotics Prescribing in Dementia Toolkit' to review patients with dementia, prescribed LDAs with the view to

discontinuation or dose reduction of antipsychotics for the management of BPSD.

A steering group of key stakeholders was established. The pilot was led by the SHSCT clinical pharmacist who provides medication reviews to patients in care homes, a service commissioned from the SHSCT by the HSC.

The training course 'Understanding Behaviour in Dementia' supplied by the University of Sterling 'Dementia Services Development Centre' was provided for the nursing home staff.

Patients with dementia prescribed LDAs were identified from the GP clinical system. All patients with a diagnosis of dementia currently prescribed a LDA for BPSD who had not had a trial discontinuation of the drug in the previous three months were included in the pilot.

Patients were excluded if:

- The LDA was prescribed for a pre-existing condition prior to dementia diagnosis e.g. bipolar disorder
- The patient was under regular review by a dementia specialist
- There was a detailed care plan in place for ongoing antipsychotic use.

Nursing home staff kept a patient's behaviour diary for four weeks, commencing two weeks before discontinuation or dose reduction of the LDA.

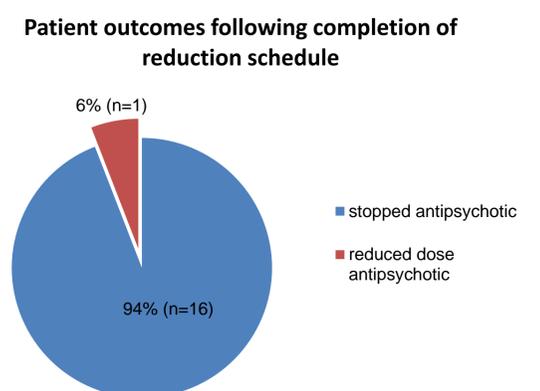
## Results

21 patient met the criteria for inclusion in the pilot and 17 were enrolled. The remaining patients were deemed not suitable for the following reasons:

- Family did not agree to inclusion
- Nursing staff did not agree to inclusion

- Patient in hospital.

By the end of the pilot 16 patients (94%) had successfully stopped their LDA and the remaining patient's dose had been reduced by 50%.



Positive feedback was received from all stakeholders in the pilot. The nursing home manager said that staff would not have had the confidence to suggest stopping a LDA without the support of the pilot, the pharmacist and the GP. One patient's wife was happy that her husband was taking less medication without any change or deterioration in his symptoms. The GP felt he had fewer interventions with the nursing home regarding treatment of BPSD as a result of the pilot.

## Conclusion

LDAs can be successfully stopped or reduced in patients with dementia. Staff training and good communication with stakeholders is essential to successful use of the PrescQIPP toolkit when reviewing patients medication and undertaking a trial reduction or cessation of LDAs.

## References

Reducing Antipsychotic Prescribing in Dementia Toolkit PrescQipp 2014. Optimising treatment and care for behavioural and psychological symptoms of dementia: A best practice guide. 2011. Alzheimers Society.