

Antipsychotic prescribing for dementia

A Wessex peer review

The Dementia Strategy Group reviewed available national and local data and prescribing guidelines for the use of antipsychotic medication for people with a dementia.

Antipsychotic medication

Antipsychotic medications (sometimes referred to as neuroleptic medications) are prescribed to treat certain mental health issues including psychosis (e.g. hallucinations, delusions and chaotic thinking and speech).

They can also be prescribed to people with a dementia who are exhibiting challenging behaviours including agitation, aggression, distress and psychosis.

with dementia and delirium, whether they are in hospital or at home.

NICE

The NICE guideline: Antipsychotics in people living with dementia [KTT7] 2019 notes that antipsychotics should only be prescribed if the person is at risk of harming themselves/others or is severely distressed. In these cases, a structured assessment should be conducted to address any underlying issues.

Alzheimer's Association

The Alzheimer's Association reviewed the use of antipsychotics as part of good dementia care. They concluded that use is harmful with a 9-fold risk of stroke in the first four weeks of use (Klijer, 2009) and an almost double risk of mortality (Food and Drug Administration, 2005).

Antipsychotic prescribing for people with dementia brings risks and limited benefits.

The NHS Long Term Plan

The Long-Term Plan acknowledges that the NHS has halved the use of antipsychotic drugs over the last decade. However further work is required to improve the care provided to people

NICE suggests further options for local implementation including

- Review and, if appropriate, optimise prescribing of antipsychotics in people living with dementia, in accordance with the NICE guideline on dementia and the NICE quality standard on dementia



- Ensure that staff who deliver care and support to people living with dementia and their carers, are offered appropriate training, as recommended by NICE.

The prescribing of antipsychotics for people with dementia has halved in the past 10 years but there is continued variation in use.

National Audits

National prescribing audits took place in 2010 and 2013. They highlighted significant risks associated with these medications and led to a national commitment to reduce their use in dementia. To aid this the Mental Health Services Data Set (MHSDS) was expanded to include routine recording of antipsychotic prescribing for people with dementia.

National Data Sets

Data on antipsychotic prescribing is routinely collected as part of the Mental Health Services Data Set (MHSDS).

Three measures are used:

Measure 1: Dementia patients prescribed antipsychotic drugs (%)

Rationale for inclusion: View across the different regions and CCGs whether there is an overall trend into how many dementia patients are being prescribed Antipsychotic Drugs.

No. of people with antipsychotic prescription in past 6 weeks

Total dementia register for the area

Measure 2: Dementia patients prescribed antipsychotics **WITHOUT** a psychosis diagnosis (%)

Rationale for inclusion: View the total number of dementia patients prescribed antipsychotic without psychosis diagnosis.

*Dementia patients with **NO** psychosis diagnosis & antipsychotic prescription in <6 weeks*

Total dementia register for the area

Measure 3: Antipsychotic Drugs without Psychosis Diagnosis %

Rationale for inclusion: Of the patients prescribed antipsychotic drugs, what's the percentage of patients without a psychosis diagnosis. Is there another reason as to why they are being prescribed these drugs?

*Dementia patients with **NO** diagnosis of psychosis with antipsychotic prescription in past 6 weeks*

Number of people with antipsychotic prescription <6 weeks



The figures below show the trends in MHSDS data collections and the National measures.

Figure 1 : Relationships between the datasets and measures. Data is for August 2019 and shown at National and STP level

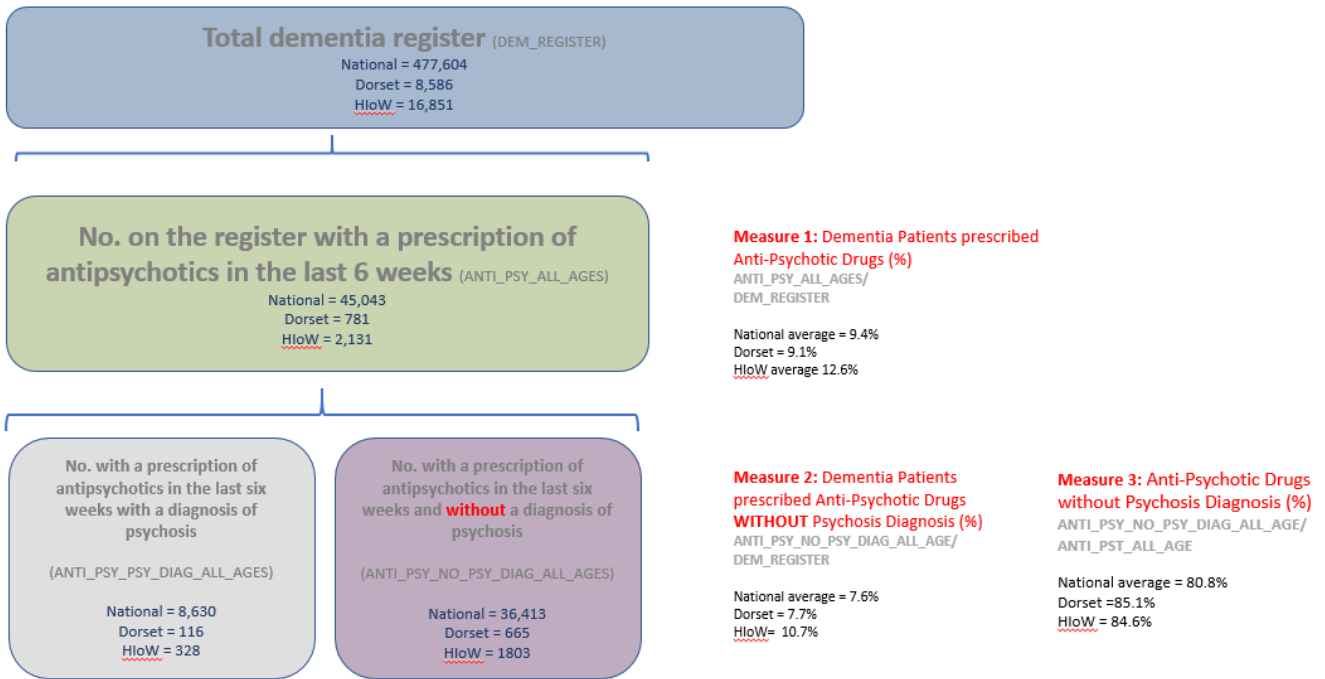
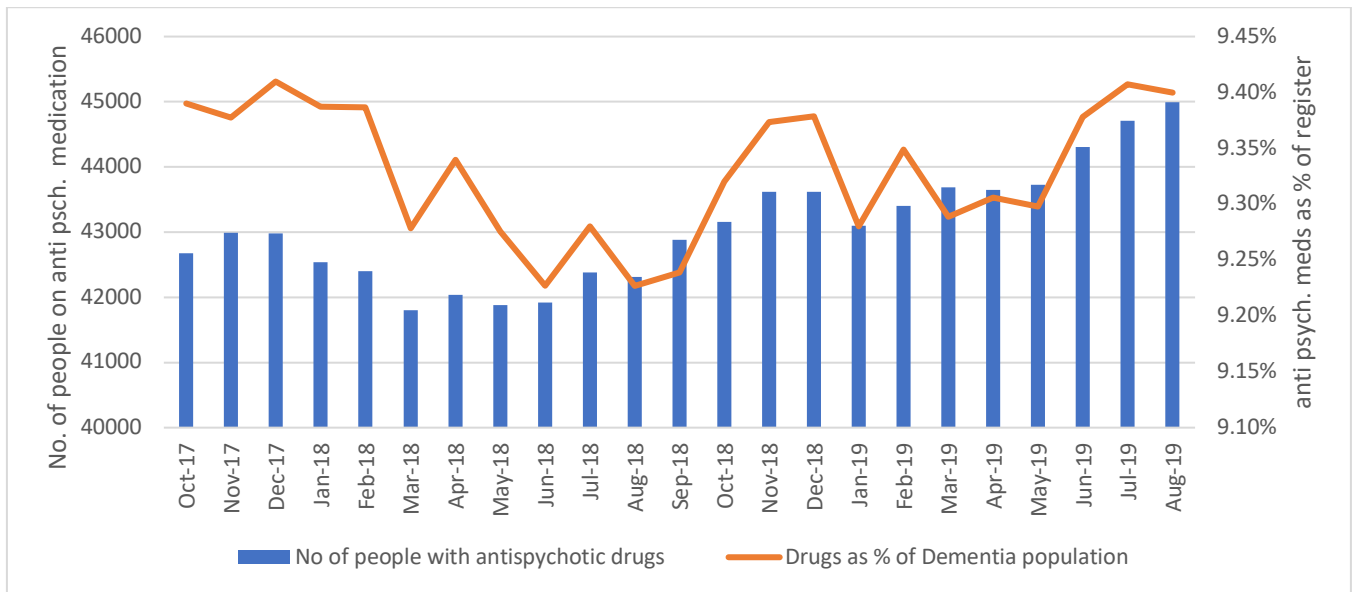


Figure 2 - Measure 1: Percentage of patients on the dementia register prescribed antipsychotic drugs in the previous 6 weeks nationally since October 2017



Wessex Dementia Strategy Group

Figure 3 - Measure 1: Percentage of patients on the dementia register prescribed antipsychotic drugs in the previous 6 weeks by NHS region

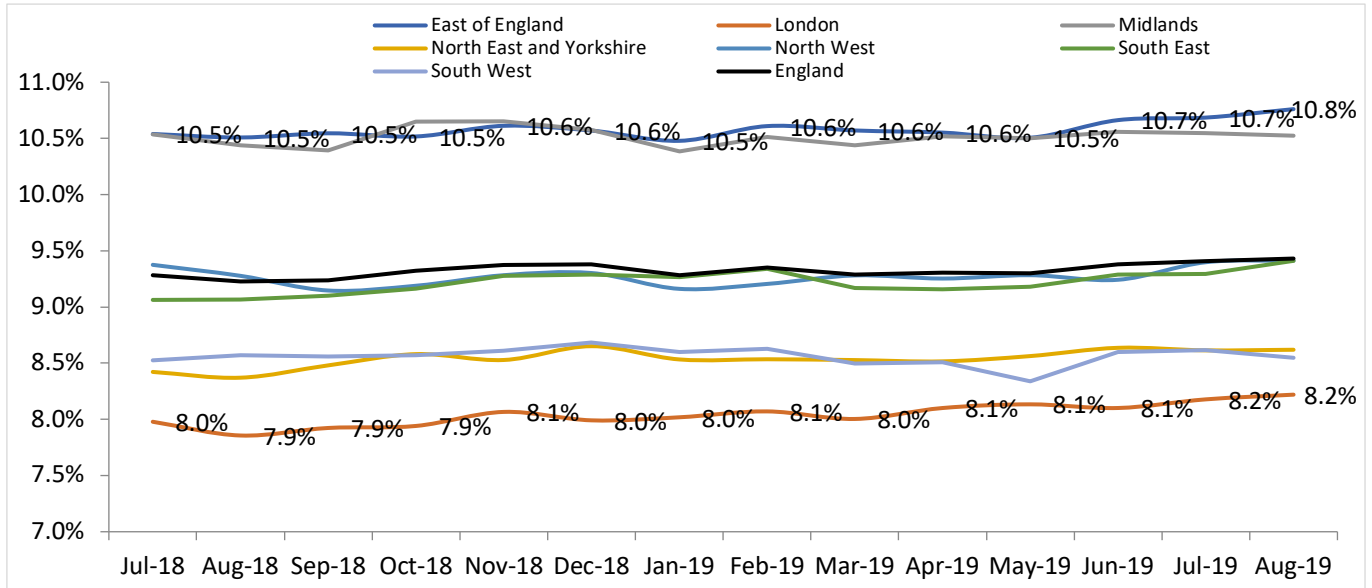


Figure 4 - Measure 1: Percentage of patients on the dementia register prescribed antipsychotic drugs

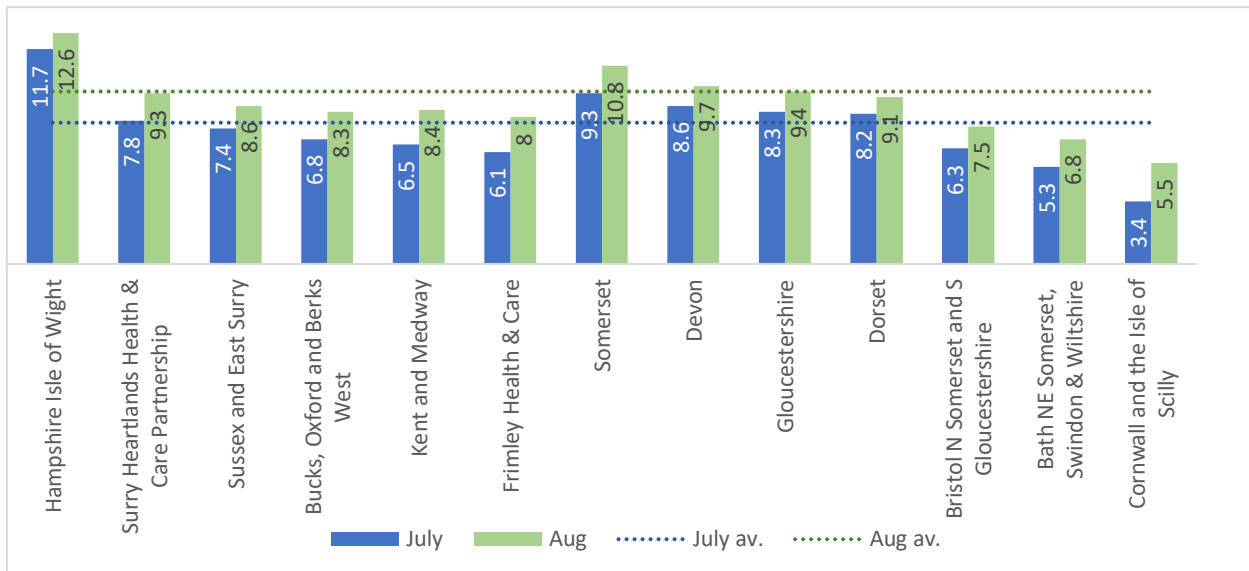


Figure 5 - Measure 2: Percentage of dementia patients prescribed antipsychotics WITHOUT a psychosis diagnosis

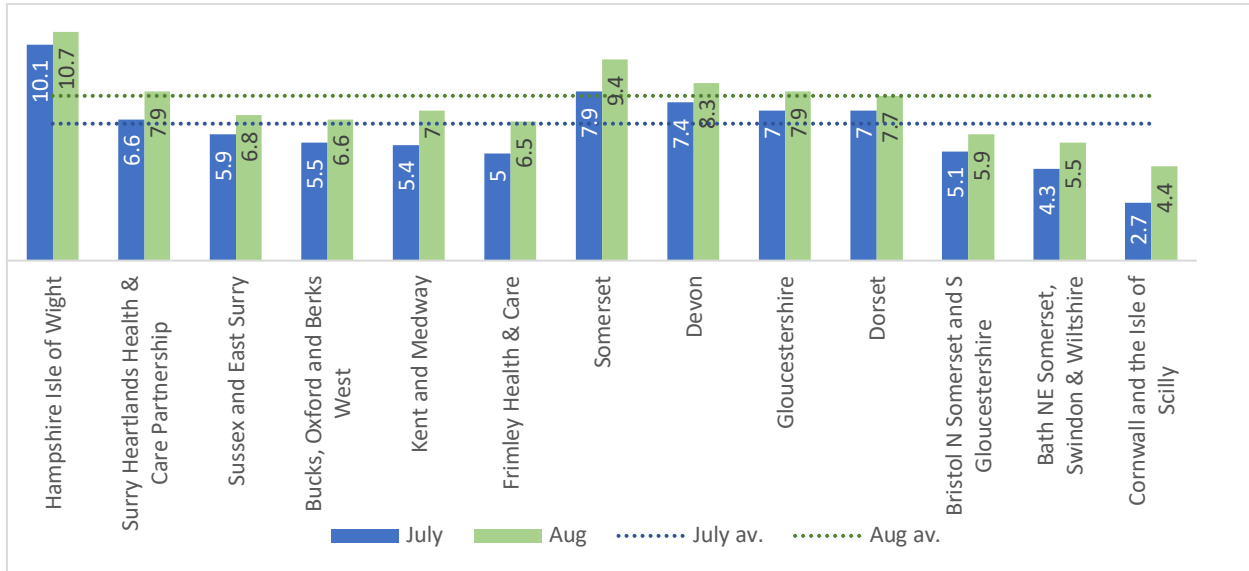
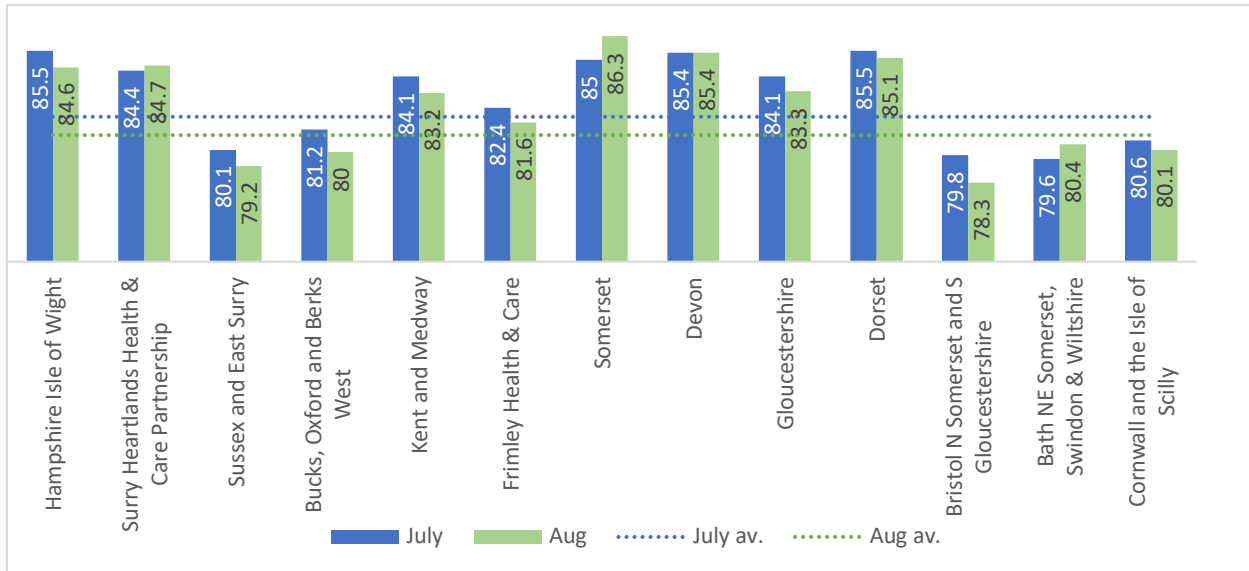


Figure 6 - Measure 3: Percentage of patients prescribed antipsychotic medication without psychosis diagnosis



Key Data Observations

Prescribing antipsychotic medication for people with a dementia

- In August 9.4% of people on the national dementia register were prescribed antipsychotic drugs
- Since July 2018, the Midlands and East of England regions have highest regional rates of prescribing antipsychotics for people with dementia routinely over 10.5%.
- London region has the lowest highest rates of prescribing antipsychotics for people with dementia averaging 8%.
- At STP level, across the 10 STPs in the South, Hampshire and the Isle of Wight STP have the highest percentage of patients on the dementia register prescribed antipsychotic medication at 12.6% with Dorset ranked 5th at 9.1% (August 19)

Prescribing antipsychotic medication for people with a dementia WITHOUT a recording of psychosis

- The national measure (Measure 2) of patients on the dementia register prescribed antipsychotic drugs WITHOUT a psychosis diagnosis 7.6% (36,413 patients).
- Locally in HloW there were 10.7% (1803) and in Dorset 7.7% (665) patients taking antipsychotic medication WITHOUT a psychosis diagnosis (Measure 2)

The Questions

CCG self-assessment forms completed in 2019, indicated that Wessex antipsychotic prescribing

data was available but was not routinely monitored or benchmarked. The Wessex Strategy Group reviewed the data and considered local mechanisms.

Discussion

The Dementia Strategy Group comprises experts working along all parts of the Wessex dementia care pathway. They understand the commissioning and care needs of people with dementia (and carers) and look to identify creative solutions to meet both opportunities and challenges. Their individual roles enable them to affect change in their own areas and to work as a group to support system change.

Observations on the data

- National data indicates that the prescribing of antipsychotic medication to people with dementia has ranged between 9.23% and 9.41% (range of 0.18%) since October 2017.
- At a national level there appears to have been little significant variation over the time period however at regional, STP and CCG levels there is greater variation.
- In August 2019, 45,043 people nationally were prescribed antipsychotic medication with only 8,630 (19%) having a recorded psychosis.
- The dementia register (477k) is 10x as large as the number of people prescribed antipsychotic medication (45k). The focus on improving dementia registers has resulted in an increase in the recording of dementia diagnosis.



- Data collections are subject to variation in data quality or data completeness. The accurate recording of dementia diagnosis and psychosis diagnosis may be variable however the prescribing data is likely to be more robust.
- It was noted that there appears to be higher levels of antipsychotic prescribing for people with dementia in Wessex STP's in comparison to other south region STP's.
- There is no data on who is prescribing and if this is a factor for variation.
- If antipsychotic medication is being used in the belief that this is appropriate for a dementia, then the records are unlikely to also document a new diagnosis of psychosis.
- If we are using the drugs to manage behaviors more easily, is it easier to link the record of prescribing to a dementia rather than to a new diagnosis of psychosis.
- Targeted prescribing (including the prescribing of antipsychotic medication) can be used to keep people with dementia living independently at home for longer. From the data we do not know the rationale for prescribing.

Observations on the complexity of Dementia

Antipsychotic medication is recommended for people with a dementia who are exhibiting agitation, aggression, distress and psychosis ie complex dementia presentations. We do not have prevalence data on the numbers of people with complex dementias for which medication would be appropriate.

It may be that 10% of dementia patients will have psychotic symptoms and that these are indicators for appropriate prescribing.

It would be interesting to understand if the areas with lower prescribing have lower prevalence of complex behavioral dementias.

As a hypothesis: - Does early life experience and predisposition to psychosis, affect the presentation of dementia if and when it occurs ie is there an increase in psychotic symptoms

Observations on prescribing

- There is no data on the prescribing dosage or frequency. Many Wessex clinicians are hesitant about prescribing antipsychotics for people with a dementia and reportedly only do so at low doses.

Opportunities for future discussion

A key question arises – Is the current prescribing of antipsychotics for dementia, appropriate or not?

The current data available does not fully answer this question. For a fuller understanding a review of National audit data is needed alongside the national prescribing summary data.

NICE recommends structured assessments to identify and address any underlying causes



There are benefits and downsides for prescribing these medications in people with dementia. Audit or case note review would provide fuller understanding on

- Behaviors
- Dosage and frequency
- Who is prescribing?
- Underlying diagnoses
- Do we have processes in place to safeguard people when antipsychotics are prescribed?
- Do we have prescribing protocols for people to follow if they need to or are unsure.

Next Steps

It may be beneficial to define the prescribing pathway along the following lines, to be of benefit to all stakeholders including patients, family and carers, care staff and healthcare staff.

The conversation between prescriber and patient (and carers) should consider if the benefits of medication outweigh the risks.

Psychotic symptoms are not persistent. A system for symptom and medication review should be present.

- Risk and impact of side effects
- Acceptability of medication to patients and relatives/carers
- Ease for medication to be given
- If medication is prescribed
 - Base line assessment of symptoms
 - Change in symptoms
 - Monitoring of side effects
 - Cost vs efficacy of medication
 - Timescale for review
 - Mechanism for withdrawal
 - Trial of no medication and monitoring for symptom return

The Wessex Dementia Strategy Group is hosted by the Wessex Clinical Network. Members include local experts in the commissioning and delivery of dementia services with the aim of ensuring that

Care, for those with dementia in Wessex, is Excellent

If you would like any further information on the group, please contact Rachel.chappell2@nhs.net

