Reducing inappropriate antipsychotic use in Residential Aged Care Facilities

Halting Antipsychotic use in Long Term care (HALT)

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What are BPSD?

- Agitation
- Aggression
- Calling out/ screaming
- Disinhibition (sexual)
- Wandering
- Night time disturbance
- Shadowing

- Swearing
- Depression
- Anxiety
- Apathy
- Delusions
- Hallucinations
- Irritability
- Elation/euphoria
Why are BPSD important?

• Ubiquitous, >90% of PWD during course
• Distress to PWD and to caregivers
• Increase rate of institutionalisation
• Higher rate of complications in hospital
• Faster rate of decline
• Associated with increased mortality
Inappropriate use of antipsychotics in RACFs

- 28% of NH residents on antipsychotics\(^1\)
- Antipsychotic use associated with AEs:
  - Parkinsonism
  - Falls
  - Anticholinergic effects
  - Hospitalisation
  - Greater cognitive decline
  - Stroke
  - Death

\(^1\) Snowdon J, 2011
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What is the evidence?

• Effect sizes of atypical antipsychotics for BPSD are medium, not statistically better than placebo

• Increased rate of stroke

• Increased mortality

• Increased AEs in general
Continuing vs stopping neuroleptics in dementia patients?

- 12 months RCT
- Continuous use of neuroleptics vs placebo
- For most AD patients withdrawal had no overall detrimental effect
- Continuers – worse verbal fluency (p<.002) and higher mortality
- Subgroup of pts with more severe symptoms might benefit from continued Rx

Ballard et al 2008 PLOS Medicine, 5:587-599
Behaviour as communication

• Treat cause
  – eg UTI, pain, dizzy, hot/cold

• Understand the person behind the behaviour

• Cultural background, life experiences, preferences
Bio-psycho-social framework

• Person-centred care philosophy
• Socio environmental
  – Balance stimuli, space, privacy, outdoors, architecture
• Interpersonal
  – Role of caregiver, engagement, security
• Psychological
  – Music therapy, dance, massage, humour, babies/animals
• Biological
Antipsychotics – best practice

- Use only in cases of severe behaviour and when non-pharmacological has failed
- Discuss risks and prescribe cautiously in patients with poorly controlled vascular risk factors
- “start low and go slow”
- Monitor side effects and review regularly
- Discontinue if no benefit on behaviour in 4-6 wks
The HALT Project

- Facilitate KT Education for RACF staff, GPs and pharmacists in best practice approaches

- Build the evidence
  Reduce the use of antipsychotics without increasing alternative prescriptions or BPSD

Develop generalisable model for widespread implementation
Facilitate KT - Education

- Champions/RACF staff - train-the-trainer
- Info to families and residents
- RACGP activity for GPs
- CPD modules for pharmacists

- Develop HALT training packages
  - Awareness about risks of antipsychotics
  - Benefits of reducing antipsychotics
  - Non-pharm management of BPSD
Build the evidence - Intervention

- Gradually withdraw antipsychotics
- 50% dose reduction every 2 wks
- Monitor for effects of withdrawal and re-emergence of behaviour
- Avoid replacement with other drugs such as benzodiazepines
- Outcome measures: QoL, NPI, PAS, CMAI, adverse events
Progress so far

Assessed for eligibility and invited
- ES: n = 9
- SWS: n = 22
- SES: n = 14
- Other: n = 10

Total recruited (n= 22)

Declined (n = 23)
Agreed (n = 32)
Withdrawn (n = 10)

RACF Enrollment

Resources (n = 5)
- No suitable residents (n = 3)
- Management (n = 2)
Residents at participating facilities on antipsychotics

Eligible and assent to contact PR n = 132

Consent from PR or participant n = 88

AP not regular (n = ?)
Primary mental health Dx (n = ?)
PR did not want to be contacted (n= ?)
Staff screen (n = ?)

Ineligible (n = 44)
PR refusal (n = 18)
Mental health concern (n = 3)
Potential participant deceased (n = 6)
Increased frailty/palliation (n = 3)
Cessation of antipsychotic (n = 6)
PR unable to communicate (n = 2)
GP refusal (n = 2)
NPI exclusion (n = 1)
Other (n = 3)

Drop out (n = 8)
Revocation (n = 3)
Participant deceased (n = 2)
Left RACF (n = 1)
Other (n = 2)
Resident Enrollment

- Pre-baseline assessments: n = 62
  - Deprescribing protocols approved: n = 46
    - Deprescribing commenced: n = 29
      - Antipsychotic ceased: n = 13

- Baseline assessments: n = 39

- Post (+ 3 months): n = 0
How to seal the deal?

How to make good care ‘practice as usual’?

- Incentives for owners, managers, staff
- Accreditation standards
- Drive demand - families, residents
- Show cost effectiveness
- Publicise, communicate
- Leadership, training
Summary

- BPSD common
- Prevent BPSD, PCC, environment, titrate stimulation, staff training
- Drugs have limited effects and AEs
- Psychosocial treatments have evidence
- Problem is implementation
- So why are nursing homes not engaging more?
- **Practical** suggestions for working with facilities
- Need *policy recognition* too – accreditation standards, government policy, research and education support
Thank you

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