

Royal College of Psychiatrists in Wales

Consultation Response



DATE: 21 April 2017

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS in WALES

RESPONSE TO: National Assembly for Wales Health, Sport and Social Care Committee – Inquiry into Antipsychotic Medication Prescribing Practices in Care Homes

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales is a satellite of the Central College, representing over 550 Consultant and Trainee Psychiatrists working in Wales.

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The RCPsych in Wales is pleased that the Committee is seeking views on the use of antipsychotic medication in care homes. This is an area of concern for the College in Wales and we have, over many years, been aware of issues of over prescribing and inappropriate use of antipsychotic medication in the elderly population.

This response has been produced in consultation with the members of the College in Wales and relevant stakeholders.

The RCPsych in Wales has previously published a briefing paper on prescribing practices in the elderly:

- [Briefing paper on Over prescribing in the Elderly](#)

RCPsych in Wales Key recommendations:

1. A cycle of Local and National audit into Antipsychotic prescribing practices in Wales

The Faculty of Old Age Psychiatry and the RCPsych in Wales is calling for a Wales-wide cycle of audits to gather data on anti-psychotic prescribing practices. The availability of hard data on prescribing practices is critical to understand prevalence and patterns of use.

We would recommend that the audits also gather evidence on whether the patient received anti-psychotic medication as first option treatment, and/or whether there were alternative therapies available within their locality. This will provide the ability to assess whether the use of anti-psychotic medication is affected where alternative methods of treatments are available.

2. Routine use of STOPP/START. Screening tool of Older Persons' potentially inappropriate prescriptions (STOPP)/Screening tool to Alert doctors to the Right Treatment (START) tool (Gallagher et al, 2008).

Demographic changes mean that prescribing for older people is an increasingly important aspect of daily clinical care. Older people have a high prevalence of chronic and multiple illnesses and are likely to be prescribed multiple medications. Pharmacokinetics and pharmacodynamics may be altered by ageing or disease. This puts elderly people at a high risk of adverse drug reactions (ADRs), adverse drug events (ADEs) and drug-drug interactions. They may also be exposed to medication errors or potentially inappropriate prescribing (PIP) with significant clinical and economic impact. The STOPP/START tool¹ has been developed to identify older people at risk from adverse drug effects and to reduce the risk of initiating drugs likely to cause adverse events. The tool comprises 65 clinically significant criteria for potentially inappropriate prescribing in older people.

¹ <https://www.rcpsych.ac.uk/pdf/Aziz%20Stopp-START%20tool%20paper%20-%20Victor%20Aziz.pdf>

- Antipsychotic medicines should not be routinely prescribed to treat behavioural and psychological symptoms of dementia.
- In line with NICE guidance, when an antipsychotic medicine is required, the lowest dose should be prescribed for the shortest time with regular review by an appropriately skilled pharmacist as part of the multidisciplinary team.
- Pharmacists who deliver enhanced support for care homes should be able to access quality continual professional development opportunities in relation to antipsychotic prescribing.

The Royal College of Psychiatrists in Wales recognises that there is a need to prescribe antipsychotic medication on occasion to treat severe behavioural and psychological symptoms in dementia. However, such medication should be reviewed and reduced as soon as it is practical and *safe* for the patient and those treating the patient. Other treatment options should be considered at the earliest opportunity.

3. Medication reviews upon admission to Care Home settings and regular ongoing medication reviews for all residents.

In line with recommendations from The Royal Pharmaceutical Society (Wales) report 'Improving Medicines Use in Care Homes (2016)' ²

- As part of a multidisciplinary review, all residents should receive a review of their medication by a pharmacist when they first move into a care home in order to optimise their medication regimen.
- Residents should receive a minimum of one annual medication review from a pharmacist with additional support for significant medication changes. For patients with complex medication regimens, this review should increase to every 3-6 months.
- With patient consent, all pharmacists directly involved in patient care should have full read and write access to the patient's health record in the interest of high quality, safe and effective patient care.

The RCPsych in Wales recommends that 'discharge from hospital reviews' should routinely take place. We are aware of some work within Welsh Government to develop the required IT infrastructure to enable this and welcome this development.

The RCPsych in Wales recommends that *all* necessary antipsychotic prescribing is supported by a risk/benefit analysis for each patient performed by an appropriately trained specialist as part of the multi-disciplinary team.

We further recommend the involvement of community pharmacists, GPs, family and patients in medication reviews. Community pharmacists should be dealing specifically with care home residents, and would be able to make recommendations to the prescribing medic/MDT.

4. Adequate training in medication for carers and staff

The RCPsych in Wales recommends that *all* carers and staff have training to develop an understanding of possible side effects of antipsychotic medications prescribed within care home settings. This will enable carers and staff at *all* career grades to raise concerns

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<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Publications/Improving%20medicines%20use%20for%20care%20home%20residents.pdf>

where an adverse reaction is suspected in order to enable senior staff to conduct a medication review quickly and effectively.

The RCPsych in Wales is encouraged by the introduction of the Care and Social Services Inspectorate Wales' Care Home Training Guides³

We would also recommend informed consent in patients with mild to moderate cognitive impairment, that the effect of prescribed medication, both positive and negative, is explained as fully as possible. To enable this, speech and language therapists have a role in training health and voluntary sector staff, including care home workers in identifying communication difficulties in dementia and strategies to support and enhance communication.

5. Access to non- pharmacological therapies and treatments

It is increasingly recognised that pharmacological treatments for dementia should be used as a second-line approach and that non-pharmacological options should, in best practice, be pursued first⁴. The more traditional treatments such as behavioural therapy, reality orientation and validation therapy, and newer treatments such as cognitive therapy, aromatherapy and multisensory therapies all have therapeutic benefit to patients with dementia.

Speech and Language Therapists (SLTs) have specialist knowledge to directly assess the connection between unmet communication needs and challenging behaviour, and provide advice on maximising communication function to the care home resident, their family and carers.

Example of good practice

Cwm Taf Health Board – Care Home Dementia Intervention Team

Cwm Taf University Health Board is improving the quality of life for care home residents with dementia. The Care Home Dementia Intervention Team is the first of its kind in Wales and provides an alternative to medication for behaviour that challenges.

The service explores the possible reasons why a person is distressed or behaving in a challenging way. This enables the service to work with care home staff to develop a person-centered care plan.

A successful pilot was held in Ty Eiren, a care home in Tonyrefail, where person-centered care plans were developed for residents with dementia and challenging behaviour. The plans included a variety of interventions such as reminiscence, music therapy, life story work and doll therapy.

Fiona Senior, Clinical Psychologist said 'To offer a service without medication is amazing'.⁵

³ <http://cssiw.org.uk/news/item?lang=en>

⁴ <http://apt.rcpsych.org/content/10/3/171>

⁵ <http://cwmtaf.wales/innovative-teamwork-cwm-taf-enables-care-home-residents-live-well-dementia/>

Advice on conducting medication reviews in care homes with the aim of improving quality of life for residents

As hospital doctors become increasingly sub-specialised, GPs are absolutely critical to ensuring that medications prescribed by individual specialties are appropriate for that person.

This is based on an extensive knowledge of the patient, knowledge of the drug, access to the complete medical record and the shared approach to prescribing that is often applied.

GPs are regularly involved with medication reviews and their approach to medication reviews will vary from practice to practice.

Medication reviews undoubtedly improve quality of life for care home residents and the process can also improve relations between clinicians, staff, patients and relatives.

It should be noted that there can also be significant cost savings due to reduced prescriptions.

Pharmacists can be key in setting up medication review systems with the ability to identify a significant number of inappropriate prescriptions over time. They can provide the necessary link between clinicians and staff to realise the importance of this work as well as engaging patients and their relatives. The pharmacist can also ensure that any interventions taking place are appropriately reviewed.

From the evidence available, it is clear that there are risks associated with the use of antipsychotic medication, particularly for people with dementia in care home settings. Antipsychotics appear to be used all too often as a formulaic first-line response to any behavioural difficulty in dementia rather than as a considered second-line treatment when other approaches have failed. Data suggests that antipsychotics are used too often in dementia. The high level of initiation and maintenance of these medications in this vulnerable group means that any potential benefit of their use in specific cases is likely to be outweighed by the serious adverse effects of their use in general. In order to generate a plan that will work we need to understand the determinants of this behaviour and the reasons for its persistence.⁶

The Royal College in Wales welcomes the opportunity to input into work on this issue over the coming months.



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⁶ <https://www.rcpsych.ac.uk/pdf/Antipsychotic%20Bannerjee%20Report.pdf>