APS 19
Ymchwiliad ar ddefnydd o feddyginiaeth wrthseicotig mewn cartrefi gofal
Inquiry on the use of anti-psychotic medication in care homes
Ymateb gan Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru
Response from Association of Directors of Social Services Cymru

ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

Use of Anti-Psychotic Medication in Care Homes

Background

Antipsychotic medications were first introduced in the 1950s and, although beneficial for many, were associated with significant side effects:

- Stiffness and shakiness
- Lethargy and listlessness
- Falls
- Photo sensitivity
- Restlessness
- Hypertension

Concerns have continued about the appropriate use of antipsychotic medication for older people and also in relation to the care and treatment of people with a learning disability.

These drugs have been used to manage psychological and behavioural symptoms in dementia. Symptoms include aggression, agitation, shouting and sleep disturbance. However, uncooperativeness, restlessness, wandering, or unsociability are not sufficient reasons to justify their use.

In the case of Winterbourne View Hospital (2011) and the subsequent serious case review[1], concern was highlighted about all forms of restraint and in particular, the use of antipsychotic medication, as a form of chemical restraint. Concerns about the appropriate administration of medication were also raised were raised in respect of a review of the neglect of older people living in care homes investigated as Operation Jasmine[2].

Restraint of any type should only ever be considered in situations where **all** other practical measures have been considered or exhausted and have not worked. Improper use of any form of restrictive physical intervention or restraint can constitute assault or negligence. It is also true for chemical restraint where its use is inappropriate.

Chemical restraint is the use of medication to help control symptoms associated with an underlying psychological condition.

[1] South Gloucestershire Safeguarding Adults Board - Winterbourne View Hospital (2011)
[2] The Flynn report - In search of accountability (2016)

Any restraint, including chemical should be based on the principles enshrined in the Mental Capacity Act 2005 and Mental Health Act 2007. The Mental Capacity Act (2005) is clear that everything done for or on behalf of a person, who lacks capacity, must be in that person's best interests.

The use of medication to restrain or control behaviour must therefore be used for the shortest period possible and be monitored and recorded on a regular basis. Chemical restraint must always be under the close supervision of a responsible medical practitioner, in many cases this will be the GP.

Given the considerable demand on GP time, it is important that those in direct contact with the person receiving treatment, understand the possible, monitor the impact of the treatment on the person and take appropriate action in the event of any adverse reaction.

There have also been concerns about possible collusion between prescribers and manufacturers. In 2013 the New York Times reported, that the U.S. Department of Justice had announced that a major pharmaceutical company had agreed to pay over $2 billion dollars to resolve criminal and civil charges involving misuse of antipsychotic drugs.

That Company, it is alleged engaged in off-label marketing of an antipsychotic drug for nursing home residents who have dementia, but no diagnosis of psychosis, and to have paid physicians and pharmacists to prescribe their drug.

In March 2012, the Centers for Medicare & Medicaid Services in the United states initiated a campaign to reduce the misuse of antipsychotic drugs in nursing homes. A goal of reducing antipsychotic drug use for long-stay residents was introduced in 2012.

By October 2013 antipsychotic usage for long-stay residents has subsequently been reduced.

The Numbers

A study conducted for the NHS in England in 2009 concluded that of the 180000 people with dementia were receiving antipsychotic drugs and around 80% this number were thought not to benefit from the treatment. The study also found that around 1,620 additional cerebrovascular adverse events (such as stroke) resulted from the treatment and of these around half would suffer a severe impact. In addition, the research also suggested that 1,800 additional deaths would result in this population.

The study also concluded that antipsychotics seemed to be used too often as a first-line response to difficult behaviour in dementia (most often agitation), rather than as a considered second-line treatment when other non-pharmacological approaches have failed. On the basis of these findings, the Westminster Government pledged to reduce by two-thirds the use of antipsychotics for people with dementia. [3]

Standards & Guidance

The National Institute for Clinical Excellence (NICE)[i] has said that People with Alzheimer's disease, vascular dementia, mixed dementias or dementia with Lewy Bodies (DLB) with mild-to-moderate non-

[3] Department of Health. The use of antipsychotic medication for people with dementia: Time for action. A report for the Minister of State for Care Services by Professor Sube Banerjee. October 2009

cognitive symptoms should not be prescribed antipsychotic drugs because of the possible increased risk of serious adverse events such as stroke and death.[4]

NICE also said that people with dementia who develop psychosis and/or agitated behaviour causing significant distress or challenging behaviour should only be offered a pharmacological treatment if:

- severely distressed or there is an immediate risk of harm to self or others.
- factors that cause, aggravate or improve behaviour have been identified and a care plan is in place.

NICE also said that People with Alzheimer's disease, vascular dementia, mixed dementias or Dementia with Lewy Bodies with severe non-cognitive symptoms could be offered treatment with an antipsychotic drug provided:

- there is a full discussion with the person and their carers of the risks of adverse effects
- there are specific treatment aims and goals and treatment effects which are regularly assessed and recorded.
- the drug should be selected on an individual basis, starting with a low dose, monitored regularly and changed or withdrawn as indicated.

The Medicines and Health Care Products Regulatory Agency [5]said:

There is a clear increased risk of stroke and a small increased risk of death when antipsychotics are used in elderly people with dementia.

Only one antipsychotic, risperidone (Risperdal), is licensed for treatment of dementia-related behavioural disturbances in the UK and then only specifically for short-term (up to 6 weeks) treatment of persistent aggression in moderate to severe Alzheimer's dementia which is unresponsive to non-pharmacological approaches (ie those that do not involve use of medicines) and where there is risk of harm to the patient or others.

In 2004, the Committee on Safety of Medicines (the predecessor to the Commission on Human Medicines) advised of a clear increase in the risk of stroke with the use of the antipsychotics risperidone or olanzapine in elderly people with dementia. (The risk was said to be approximately a three-fold increased risk compared with the placebo).

The committee advised that the magnitude of risk outweighed any likely benefit of treating dementia-related behavioural problems with these drugs.

In 2005, placebo trials of newer antipsychotics found that these were associated with increased mortality when used in elderly people with dementia.

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[4] NICE Dementia: supporting people with dementia and their carers in health and social care - Clinical guideline [CG42](updated 2016)

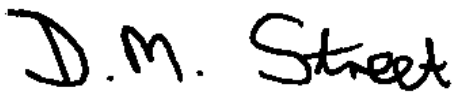
[5] Guidance Antipsychotic medicines August 2005

The Future

Advocates and doctors have for some time questioned the use of antipsychotic medication to treat the agitation of dementia and have urged the wider use of non-drug treatments like counseling and other forms of therapy.

ADSS Cymru recommends that:

- This is powerful medication should only be used once potential causes of challenging behaviour – stress, pain or side-effects of other drugs – have been ruled out.
- These drugs are never used on a routine basis to control the behaviour of older people and those with disabilities. Neither should they be used to compensate for low staff numbers or deficits in the skill or knowledge of care or management or staff.
- Where antipsychotic medication is used or planned to be used, it's purpose and side-effects should be fully explained to the individual and their the nearest relative.
- If antipsychotic medication is used for a period, greater than four weeks, its use, should be provided under the direct supervision of a consultant psychiatrist.
- There should be a requirement to monitor and report on the use of restraint in all hospital, care home and nursing facility and a requirement to report all use of antipsychotic medication and reasons for this use quarterly. Reporting should be to the relevant health and social service inspectorates.
- The National Assembly sets a target and timescale for the reduction of the use antipsychotic medication in relation to older people and those with a learning disability.



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