The Medicines Management of Reducing / Withdrawing Psychotropic medication in Service Users (patients) with Learning Disability

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Learning Outcomes

• Gain an understanding of what patients with a Learning Disability and their carers may want from pharmacy services
• Understand the key policy drivers influencing LD healthcare provision
• Identify gaps in your service and develop an action plan to improve medicines optimisation in patients with a LD as a result of the good practice shared.
• Take the opportunity to share good practice and network with peers to develop your knowledge base

• Assess the risks when antipsychotics are prescribed in people with a learning disability (PwLD)
• Describe the issues that should be considered when deprescribing antipsychotics in PwLD
• Describe the monitoring required when prescribing and deprescribing antipsychotics in PwLD
Background

Winterbourne Report concluded that

• services should have systems and policies in place to ensure medication reviews are undertaken safely and in a timely manner

• medication audits involving pharmacists, doctors and nurses should be carried out

• (Department of Health 2012)
Evidence

• Report into prescribing of psychotropic drugs to PwLD and /or autism by GPs in England found 58% of adults receiving antipsychotics and 32% of those receiving antidepressants had no documented mental health diagnosis. Nearly one third were receiving one or more psychotropic medicine (Public Health England 2015)

• Cohort study of over 33000 PwLD found only 21% had a record of mental illness, 25% had documented challenging behaviour but 49% were prescribed psychotropic medicines (Sheehan R et al 2015)
Evidence

• Winterbourne Pilot improvement project found that patients, carers and relatives did not always understand why psychotropic medicines had been prescribed. (NHS Improving Quality (2015))
Published research portrayed in the media

The issues

• Over prescribing of psychotropic medication
• No documented mental health diagnosis
• Inadequate monitoring of side effects
• Inadequate review of medication

• CALL TO ACTION
Why are psychotropic medicines prescribed?

• Evidence suggests that psychotropic medication especially antipsychotics and antidepressants are prescribed to “treat” behaviour that challenges.
Behaviour that challenges

• Behaviour is described as challenging when it is of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion. (Royal College of Psychiatrists, British Psychological Society 2016)

• Consequences
Best practice

• Which antipsychotics are licensed to treat Challenging behaviour in adults?
  • None
  • Risperidone is licensed for conduct disorder in children and adolescence
    – Risperidone is licensed for up to 6 weeks in BPSD when non pharmacological interventions have failed
Current prescribing guidance

• **NICE NG11 May 2015** Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges

• Medication is a last resort – failure to respond to treatment or risk to the person or their families is very severe

• Risperidone po 0.5 – 2mg od

• Reason for prescribing to be documented in notes

• Review side effects and effectiveness after 3-4 weeks

• Stop after 6 weeks if no benefit
Causes of behaviour that challenges

- Medical – infection, epilepsy, hyperglycaemia
- Psychological
- Social
- Environmental
- Poor communication
- Delirium
- Hormone disturbance
Adverse Effects of Antipsychotics

<table>
<thead>
<tr>
<th>Effect</th>
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<tbody>
<tr>
<td>Sedation</td>
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<tr>
<td>Movement disorders – EPSEs (dystonias, akathisia, tardive dyskinesia)</td>
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<tr>
<td>Metabolic Syndrome (insulin resistance, weight gain, hyperlipidaemia, hypertension, increased risk of clotting)</td>
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<tr>
<td>Prolongation of QT interval</td>
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<tr>
<td>Reduces seizure threshold</td>
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<tr>
<td>Hyperprolactinaemia</td>
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<tr>
<td>Constipation</td>
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<tr>
<td>Increased risk of pneumonia</td>
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<tr>
<td>Association with increased risk of stroke in dementia</td>
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Evidence suggests that people with learning disability (PwLD) have shorter life expectancy, poorer access to healthcare and poorer outcomes. (Mencap 2007, Emerson and Baines 2010)
The Stopping Over Medication of People with a learning disability pledge was signed by RPS, RCN, RCP, GPs, the British Psychological Society and NHS England in June 2016 (NHS England 2016)

Aim to improve quality of life of PwLD by reducing potential harm caused by inappropriate prescribing of psychotropic medicines
Deprescribing

Focussing on antipsychotics

SPCs give info on prescribing but often very little info on deprescribing

Deprescribing templates for reducing psychotropic medicines are not currently available.

Published evidence for antipsychotics tends to relate to antipsychotics prescribed for psychotic illness
Considerations when withdrawing antipsychotics

• Think about the removal of the effects and particularly side effects and the impact this may have on a person with a learning disability

• Reduce dose slowly

• Include the PwLD, their carers and relatives in the process- what, why, who, when and how
Considerations when withdrawing antipsychotics

• **Sedation**
  • A reduction in dose may well lead to a reduction in sedation.
  • Advantage or disadvantage?
  • As the antipsychotic is reduced/withdrawn may have an impact on sleeping at night – what are the options? sleep hygiene measures, does SU have a prescription for temazepam or Z drug prn? If so monitor usage
  • Positive effect of SU being more alert and able to engage with activities, however are these activities in place?
Considerations when withdrawing antipsychotics

<table>
<thead>
<tr>
<th>Sleep hygiene</th>
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<tr>
<td>Create a fixed bedtime routine</td>
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<td>Maintain comfortable sleeping environment</td>
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<tr>
<td>Avoid caffeine, nicotine and sugar late at night</td>
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<tr>
<td>Avoid using back lit devices before going to bed</td>
</tr>
<tr>
<td>Avoid eating a heavy meal late at night</td>
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<tr>
<td>Avoid day time naps</td>
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</tbody>
</table>
Considerations when withdrawing antipsychotics

- **Metabolic syndrome**
  - Continue to monitor BP, lipids, weight gain and blood sugar
  - If SU prescribed a statin for primary prevention to reduce vascular risk, this may need to be reviewed in the long term. Also metformin, antihypertensives

- **EPSE**
  - If continues to be a problem consider investigating other causes
Considerations when withdrawing antipsychotics

- **Weight gain**
  - A reduction in dose may not necessarily lead to weight reduction
  - A reduction in dose does not mean SU can return to eating unhealthy diet
Considerations when withdrawing antipsychotics

- **Hyperprolactinaemia**
  - May be dose related
  - More likely with typicals and risperidone and amisulpride
  - Less likely with aripiprazole, olanzapine, clozapine and quetiapine
  - Also can occur with hypothyroidism
Considerations when withdrawing antipsychotics

- **Hyperprolactinaemia**
- What are the effects?
  - Amenorrhoea
  - Decreased fertility
  - Reduced libido
  - Poor bone health
  - Can affect hormone dependent cancers
Considerations when withdrawing antipsychotics

- Is reduction in prolactin levels to near normal an Advantage or disadvantage?
Considerations when withdrawing antipsychotics

• **Reduction of prolactin levels in women**
  
  o Female SUs who have been on antipsychotics for many years may experience amenorrhoea – may be viewed as an advantage
  
  o Need to alert SU and their support that periods may return.
  
  o Issues of supporting SU with menstrual cycle and being alert to possible PMT which can adversely affect mood.
Considerations when withdrawing antipsychotics

- **Reduction in prolactin levels in women**
- Increase in fertility
- Advantage or disadvantage?
- In sexually active women who are not planning a pregnancy ensure SU has access to appropriate contraceptive advice and services.
Considerations when withdrawing antipsychotics

• Hyperprolactinaemia and dopamine blockade can cause sexual dysfunction eg reduced libido
• Is increased libido an advantage or disadvantage?
• In SUs displaying inappropriate sexual behaviour the adverse effect of reduced libido may possibly be helpful. If antipsychotic is withdrawn these behaviours may begin to surface again
Considerations when withdrawing antipsychotics

- SUs may consider replacing psychotropic meds with complementary therapies - Risk of serotonin syndrome with St Johns Wort and SSRIs
- SUs who are having trouble sleeping may take hypnotics too frequently leading to dependence.
- Care/support staff may give lorazepam prn more often if they consider behaviour is challenging. This needs to be monitored.
- Consider implications for re emergence of behaviour which challenges
Implications for Pharmacy practice

• Prompt review of antipsychotic medication
• Side effect monitoring
• Consideration of issues associated with withdrawal
• Think about physical health medication no longer needed
• Be aware of effects of physical health medication
• Alert to an increase in usage of other psychotropic medicines as antipsychotics are withdrawn
• Optimising consultations
Implications for Pharmacy practice

- Suitable medicines information for PwLD, carers and parents
- Using antipsychotics off label
- Are you complying with the Montgomery Ruling and the Accessible Information Standard? (Sokol 2015, NHS England)
- Easy read medication leaflets are available on some learning disability websites, but they do need to be checked for accuracy as many have not been reviewed for several years
Implications for Pharmacy practice

Think about your role in contributing towards making healthcare more accessible for PwLD, to achieve better outcomes and higher life expectancy
• Thank you for listening

• Any questions?
References


Useful resources

- Bazire S. Psychotropic Drug Directory 2016 Lloyd – Reinhold Communications
- CPPE learning resource due out Autumn 2016