The independent report “The use of antipsychotic medication for people with dementia: time for action” was released on 12 November 2009, attracting considerable press attention. The report’s author, Sube Banerjee of King’s College London, stressed that only 20 per cent of older people with dementia actually benefit from treatment with antipsychotic medicines, and that this limited effectiveness should be weighed up against the significant adverse effects of stroke and death. Professor Banerjee went further to state that treatment of dementia with antipsychotics in the UK leads to 1,800 additional deaths and 1,620 additional cerebrovascular adverse events per year.

Many people with dementia are admitted to care homes when they are no longer able to function effectively in their own homes. Due to the ageing population, an increasing proportion of care home residents suffer from dementia. When researchers from Australia, Norway and Finland assessed dementia rates in care homes using validated tests, 78–81 per cent of residents were found to have the disorder. Because 90 per cent of people with dementia display behavioural and psychological symptoms, such as aggression, wandering, delusions, calling out, hoarding and sleep disturbance, these symptoms are commonly encountered in care homes and often become a leading cause of stress for residents, families and nursing staff.

Although non-pharmacological techniques are promoted to treat behavioural symptoms, antipsychotics, principally risperidone, olanzapine, quetiapine and haloperidol, are often prescribed for this purpose. For many years, concern has been expressed around the world about the high prevalence of antipsychotic medicines use in care homes, with average rates ranging between 20 per cent and 30 per cent of residents.

Not only are antipsychotic medicines prescribed inappropriately, but often residents remain on these agents for extended periods. Although current professional guidelines recommend that people with dementia who are taking antipsychotic medicines are reviewed every three months and regular dosage reductions should be attempted, research has shown that many aged care residents remain on these medicines for years.

In his report, Professor Banerjee proposes that the rate of antipsychotic medicines use can feasibly be reduced to a third of its current level. Community pharmacists have a potential role in ensuring the appropriate use of antipsychotic medicines in care homes.
Pharmacist-led interventions

Pharmacists can do more than just provide input to mental health services. Several studies have shown that interventions led by pharmacists can successfully reduce antipsychotic medicines use in care homes. A focus on nurse staffing, nursing leave and inter-disciplinary review of residents that incorporates nurse input appear to be the key elements for success.11-14 Interventions singularly focusing on GP academic detailing (face-to-face visits from government representatives to discuss guidelines and prescribing) or GP clinical audit feedback to reduce antipsychotic use have not been as successful.15

The RedUse project

An example of a recent pharmacist-led intervention is the RedUse (reducing use of sedatives) project, conducted in Tasmania, Australia. In RedUse, community pharmacists provided evidence-based strategies to their care homes over a six-month period, which led to a successful reduction of antipsychotic use.15 The project had a sample of 25 care homes, with 13 intervention homes and 12 control homes. Ten community pharmacists servicing the 13 intervention homes attended a weekend training session that covered antipsychotic medicines use and also equipped the pharmacists with the skills to perform the key strategies of RedUse.

One of the key features of RedUse was that nursing and pharmacist time was not devoted for each measure. Over the six-month project, there was a significant reduction in the percentage of intervention home residents taking antipsychotic medicines (20.3% per month, p<0.05), whereas overall control home use increased slightly, albeit non-significantly (20.9% per month, p=0.2). The doses of antipsychotics were tracked from baseline to week 26. For residents taking antipsychotics at baseline, there were significantly more dose reductions or cessations in intervention than in control homes (37% per month versus 20.9% per month, p<0.01).

Although the overall drop in antipsychotic prescribing was modest, it should be noted that branded risperidone was released off patent just after the 12-week mark in the project. This development resulted in five new cheaper brands of risperidone being marketed. The base price of both risperidone and olanzapine also dropped significantly.

Potential role for community pharmacists

The RedUse project was a novel intervention study that evaluated the impact of pharmacist-led audit-based strategies on care home antipsychotic rates. The project strategies, featuring clinical audit, staff education and interdisciplinary review, successfully reduced antipsychotic use in the intervention care home group when compared with the control care home group. Further, the project significantly increased the number of dose reductions of these agents. It should be noted that RedUse also proved successful in reducing benzodiazepine prescribing rates.16 These findings reinforce the positive effect of previous intervention studies in care homes that used similar strategies for nurse education and interdisciplinary communication.17 This project’s findings also validate the potential role of community pharmacists in ensuring the appropriate use of antipsychotic medicines in care homes through medication reviews.

References


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