Delivering a joined up approach to dementia care – to improve individuals outcomes where does pharmacy fit in?

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Medication Personalisation Pilot Findings London Avante Home working with community pharmacy one year on

Anecdotal evidence from KPIs
- Reduction in Falls
- Increase in weights
- Better sleep hygiene
- Reduction in resident to resident behaviours esp at night

Meds weren’t the only change but overall holistic improvements

Second home about to start a phased transfer to this pathway
RE-Enablement pilot Kent home

• For 8 week period
• Working in MDT where therapists worked with our staff to get people recently discharged from hospital back home
• MDT to include GP Physio/OT
• Medicines support was an integral part
• Results 61% of patients discharged back to their homes within 21 days
• Scoping a new pathway with a Community Health Care provider for Intermittent care beds
Behaviour that challenge – where does pharmacy fit in

• Behavioural and psychological symptoms of dementia (BPSD):
  • occurs in 90 percent of people living with dementia at some stage
  • It is a stage and not permanent.
  • Need to think about the appropriate use of medication – some dementias i.e. with LB are very sensitive to neuroleptic medication
  • Non pharmacological intervention
BPSD in Alz Disease - across Severity

- Delusions
- Hallucination
- Agitation
- Depression
- Anxiety

Percentage

- $n > 20$ (119)
- $n = 20-10$ (125)
- $n < 10$ (162)
Risks associated with antipsychotics

- 100 people prescribed an antipsychotic
- 20 people will derive benefit
- 9 will experience a cerebrovascular adverse event (half will be severe)
- 10 will die

Reference
Differential Survival

Differences in the survival rates in the DART-AD trial

<table>
<thead>
<tr>
<th>Number of months</th>
<th>Survival rate on placebo</th>
<th>Survival rate on antipsychotic</th>
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<tbody>
<tr>
<td>24</td>
<td>71%</td>
<td>46%</td>
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<tr>
<td>36</td>
<td>59%</td>
<td>30%</td>
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<tr>
<td>42</td>
<td>53%</td>
<td>26%</td>
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Why and what do people die of

- Pneumonia
- Stroke
- Pulmonary embolism
- Sudden cardiac arrhythmias

Ballard et al 2010

Likely mediating factors

- Dehydration
- Chest infection
- Over sedation
- Q-T Prolongation
Alternatives - FITS Study:
Training and support intervention delivered to nursing home staff over 10 months, focusing on alternatives to drugs for management of agitated behaviour in dementia

Ref: Fossey et al. BMJ 2006
WHELD study

• Well-being and Health for People with Dementia (WHELD) combines the most effective elements of existing approaches to develop a comprehensive but practical staff training intervention.

• 16 care homes and 277 people with dementia took place in this factorial study to look at the most effective combination of psychosocial treatments to improve quality of life, reduce prescribing and reduce falls

Findings – key results

• Antipsychotic review significantly reduced antipsychotic use by 50%
• AR and social intervention significantly reduced mortality
• Benefits in mortality were achieved without a worsening of neuropsychiatric symptoms in people receiving AR and SI
Changing Philosophy of care – a shared vision from top down

• In order to develop a more psycho-social model, it was decided to;

• Develop a new philosophy incorporating the best of the organisation’s current philosophy based on the Eden Alternative but to also incorporate more recent research-based philosophies such as Nolan’s relationship-based care model together with Sheard’s work around incorporating emotional intelligence into care environments.

• Intense retraining of staff.
Organisational Values

• This work led to the development of our new values and new assessment and care plan system known as the ‘Golden Thread’.

Our staff are now well versed and understanding of our values;

• Safe – providing safe communities and services.
• Personal – providing individualised care & Support.
• Attentive – Nurturing individual needs.
• Relationship Centred.
• Kind – selfless, supportive care.
• Listening – everybody matters
• Enabling – Everyone to reach their full potential.
Designing New Environments.

• Just as important as truly person-centred care is having the right environments that nurture and enable people to feel safe and secure.

• The organisation has therefore rationalised its care homes, closing some and embarking on a thorough review and refurbishment of the remaining homes.

• Much of the work follows the design principles as described by the University of Stirling following their studies into dementia friendly environments.
Personalisation, relationship based care, emotional intelligence

The care plan known as the ‘Golden Thread’ is the living document that is designed to be responsive to individual needs and support person centred, relationship based care where everyone matters. This of course includes not only individual residents and their families but also our own staff.

Residents and their families are considered to be partners in care where needs, wishes and choices are integrated into the delivery of care.

The old task orientated care practices are now disappearing to be replaced by individual well-being centred at the heart of our care provision.
Building Care around the person – Integrating Care with other HCPs and Stakeholders

We recognise that we are unable to do all of this alone and as a result seek to build reliable, responsive and mutually respectful relationships with other services such as those offered by GP’s, outreach services, hospital based services and CMHT’s as well as those organisations that regulate and commission our services.

We are currently recognised as being one of a few organisations which CQC recognise as being in the upper quartile of services that they have inspected and we are proud that many of our services are now considered as ‘good’ with one being classed as ‘outstanding’, one of only two services classed as such in Kent.

However, there is still work to do and we are currently in conversation with several key stakeholders with regard to the future development of our services.
Developing a new support unit using the Newcastle model

Vocalisation: what did they say?
Feelings: how do they appear?
Behaviour: what do they do?

Life history
Personality
Cognitive
Mental health

Social
Medication
Physical

TRIGGER SITUATIONS
Moving from CB to Care, Comfort and Support for those living with dementia who are distressed

Challenging behaviour is not a term that sits comfortably with us and we are currently seeking to bring about a new service that will bring care, comfort and individualised support to those living with dementia who are distressed.

This new service will be designed to meet the individualised needs of those who are distressed by accommodating them in a specially designed and staffed unit which will offer greater opportunity to understand individuals and their behaviours. We hope to develop specialist facilities and techniques which we can use to de-escalate behaviours and really understand and deliver on the needs of individuals who are distressed.
Positive Risk Management

We need to recognise where risk assessment can have a negative effect on individuals ability to lead a fulfilling life. It had to come to the stage that individual opportunities for our residents to have a fulfilling and enjoyable life were lost in the endless, constant risk assessments that govern every area of each individuals lives which, according to the MCA, should be least restrictive.

Whilst we recognise that risk assessment is necessary to prevent harm to individuals, let us try to be positive with the process so that individuals are allowed to live their lives in a way that they choose for themselves whilst protecting them from harm and providing opportunities for the provision of meaningful activity and individual choice.
Need for Change in Services – needing the community to come into the home setting

As mentioned earlier in this presentation, we positively encourage families to be partners in care along with the individual themselves. However we are mindful of the importance of maintaining a community within and outside of our homes.

Several of our homes now have spaces where residents, their friends and families and indeed the public are encouraged to congregate and mix.

We encourage our homes to have open meetings with relatives and to encourage joint working ventures with other organisations such as schools and local businesses.
We at Avante believe that there are opportunities to build new services that recognise the individual needs of people living with dementia and which are responsive to those needs.

However, in order to come to fruition, there needs to be a quantum leap throughout all those organisations currently employed in the provision of services to recognise how those individuals lives could be so much better with the advent of more specialised and individualised services. Hopefully, the use of psychotropic medications will truly become the servant and not the master in care provision.
Any Questions

THANKYOU
References


Eden Alternative Values; available at http://www.edenalt.org
References