The use of psychotropic medicines for challenging behaviour in the learning disability population of Trafford

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About me / my role

- Started role in July 2015
- Full-time position
- Post part funded by Trafford CCG
- Specialist Mental Health Pharmacist
Trafford CCG Project - Background

- NHS England letter - ‘Call to action’ July 2015
- Evidence to suggest psychotropic medicines being used ‘inappropriately’ within this population
- Similar to reducing antipsychotic usage in dementia work
- Project proposal discussed at GMMMG
- Pilot study – start with 5 biggest practices

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Trafford LD Services - Context

- Provided by Cheshire & Wirral Partnership (CWP) NHS Foundation Trust
- Part-time Consultant; 5 sessions / week
- Caseload of approx. 100 patients
- Team consists of psychology, nursing, speech & language, therapy and admin staff

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Scope

- Trafford population ~ 225k
Scope

- Learning disability population ~ ??
Scope

• Prescribed psychotropic medicine(s) ~ ??
Scope

- Prescribed psychotropic medicine(s) for Challenging Behaviour ~ ??

These people!!
Aims

1. Identify those patients in the Learning Disability population who are prescribed psychotropic medicines for ‘Challenging Behaviour’.

2. Review the prescribing of the psychotropic medicines for these patients.

3. Make recommendations, where appropriate, about this prescribing.
Method

- Run a search in Emis – ‘learning disability’
- Work through patient list to identify prescribing of psychotropic medicines
- Complete in depth review for any patients prescribed psychotropic medicines AND have challenging behaviour
- Consultation notes / secondary care letters
- Make recommendations where appropriate
Results

- 5 GP practices visited to date
- Accessed records of 284 patients (initial LD search)
- Identified 147 patients on psychotropic medicines - just over half
- 36 had psychotropics prescribed for Challenging Behaviour – approx. 13%
## Results - Summary

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of patients with LD</th>
<th>Number of patients prescribed psychotropic medicine(s)</th>
<th>Number of patients with Challenging Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>162</td>
<td>83</td>
<td>20</td>
</tr>
<tr>
<td>Female</td>
<td>122</td>
<td>64</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>284</td>
<td>147</td>
<td>36</td>
</tr>
</tbody>
</table>
Results – Under whose care (n=36)?

- CWP (61%)
- GP (39%)
Results – Recommendations (I)

• Some examples…

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## Results – Recommendations (II)

<table>
<thead>
<tr>
<th>Type of Recommendation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action</td>
<td>20</td>
</tr>
<tr>
<td>Reduce / stop antipsychotic</td>
<td>19</td>
</tr>
<tr>
<td>Monitor for appropriateness</td>
<td>15</td>
</tr>
<tr>
<td>Review indication</td>
<td>7</td>
</tr>
<tr>
<td>Reduce / stop benzodiazepine</td>
<td>7</td>
</tr>
<tr>
<td>Reduce / stop antidepressant</td>
<td>5</td>
</tr>
<tr>
<td>Rationalise medicines</td>
<td>3</td>
</tr>
</tbody>
</table>
## Results – Recommendations (III)

<table>
<thead>
<tr>
<th>Type of Recommendation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health monitoring</td>
<td>3</td>
</tr>
<tr>
<td>Change medication</td>
<td>2</td>
</tr>
<tr>
<td>Reduce / stop anticholinergic</td>
<td>2</td>
</tr>
<tr>
<td>Reduce / stop antiepileptic</td>
<td>1</td>
</tr>
<tr>
<td>Determine medicines still being taken</td>
<td>1</td>
</tr>
<tr>
<td>Review frequency of antipsychotic</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>86</strong></td>
</tr>
</tbody>
</table>
Discussion

• 36 in-depth reviews → 86 recommendations
• Need for collaboration
• One incidence of HDAT found
• The ‘So What?’ question
• Limitations
  o Reviews only as good as info within Emis
  o Time
Questions?!?

"Harris, when I said 'any questions' I was using only a figure of speech."