



ANTIPSYCHOTICS IN
DEMENTIA

PRACTICE REVIEW GUIDE



bpac nz
better medicine

Use of antipsychotic drugs in residential care facilities – Practice review and educational programme

Bpac^{nz} has been contracted by PHARMAC to facilitate an educational programme and practice review of the prescribing of antipsychotic drugs in residential care facilities. The prime focus is to provide education on the rational assessment and treatment of Behavioural and Psychological Symptoms of Dementia (BPSD), and to clarify the very limited and specific place of drug therapy for these symptoms. Antipsychotic drugs are also used for a number of other conditions in older people in residential care, and our recommendations regarding the safe use of these drugs are applicable to their use for any indication.

The components of this programme are:

- Best Practice Guide – “Antipsychotics in Dementia”
- Practice Review Tools
 - Review Guide
 - Review data collection forms
 - On-line data entry option
 - Access to collated data
- Information leaflet for patients and carers (available from the website)
- Dedicated web site providing resources and practice review data entry facility.

Practice Review Tools

Why is the practice review necessary?

This practice review is intended to assist all those involved in the care of people with dementia to review the overall treatment of this group, with a focus on the use of antipsychotics. National and international literature has identified some major adverse effects associated with the use of these medicines. There are also misunderstandings about their value and specific place in therapy. Conducting the practice review will encourage and stimulate discussion about the treatment of people with dementia, and will provide the opportunity to identify areas where simple enhancements might contribute to optimal patient care. The tool is designed to review the process and procedures in your facility rather than the practice or prescribing of an individual. Interdisciplinary participation is encouraged and the process of organising and executing the review should serve to educate and increase knowledge in this context.

When you have completed the initial review you will be able to view the collated results, look at overall trends

and compare your practices with the recommendations in the Best Practice Guide.

Subsequent practice reviews over the next year will give an indication of how practice might have changed both in your facility and nationally.

How to perform this practice review

Practice Review Process Outline

- Select people who are prescribed an antipsychotic drug. Try and include all people who are taking antipsychotic medicines in the review. Give priority to those who have a diagnosis of dementia especially if you have a lot of people taking these medicines.

Your information will be useful even if you have just one or two people taking antipsychotics irrespective of the diagnosis or indication.

- Complete a data collection form for each patient
- Collect all the forms together
- On the web site, enter the information from each form (patient).
- The electronic database will collate and summarise the information.
- The summaries can be viewed and compared with cumulative national and regional data.
- Repeat practice review at 6 month intervals.

Procedure

This is a practice review of any patient who is prescribed an antipsychotic drug. We are primarily interested in reviewing patients with a diagnosis of dementia but you can include patients with other diagnoses if you wish.

- Decide how many patients prescribed an antipsychotic that you wish to review.
- Decide who, how and when.

Who

These decisions might be best addressed in a multidisciplinary meeting of nurses, carers, doctors, pharmacists and other persons involved in residential care. It is strongly recommended that a multidisciplinary approach is taken to the programme as a whole.

How

Complete data collection forms for the selected patients who are prescribed an antipsychotic. The responsibility to complete the forms can be assigned to one person or several workers involved in care. To complete the data collection you will need access to patient notes and drug charts.

Please note that the patients name or identifying number is for your use only (e.g. to keep track of the patients you review or prevent duplication) and is not required for on-line data entry.

For help in answering the review questions please refer to the “notes on review questions” overleaf. These help notes are also provided on-line when you upload the data.

1. Collect all the forms together in preparation for on-line data entry.
2. Log in to the supporting web site www.bpac.org.nz/a4d and select upload review data. The first time that you log in to the site please complete the demographic data which records a few general details about your review. You can update this at a later date.

Log in details for www.bpac.org.nz/a4d

user ID:

Password:

3. To enter data for a new patient select “new patient ID”. A number will be generated which is unique for this patient. You can record this number on the hard copy form to keep track of the patients you review. If you record the patient ID you will be able to leave your data entry and come back to (e.g. if interrupted) or amend it at a later date.
4. Transfer the data from the forms to the database on the web site. For each form (patient) a new entry on the database is required. Follow the instructions on the web site and use the help functions with each question if required. When data entry is complete click on the “Submit/Update button.”

Note

If you prefer, you can enter the data directly from the notes without completing the data collection form. However, you may find it easier from an organisational perspective to use the hard copy forms. In addition, the forms can be kept as a record and put in the patient's notes. It will also be possible to make direct comparisons if you review the same patient again at a later date.

If you have problems with on-line data entry, or do not have an internet connection, please contact [bpac^{nz}](mailto:bpacnz) for options and advice.

When

Preferably the review should be conducted on a single day but if this is not practical take two or three days, but certainly no longer than five. During this time collect the residents' information on a hard copy practice review form. On the hard copy form please ensure that you record the date and the person's name or medical record number.

Time lines - initial and repeat practice reviews

To assist us in providing timely feedback on the collated responses, please complete your initial practice review by 1st December 2008. We suggest that you repeat this in June and December 2009. Further details will be provided as the programme progresses. Updates and changes will be published on the website.

Support

If you need assistance with the review process or on-line data entry please refer to the Contact Page on the web site or email davidw@bpac.org.nz or telephone **03 477 5418** and ask for David Woods or Gordon Smith.

For information on how to view your collated data and make comparisons with national data please check the web site for details or contact [bpac^{nz}](mailto:bpacnz) for assistance.

Web Site

The supporting web site has a number of features in addition to the practice review. These include a resource exchange which allows you to share and download documents of interest, a help menu and question and answer facility. You can also download further copies of the Best Practice Guide, supporting documents and data collection forms. See:

www.bpac.org.nz/a4d

Notes on review questions

These notes can also be viewed on-line by clicking the “show help” button at the start of each question.

1. What is the antipsychotic drug prescribed for?

Choose the first option if the person has a diagnosis of dementia and the antipsychotic is being used to control associated symptoms, even if these are not clearly defined. With this question you can select more than one option, for example, select options 1 and 4 if the person has BPSD and the drug is being used for night sedation.

2. Has the patient been prescribed an antipsychotic for longer than 3 months?

It is important to ascertain how long patients have been taking an antipsychotic. Check back in the patient’s notes and find out when the antipsychotic was first prescribed. If the dose was changed, or a switch made to another antipsychotic without a break of more than 5 days, please class antipsychotic use as continuous.

3. Which antipsychotic(s) is prescribed?

Record the antipsychotic(s) currently prescribed on the day of the review. You can select more than one drug.

If risperidone, olanzapine or haloperidol is selected please answer the supplementary question about the dose which will appear.

4. Current dose charted (record dosing regimen on the day of the review).

Please record the dosing regimen on the day of the review.

5. Is there documented evidence in the notes that specific target behaviors were identified before prescribing an antipsychotic?

Refer to the person’s notes to see if a specific target behaviour or reason was identified before the antipsychotic was prescribed. If the information is not clear or there is some doubt please select “not known”.

6. Is there evidence recorded in the notes that target behaviours are responding to antipsychotics?

Refer to the person’s notes to see if it is mentioned that the target behaviour(s) are responding to treatment with an antipsychotic. If the information is not clear or there is some doubt please select “not known”.

7. Is it mentioned in the notes to monitor for adverse effects?

Only select yes for this question if it is clearly documented to look out for adverse effects (e.g. constipation, sedation, hypotension, extrapyramidal effects) at the time the antipsychotic was first prescribed. If there is no mention select “no”. If the information is not clear or there is some doubt please select “not known”.

8. Has withdrawal, or dose reduction (as the start of withdrawal), of the antipsychotic been attempted within last 3 - 6 months?

Only select “yes” if this information is clearly documented in the person’s notes. If the information is not clear or there is some doubt please select “not known”.

Select “not applicable” if you consider that withdrawal would be inappropriate as the person has a long term major psychiatric illness such as schizophrenia.

9. Is there documented evidence of regular review (e.g. every three months) of on-going need for the antipsychotic?

If the information is not clear or there is some doubt please select “not known”.

Select “not applicable” if you consider that such frequent review would not be practical as the person has a long term major psychiatric illness such as schizophrenia.

10. Is the person taking any of the following drug classes?

Check the box(es) beside any drugs the person is taking.

Benzodiazepine includes diazepam, lorazepam and clonazepam.

Antidepressants include amitriptyline, doxepin, dothiepin, nortriptyline, citalopram, paroxetine and fluoxetine.

Opioids include Paradex, codeine, oxycodone and morphine.

Cholinesterase inhibitors include rivastigmine, galantamine and donepezil.

www.bpac.org.nz/a4d