Audit for psychotropic medication prescribing in EMI nursing homes in Monmouthshire Wales

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INTRODUCTION

There is increasing concern over the excessive use of psychotropic medication in nursing homes. 21% of residents in nursing homes received a recent prescription of antipsychotics in England and Wales (Shah et al 2011), and 40% of prescriptions for residents in nursing homes may be inappropriate (Gallager, 2007). Dementia is common in nursing home residents. Many of these patients experience behavioural or psychological disturbance (BPSD) at some point (Margallo-Lana et al 2001). Various psychotropic drugs including antipsychotics are commonly used in patients with dementia and BPSD, despite weak evidence of efficacy. Anxiolytic/hypnotic use in nursing homes is also a major concern worldwide with potential side effects, such as increased risk of falls (Westbury et al 2010). NICE/SCIE guidelines have been published to improve the quality of psychotropic medication prescribing but the quality of drug prescribing and monitoring in nursing homes remains poor (Banerjee 2009).

AIM

To ascertain whether psychotropic medication prescribing in EMI nursing homes is in keeping with NICE/SCIE guidelines.

AUDIT STANDARDS

Antipsychotics:
1) Non-pharmacological interventions should be offered as first line in all cases;
2) If used, then there should be a documented reason for prescribing psychotropic medication;
3) The risks should be discussed with the person and/or carers and clearly documented;
4) The dose should be low and then titrated upwards if needed; 5) This should be time limited and reviewed every 3 months.

Antidementia drugs:
1) Only specialists should initiate treatment;
2) Patients should be reviewed six monthly in all cases;
3) Treatment should be reviewed by the specialist team.

Benzodiazepines:
1) All prescribing should have a clear end date or be part of a gradually reducing regime;
2) Only one benzodiazepine should be prescribed at a time;
3) Dose should be below 30mg Diazepam equivalent;
4) If standards not met, there should be documentation giving clinical reason why.

RESULTs

Four EMI nursing homes in Monmouthshire visited and all patients on psychotropic medication included. Clinical notes in CMHT and nursing home care records reviewed. Nursing home staff also interviewed.

Antipsychotics for BPSD - 31 residents on antipsychotics had documented evidence of BPSD (57% with severe versus 43% with mild to moderate). The most commonly prescribed was risperidone - 52%. The majority of these residents were on antipsychotics for over 3 months - 82%. Only 41% of these were reviewed in the last three months. 83% were started on a low dose and 53% were titrated upwards gradually.

Anxiolytic/hypnotic prescribing - 32% (44/139) were on benzodiazepines. When Z’ drugs were included, the figure increased to 45% (62/139). 56% were on one benzodiazepine, 41% were on two and 3% on three benzodiazepines concurrently. The most commonly prescribed benzodiazepines were lorazepam, then diazepam and temazepam.

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METHODOLOGY

Four EMI nursing homes in Monmouthshire visited and all patients on psychotropic medication included. Clinical notes in CMHT and nursing home care records reviewed. Nursing home staff also interviewed.

RECOMMENDATIONS

- Regular medication reviews should be undertaken. Clearer monitoring agreements between primary and secondary care need to be developed.
- Better adherence to prescribing and monitoring standards should be achieved.
- Staff at nursing homes need to be aware that monitoring should be in place and documented.
- A person-centred record of psychotropic prescribing and monitoring focusing on side effects should be developed.
- A more standardized model of inreach services should be developed.
- A reaudit should be carried out after a year.