The use of antipsychotics in people with dementia

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National Clinical Director for Dementia
What is the difference between dementia and Alzheimer’s disease?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Liver</th>
<th>Heart</th>
<th>Brain</th>
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<tbody>
<tr>
<td>Jaundice</td>
<td>Breathless</td>
<td>Memory loss</td>
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<tr>
<td>Liver failure</td>
<td>Heart failure</td>
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<tr>
<td>Hepatitis</td>
<td>Atherosclerosis</td>
<td>Alzheimer’s disease</td>
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Dementia
Dementia

Symptoms
Cognition – memory loss (and orientation and language)
Daily Activities – instrumental/basic (independence)
Behavioural/psychological/psychiatric symptoms
  (BPSD) - can be variable in the course of the illness

Cause
Alzheimer’s disease – 60%
Vascular disease – 25%
Lewy Body disease, frontal lobe dementia – 10%
Reversible causes – 5%
Emotional changes
Neuropsychiatric features
Non Cognitive symptoms
Behavioural and psychological symptoms (BPSD)

Behavioural disturbances
- Agitation
- Aggression
- Wandering
- Sleep disturbances
- Inappropriate eating behaviour
- Inappropriate sexual behaviour

Psychiatric symptoms
- Depression
- Anxiety
- Delusions
- Hallucinations
- Paranoid ideas
- Reduplications
- Misidentifications

Psychosis
Emotional Changes
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Non Cognitive symptoms
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## Drug Treatments for Alzheimer’s disease

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<th>Treatment</th>
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<tr>
<td>Cognition</td>
<td>Anti-Alzheimer drugs</td>
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</tr>
<tr>
<td>Behavioural and Psychological</td>
<td>Anti-depressants</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Anti-convulsants</td>
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<td></td>
<td>Sedatives</td>
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<td></td>
<td>Anti-psychotics</td>
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- Donepezil
- Galantamine
- Rivastigmine
- Memantine

All dementias
Antipsychotics/Neuroleptics for Dementia

Typical antipsychotics  
(First generation)  
Chlorpromazine  
Haloperidol  
Stelezine  
Promazine  
Thioridazine

Atypical antipsychotics  
(Second generation)  
Risperidone  
Olanzapine  
Quetiapine  
Aripiprazole  
(Clozapine)

Side effects: greater in older people - cardiac, Parkinsonian side effects
Not licensed for the treatment of agitation (except risperidone)
20-30% of people in nursing homes with dementia are on an antipsychotic
NHS survey 2007/8: 5.3% of people over 65 are prescribed an antipsychotic
Antipsychotics in dementia

The 1980s and early 1990s
promazine/thioridazine/haloperidol used

1990s and early 2000s
switch to newer drugs – cardiac safety concerns

2002 Canadian Healthcare system (risperidone)
2003 Food and Drug Administration (FDA) (risperidone)
2004 European Medicines Agency (olanzapine)
2004 Medicines and Healthcare Products Regulatory Agency (MHRA) UK (risperidone and olanzapine)
2005 FDA (aripiprazole)
2005 FDA 1.7 times increase in mortality for all

Special caution in Lewy body dementia
Alternative Treatments for BPSD

ABC assessment
    antecedents, behaviours, consequences
Physical assessment, in particular pain
Mental state assessment, in particular depression

Person centred care
Aromatherapy
Bright light therapy
Other therapies: eg doll therapy, pets
Dementia training should be mandatory

Care homes must receive effective support

Mental Capacity Act training

Protocols must be introduced

There should be compulsory regulation and audit

Always a last resort

Inquiry into the prescription of antipsychotic drugs to people with dementia living in care homes
180,000 people with dementia prescribed antipsychotics
36,000 will derive some benefit
1800 additional deaths
1620 additional CVAs
Perhaps 2/3 of prescriptions are unnecessary, if appropriate support available
High level of prescribing outweighs benefits
Early diagnosis and intervention in primary care

Dementia in the General Hospital

Dementia in Care homes

Reduction of antipsychotics

Support for carers
Use of antipsychotics in dementia

Use of the drugs is still an integral part of clinical practice.

Changing their use is a complex challenge.

Two thirds reduction of their use is a challenge but should not be seen in isolation - raising the standards of care for people with dementia is the key.
Research evidence

High “placebo” response in clinical trials – 30%
Reviewing the drugs can be effective
Support for carers can reduce need for antipsychotics
Neuroleptics can reduce agitation/psychosis
  all the drugs are much the same
Anti-Alzheimer drugs probably work
  especially in Lewy body disease
Alternative/psychosocial/novel approaches work
  yes, mostly
What have we achieved?

Anti psychotic stakeholder group
multi-disciplinary
informs our key actions
South West SHA/Alzheimer’s Society initiative
National audit

Phase 1: rerun of practices in Time for Action
Phase 2: extend to 1100 practices March 2011
Phase 3: extend to 6000 practices March 2012
What practical alternatives are we providing?

Improving Access to psychological treatments
Activities toolkit for care homes
Education project with Alzheimer’s Society
Multi-disciplinary care pathway
Commissioning pack for dementia
Compendium of good practice
Design Council
How will we measure success?

- National/local audits
- Not one simple metric
- Cluster of local, regional and national information
- Local examples of good practice
- Proxy measures of improvement
- Uptake of other services
- Perceptions
Summary of actions (1)

Awareness and publicity

Medical Directors meetings
Publications (eg GP news, PULSE)
Compendium of good practice
Publications on research evidence
Dementia Declaration

Information and education

National and local audits
Development of a pathway to manage agitation
Raising skills
Good Practice Compendium: examples of good practice

Anti-psychotic medication reviews in care homes – Kirklees

STAR toolkit, Cornwall. Reducing medication in care homes

Medicines management and improving anti-psychotic prescribing in Hampshire

Experience from individual testimonials
Summary of actions (2)

Governance

- Outcomes Framework/ Operating Framework
- Commissioning pack
- NICE dementia standards
- National Quality Board
- NHS Quality, Innovation, Productivity, Prevention (QIPP)
- Care Quality Commission
Summary of actions (3)

Individual practice

College Centre for Quality Improvement (CCQI)
Prescribing Observatory for Mental Health (POMH)
Working with pharmacists

Levers

Mental Capacity Act
GMC
Defence Unions
Ethics
MHRA
Summary

A complex challenge requiring a multi-layered approach – balance between careful planned reduction and avoiding harm

The spotlight is on the issue more than at any time in the past – specific responsibility for the NCD

Presents an opportunity to improve the quality of life for people with dementia – both for people in care homes but also in their own homes
The use of antipsychotics in people with dementia