Quality Use of Medicine Report

Antipsychotics for behavioural and psychological symptoms of dementia

Facility(s):

Sunshine Gardens Nursing Home (SG)

Pharmacy: Webstercare Pharmacy

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IMPORTANT NOTICE

Why measure and review resident antipsychotic usage?

While there is a role for the use of psychotropic medicines (antipsychotics, hypnotics, anxiolytics and antidepressants) in Residential Aged Care Facilities (RACF) there is evidence to suggest that there are instances where they are being used too often, for too long, at doses higher than recommended or in potentially dangerous combinations with other medicines. However, usage[1,2] rates for these medicines vary considerably between studies.[2,3]

Antipsychotics are a type of psychotropic medicine which can be used to manage behavioural and psychological symptoms of dementia. Antipsychotics have modest efficacy for treating such symptoms, but also have a range of potential adverse effects and are associated with an increased risk of death (primarily cardiovascular events and pneumonia) compared with placebo.[4-7]

Antipsychotics should be used with deliberate caution and only when the benefits outweigh the risk of harm; their use also requires careful monitoring. Behavioural and psychological symptoms of dementia are often transient, meaning the ongoing need for antipsychotics should be reviewed regularly (such as 3 monthly). When possible, attempts should be made to gradually withdraw the medicine.[4,7,8]

What information has been used to build this report?

This report has been developed by NPS Medicinewise and Webstercare to support staff in your facility to monitor your current use of antipsychotic medicines.
This report uses your facility's medicine data held by your Pharmacy Service Provider. If your RACF uses multiple Pharmacy Service Providers the report will not be aggregated across multiple pharmacies. This is why you may notice that the total number of residents does not represent your entire facility.

As the data can't determine the indication, the report shows residents using antipsychotics for all conditions. While all residents using antipsychotics need regular review, the information in this report is primarily to assist you to review antipsychotics used for behavioural and psychological symptoms of dementia. Indications need to be checked from the care plans or resident notes if you do not know why a resident is using an antipsychotic.

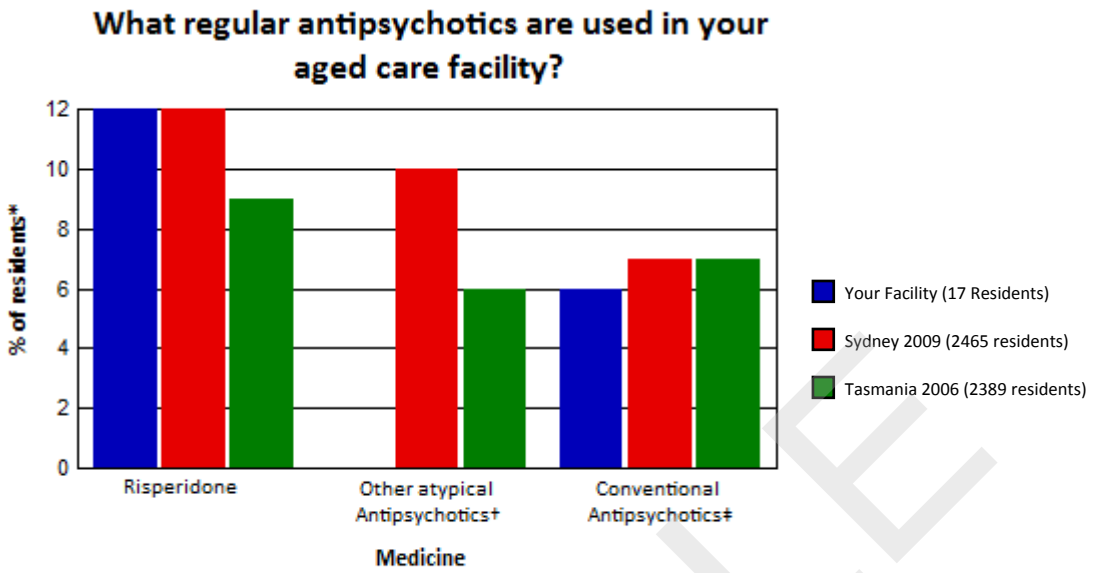
How do I use this report?

You can use this report in conjunction with your own medicine services to ensure appropriate antipsychotic use in your facility. This can include your pharmacist providing QUM (Quality Use of Medicine) services and your accredited pharmacist undertaking Residential Medication Management Reviews (RMMR).

Reviewing and actioning these reports may assist your RACF to meet expected outcomes of the Accreditation Standards for Residential Aged Care related to continuous improvement, medication management and behavioural management (standards 2.1, 2.7 and 2.13).
Your Medication Advisory Committee (MAC) is a useful forum to discuss this report.[9]

Antipsychotic use at your residential aged care facility

Graph 1



* Some residents may be using more than one antipsychotic medicine.

† Other atypical antipsychotics include amisulpride, aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine, sertindole, ziprasidone.

‡ Conventional antipsychotics include chlorpromazine, droperidol, flupenthixol, fluphenazine, haloperidol, pericyazine, trifluoperazine and zuclopenthixol.

Interpreting Graph 1

Graph 1 shows your RACF antipsychotic use compared with two other drug surveys from the literature.[2,10] The drug surveys were from a sample of RACFs in Sydney (44 RACFs)[10] and Tasmania (40 RACFs)[2] and do not indicate best practice or a particular target or benchmark. Rather they are an average of the percentage of residents receiving antipsychotics (for all conditions) in each group and are provided as a comparison.

Please note the limitations of this data. The data from the studies includes residents using 'as required' (or PRN) medicines regularly, but it was not possible to include this in your data. Your electronic data in this graph does not show residents prescribed 'as required' medicines as it cannot be determined how frequently these medicines are administered. However, a list of residents prescribed 'as required' antipsychotics is in this report to facilitate review of dosing frequency.

Antipsychotics are only recommended for behavioural and psychological symptoms of dementia if aggression or psychotic symptoms are causing severe distress or an immediate risk of harm.[4,8] If an antipsychotic is trialled, risperidone has the most evidence in managing behavioural and psychological symptoms of dementia and is PBS listed for this indication.[11,12] Olanzapine is an alternative but is not currently TGA approved nor PBS listed for this indication.

What do my results mean?

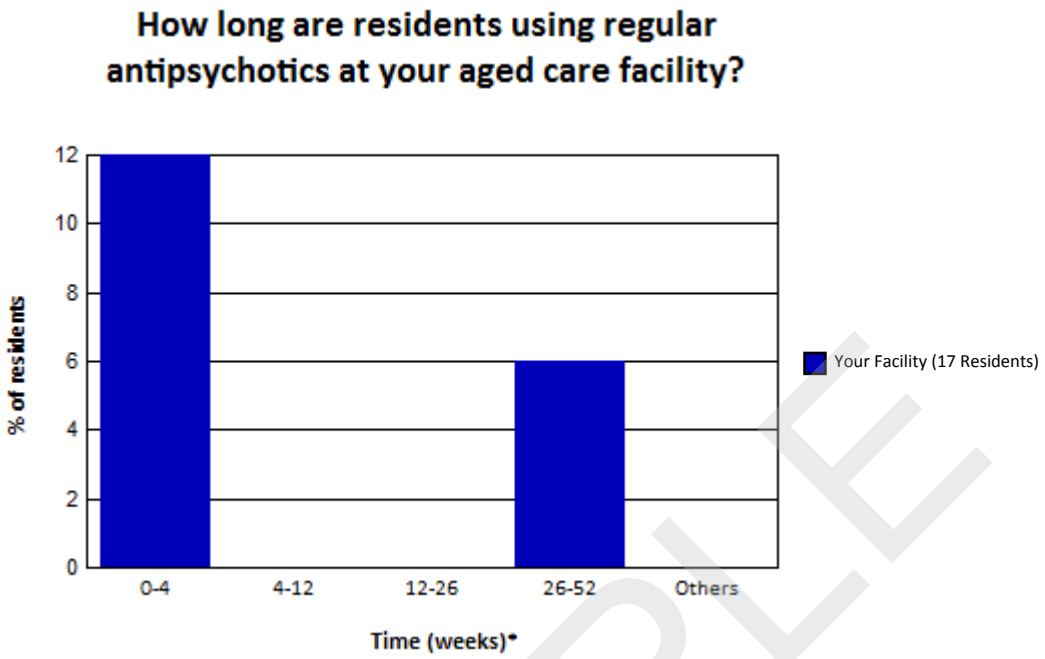
There may be multiple reasons for your individual facility results. Some possible (but not exhaustive) reasons to get you thinking about your results are listed below.

Our usage appears high.....	Our usage appears low.....
Possible reasons for higher usage results may be:	Possible reasons for lower usage results may be:
Specialised facility catering for high numbers of residents with behavioural and psychological symptoms of dementia. Higher numbers of residents with mental health issues that require ongoing treatment (such as schizophrenia). Antipsychotics may be started for behavioural and psychological symptoms of dementia without adequate review/follow up. Some antipsychotics may be used for end-of-life care, high numbers of residents requiring palliative care may alter the results.	Very few residents with dementia or mental illness. Careful and appropriate use of antipsychotics with regular review. Residents who self administer medicines may not be included in the report, check with your supply pharmacy. Higher numbers of residents prescribed antipsychotics 'as required' as these residents are not included in the graph. Use the PRN resident list in this report to review how frequently residents are being administered PRN medicines.

Your Comments:

Duration of antipsychotic use at your residential aged care facility

Graph 2



*If a temporary cessation of a medicine occurred for one week or less, the duration of medicine use is considered from the point the medicine was originally started.

Interpreting Graph 2

Graph 2 shows the length of time residents have been using regular antipsychotics at your RACF (for all conditions). Residents may have been using an antipsychotic for longer than this graph indicates if they were using the medicine before admission, or have been recently re-admitted e.g. returned from hospital stay.

A trial discontinuation of antipsychotic treatment is indicated for most residents with behavioural and psychological symptoms of dementia when stable. Symptoms can fluctuate significantly or resolve completely within 12 weeks, as reflected in the high placebo response rates in clinical trials. Studies report that most patients taken off antipsychotic treatment (for behavioural and psychological symptoms) do not show a worsening of behaviour. [13,14]

For those residents prescribed an antipsychotic for behavioural and psychological symptoms of dementia review should occur after no more than 12 weeks and the dose reduced and stopped if possible, especially if there is no observable improvement. [8]

What do my results mean?

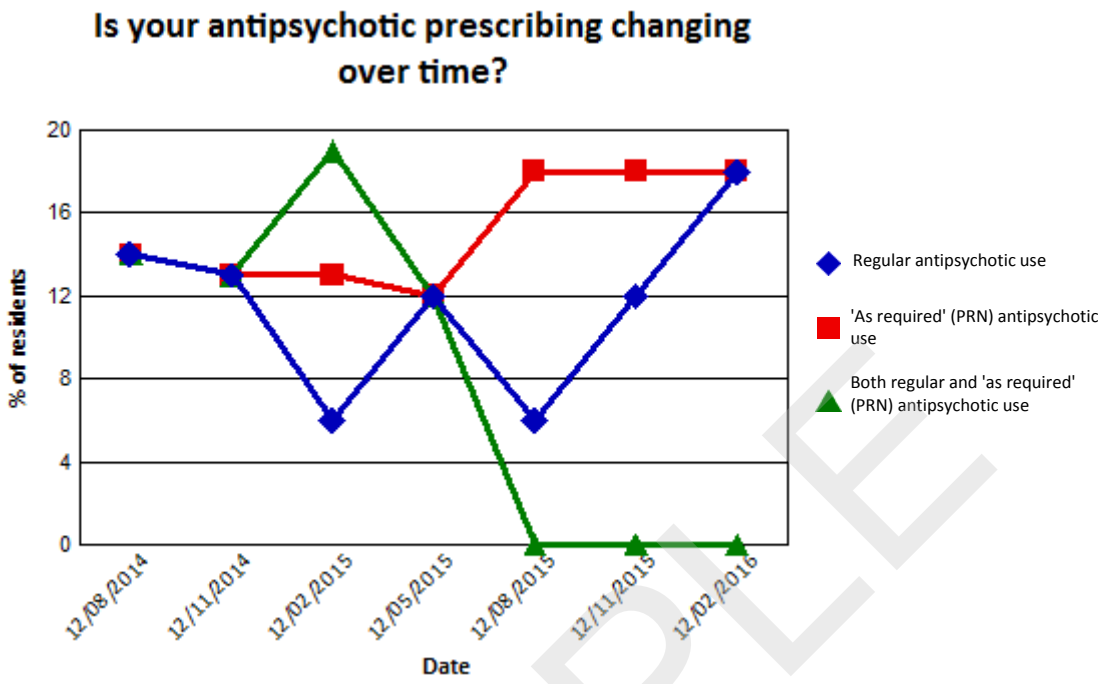
There may be multiple reasons for your individual facility results. Some possible (but not exhaustive) reasons to get you thinking about your results are listed below.

Short term use.....	Long term use.....
Possible reasons for short-term use include:	Possible reasons for long-term use include:
Antipsychotics are used cautiously for behavioural and psychological symptoms of dementia and residents are regularly reviewed to determine the ongoing need for these medicines. Residents may be recently admitted to the RACF. Ensure reason for antipsychotic use is known if started before admission.	Specialised facility catering for residents with mental health issues that require ongoing treatment (e.g. schizophrenia). Antipsychotics may be prescribed for behavioural and psychological symptoms of dementia without adequate review/follow up. Prescriber has undertaken recent review and decided the benefits of the medicine use currently outweigh risk of potential harm. Withdrawal was trialled but medicine was re-started within a week.

Your Comments:

Tracking your results and changes over time

Graph 3



Interpreting Graph 3

Graph 3 shows how your total antipsychotic use is changing over time. Generally the population of a RACF will not be static and you should expect to see some variation in the percentage of residents using antipsychotics. This graph will assist you to identify trends where usage changes may not be due to normal resident turnover. Trends should be investigated to see if changes in policy or procedures are required and to ensure antipsychotics continue to be used cautiously.

This graph also shows residents prescribed 'as required' (PRN) antipsychotic medicine, however it is not an indication of how frequently they are being administered. You can use the 'PRN' resident list in this report and individual resident's charts to determine the frequency of dosing. If a resident is having regular, or increasingly frequent PRN doses, this could suggest their condition is unstable and their plan of care may require review.

This graph can help you monitor the effects of education or activities that your facility implements to improve management of behavioural and psychological symptoms of dementia. Quality use of medicines involves using medicines safely and effectively to get the best possible result for each individual.

What do my results mean?

There may be multiple reasons for your individual facility results. Some possible (but not exhaustive) reasons to get you thinking about your results are listed below.

Our results are changing.....

Possible reasons your results may be changing include:

A change in care levels across the facility (e.g. increasing or decreasing numbers of high-care residents with dementia and distressing behavioural symptoms).
A change in prescribers at your RACF, for example a new GP, psycho-geriatrician or nurse practitioner.
Changes in the number of residents with mental illness who require ongoing treatment (e.g. schizophrenia).
A new policy or procedure was implemented e.g. a change to the policy regarding use of 'as required' (PRN) medicine.
Facility staff recently undertook or would benefit from education about optimising non-drug strategies for management of behavioural and psychological symptoms of dementia. A recent pharmacist conducted QUM service may have focused on management of behavioural and psychological symptoms of dementia.
Changes to the Residential Medication Management Reviews (RMMR) process that occurs at your RACF.

Your Comments:

How do I use these resident lists?

The following lists provide details of all residents using antipsychotic medicines at your RACF. While all residents using antipsychotics require ongoing review, these lists are designed to assist review of residents using antipsychotics for behavioural and psychological symptoms of dementia. Some information that is needed to assist review is not available electronically and you will need to collect and fill this in from the resident's medicine chart, care plan and/or notes. NPS MedicineWise has developed an 'Antipsychotic action plan' which will assist you to identify residents who would benefit from a review of treatment. This can be downloaded from www.agedcare.nps.org.au/qum-reports. The plan provides action points that facility nursing staff should undertake to assist the prescriber to review treatment.

Residents may require a review of treatment if:

they are using more than one antipsychotic medicine.
the indication or specific target behaviour of antipsychotic treatment is unclear.
there is no documented review of the use of an antipsychotic in the last three months.
ongoing observation indicates treatment is ineffective after a trial period.
an 'as required' antipsychotic order that is incomplete or unclear.
they are requiring 'as required' antipsychotics regularly or the frequency of administration is increasing. This could suggest the resident's condition is unstable.

How do I request a review?

If your resident lists and information gathering identifies residents that require review there are several ways to initiate this. You should choose the option that fits in best with your RACF's current systems and processes. Some possible (but not exhaustive options) include:

One to one contact with the prescriber. You may choose to speak directly to the prescriber or may want to use a tool to assist you to make contact. NPS MedicineWise has developed an 'Antipsychotic review checklist' (www.agedcare.nps.org.au/qum-reports) which may facilitate the review process.
Residential Medication Management Reviews (RMMR). A GP can request an accredited pharmacist conduct a comprehensive review of a resident's medicines. If you feel a resident may benefit from a RMMR you can discuss this option with the GP. Depending on the systems at your facility, you may be able to talk to your accredited pharmacist. They may work in collaboration with the GP to identify residents who would benefit from this service.
A Multidisciplinary Case Conference*. A case conference can be initiated by the GP or RACF and should include the prescriber and at least two other health or community care providers involved in the resident's care e.g. diversional therapist.
Dementia Behaviour Management Advisory Service (DBMAS) assessment. DBMAS clinicians include registered nurses, clinical psychologists and social workers. DBMAS can provide assessments, assistance with case management and care planning. See *'where do we go for more information'* later in this report for contact details.

*There are six case conferencing items based on the duration of the service and on whether the GP is organising and coordinating or participating in the case conference. Item numbers include: 735, 739, 743, 747, 750 and 758. For details of requirements for each item number see the Medicare Benefits Schedule (MBS) at http://www.mbsonline.gov.au

Resident List

Sunshine Gardens Nursing Home (SG)

Residents using regular antipsychotics

Enter from care plan, notes or chart

Current antipsychotic(s)*	Dose	Duration †	Indication	Last review date
Beryl JONES				
Haloperidol 0.5mg tablet *First Prescribed: 28/02/2015*	0.5 at 1600	349 days		
Allan BARKER				
Risperidone 0.5mg tablet *First Prescribed: 15/01/2016*	1 2x daily	28 days	dementia/agitation	
Gwen WALKER				
Risperidone 0.5mg tablet *First Prescribed: 6/02/2016*	1 bedtime	6 days	Agitation	

*If a change was made to a resident's medicine on the 'date of report' this list will show all antipsychotic medicines that were active on the 'date of report' including those that may have been ceased.

† If a temporary break in therapy was for 1 week or less, the duration of medicine use is considered from the point the medicine was originally started. Residents may have been using medicines for longer than the duration stated if they were using the medicine before admission to the facility or have recently been re-admitted.

Resident List

Sunshine Gardens Nursing Home (SG)

Residents prescribed PRN antipsychotics

Enter from care plan, notes or chart

Antipsychotic(s)*	Dose	Indication	A	B	C
Mary HARRISON					
Risperidone 0.5mg tablet *First Prescribed: 21/06/2011*	1 teatime prn	Agitation			
Dorothy O'SULLIVAN					
Risperidone 0.5mg tablet *First Prescribed: 2/09/2013*	1 prn	Extreme Agitation			
Roger WYKES					
Risperidone 0.5mg tablet *First Prescribed: 4/12/2014*	1 daily prn	Aggression			

A = Number of doses given in last 4 weeks. Regular use is defined as being administered 4 or more days per week over the four week period. [2]

B = Has the number of doses per week increased over this time? Yes/No

C = Last review date

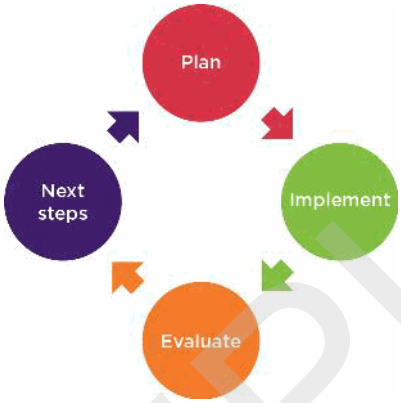
* If a change was made to a resident's medicine on the 'date of report' this list will show all antipsychotic medicines that were active on

Our antipsychotic use is appropriate … isn't it?

You may decide that your RACF needs to undertake a more extensive review of antipsychotic use for behavioural and psychological symptoms of dementia. NPS MedicineWise has created a Drug Use Evaluation (DUE) kit which will help you assess your facility's use of antipsychotic medicines for behavioural and psychological symptoms of dementia. This DUE will help you make decisions that are right for your facility and residents. The free tool kit can be found at

www.nps.org.au/DUE . Your pharmacist contracted to provide quality use of medicines (QUM) services can assist you to conduct this DUE as part of this service.

What can our RACF do to improve or maintain our results?



There are many options to improve your facility's use of antipsychotics for behavioural and psychological symptoms of dementia. The first step is to make a plan of what you want to achieve and how you will go about it. Options to improve or maintain current results include:

Education for aged care staff on best practice management of behavioural and psychological symptoms of dementia. Ask your pharmacist contracted to provide QUM services for more information.
Incorporate behaviour mapping into standard care protocols. NPS MedicineWise has a 'Dementia Problem Identification chart' as an example (appendix 4, DUE kit).
Use the resident lists in this report to prioritise residents for review. The NPS MedicineWise 'Antipsychotic action plan' and 'Antipsychotic review checklist' may assist to facilitate resident review (www.agedcare.nps.org.au/qum-reports).

Once you have implemented the planned changes you need to evaluate the degree of improvement. Use Graph 3 to track your progress, ongoing measurement of your performance is necessary to demonstrate continuous quality improvement.
For more information on continuous improvement in aged care see the Aged Care Standards and Accreditation Agency Ltd self directed learning package at

www.accreditation.org.au/education/continuous-improvement

Where do we go for more information?

More information about managing behavioural and psychological symptoms of dementia is available through the following:

Dementia Behaviour Management Advisory Service (DBMAS).
Funded by the Australian Government, this service provides advice on managing behavioural and psychological symptoms of dementia to health professionals and those who care for persons with dementia. DBMAS can assist with mentoring and modelling of behavioural management techniques.

24 hour helpline 1800 699 799

http://dbmas.org.au

Department of Health and Ageing decision-making tool: Supporting a restraint free environment in Residential Aged Care.
Toolkit to assist staff and management working in both residential and community aged care settings to make informed decisions in relation to the use or non use of restraint, in responding to behaviours of concern.

http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-decision-restraint-residential.htm

Alzheimer's Australia Quality Dementia Care Series.
Information on caring for people in aged care facilities with dementia.

www.fightdementia.org.au/research/publications/quality-dementia-care-papers.aspx

Dementia Training Study Centres (DTSCs).
e-learning modules developed by a team of experts in the field of caring for people with dementia. These are designed to provide health professionals from all disciplines with an understanding of dementia and the needs of people with dementia and their family or carers.

http://dtsc.com.au/dementia-training-study-centres/elearning/the-dementia-training-study-centres-e-learning-modules/

The TECH approach to Dementia Care.
A resource kit for caring with people with challenging behaviours in residential aged care, published by the Centre for Education and Research on Ageing.

www.cera.usyd.edu.au/manuals_tech.html

Appendix One

Antipsychotics available in Australia [15,16]

Generic Name	Trade name(s)	Formulation
amisulpride	Solian, Sulprix	tablet, liquid
aripiprazole	Abilify	tablet
asenapine	Saphris	wafer
chlorpromazine	Largactil	tablet, liquid, short-acting injection
clozapine	Clopine, Clozaril	tablet, liquid
droperidol	Droleptan	short-acting injection
flupenthixol	Fluanxol Depot	long-acting injection*
fluphenazine	Modecate	long-acting injection*
haloperidol	Serenace, Haldol Decanoate	tablet, liquid, short-acting and long-acting injection*
olanzapine	Lanzek, Ozin, Zylap, Zypine, Zyprexa, Zyprexa Relprevv	tablet, wafer, short-acting and long-acting injection*
paliperidone	Invega, Invega Sustenna	controlled-release tablet, long-acting injection*
pericyazine	Neulactil	tablet
quetiapine	Delucon, Quetiaccord, Quipine, Sequase, Seronia, Seroquel, Syquet	tablet, controlled-release tablet
risperidone	Ozidal, Rispa, Risperdal, Risperdal Consta, Rispericor, Rixadone	tablet, orally disintegrating tablet, liquid, long-acting injection*
sertindole	Serdolect	tablet
trifluoperazine	Stelazine	tablet, liquid
ziprasidone	Zeldox	capsule, short-acting injection
zuclopenthixol	Clopixol, Clopixol Acuphase, Clopixol Depot	tablet, intermediate-acting and long-acting injection*

* Long-acting injections are used for chronic psychoses only.

Confidentiality

This report contains private and confidential information and is only intended to be used by the recipient. It must not be distributed, copied, published, reproduced or cited in any form, without the prior written consent of NPS MedicineWise and Webstercare.

NPS MedicineWise does not have access to the means to enable your Pharmacy Service Provider to provide your prescribing feedback usage data directly to you in this report. Webstercare and the pharmacists who subscribe to the Webstercare services are bound by privacy obligations. All rights of privacy of the patient and related personnel are to be strictly maintained. The data contained in this feedback are not used for accreditation purposes and are for your reflection only.

Data in this report

The data presented from the Webstercare Medication Management Software (MMS) includes all medicines used in your aged care facility supplied by the stated pharmacy. Indications for medicine use cannot be determined for medicines used in this report.

Please note: this report is from one unique pharmacy only. If your aged care facility is supplied medicine by multiple pharmacies, reports need to be collated to give an accurate reflection of your use.

Discrepancies may occur between the data provided and your own facility's medicine charts. Some pharmacies may not include all non-packed medicines such as liquids, wafers and injections or residents who self-administer in the Webstercare data system. You can contact your Pharmacy Service Provider to confirm whether this report is a complete record of all administered medicines for your aged care facility.

If you consider your individual data to be incorrect, please contact your Pharmacy Service Provider pharmacy for assistance. If you have questions about clinical content or general feedback, please contact NPS MedicineWise on 02 8217 8700 (and select option 2) or by email at info@nps.org.au

Webstercare can provide your Pharmacy Service Provider with guidance on how to enter data for the maximum benefit when using this report. Please contact Webstercare on 02 9563 4900 or by email at info@webstercare.com.au .

Notes

Clinical information and review steps are relevant to residents using antipsychotics for behavioural symptoms of dementia only. Resident medicine charts, notes and care plans should be read to assist resident medicine review.

References

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