“Learning from each other”
International approaches to reduce psychotropic use for people living in Long Term Aged Care

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International comparison of Long Term Care utilisation

7.8% of the Australian population aged 65+ (275,526 people) were in residential aged care over 2014–15

The prevalence of common mental health conditions in Australian homes is estimated to be:

- **sleep disorder**: 45-60%¹
- **anxiety**: 35%¹
- **dementia**: 63%²

² Access Economics: *Caring places: Planning for aged care and dementia: 2010-2050* 2010
‘Good Practice’ to manage responsive behaviours in dementia, anxiety and sleep

- Seek other causes
- Use non-drug measures first line
What are psychotropic medications?

These medications are “capable of affecting the mind, emotions and behaviour” and are intended to treat mental illness.

- Antipsychotics
- Anxiolytics
- Hypnotics
- Mood stabilisers
- Stimulants
- Anti-depressants
- Cholinesterase inhibitors?
- Opioids?

The psychotropic medications: antipsychotics & benzodiazepines

antipsychotics

benzodiazepines (hypnotics/anxiolytics)
Benefits and risks of these psychotropic medications

Benzodiazepine effective only for 2-4 weeks

- 20% of people with aggression in dementia will benefit taking antipsychotics

- Increased risk of dementia with benzodiazepine use?
- Increased mortality and stroke risk with antipsychotics
- Increased pneumonia risk
- Increased falls risk
- Cognition worsens
‘Good Practice’ to manage responsive behaviour in dementia, anxiety and sleep

- Seek other causes
- Use non-drug measures first line
- Antipsychotics should only be used in situations where a behaviour causes significant distress or risk of harm
- Benzodiazepines should only be used short term, intermittently

- Review regularly and stop as soon as possible
  - Antipsychotics: review every 3 months
  - Benzodiazepines: review after 2 weeks

Prevalence of psychotropic use in Australian LTC

LTC homes (n=139)

- Antipsychotics: 22% daily, 11% prn
- Benzodiazepines: 22% daily, 31% prn
- Antidepressants: 41%
- Charted for antipsychotic and/or benzodiazepine: 54% daily and/or prn

The U.S. “National Partnership”

1987 – Omnibus Budget Reconciliation Act (OBRA ‘87)

2011 – Office of the Inspector General report cited that 83% of the antipsychotics prescribed for nursing home residents were for non-approved indications

2012 - CMS (Centers for Medicare & Medicaid Services) ‘National partnership to improve dementia care in nursing homes’

• Target of reducing antipsychotic use by 15% in 9 months
• Training program on person centred care for all nursing assistants
• Website with various tools and resources for nursing homes
• Public reporting on quality measures on ‘Nursing Home compare’

2015 - ‘Nursing home compare’ uses quality measures for star rating calculations.

1. CMS. Update report on the national partnership to improve dementia care in nursing homes. 2016
The U.S. “National Partnership”

CMS. Data show National Partnership to Improve Dementia Care achieves goals to reduce unnecessary antipsychotic medications in nursing homes. Oct 2017
The U.S. “National Partnership”

Antipsychotic rates already started to decline before partnership.

Having an exclusive focus on antipsychotics as a quality measure may result in substitution to agents with less benefit, yet similar harms (e.g. anticonvulsants). Also persistently high use of benzodiazepines since 2013.¹

Rise in rates of schizophrenia to the extent that a multi-disciplinary warning about misdiagnosis was released.²

Suggests that an increase in the use of non-pharmacological therapies has not occurred.¹ Concern also that people needing antipsychotics may not receive them...

A Netherlands initiative: the ‘PROPER’ studies (PRescription Optimisation of Psychotropic drugs in Elderly nursing home patients with dementia)

Main outcome measure was appropriateness of antipsychotics, anxiolytics, hypnotics, antidepressants, anticonvulsants and cholinesterase inhibitors.

The ‘APID’ (Appropriate Psychotropic drug use In Dementia index) was used to assess if a psychotropic drug was appropriate or not

‘APID’ ranges from 0 (fully appropriate) to 102.8 (fully inappropriate)

7 items: indication, evaluation, dosage, drug-drug interactions, drug-disease interactions, duplication and therapy duration

Van der Spek K et al. Only 10% of the psychotropic drug use for neuropsychiatric symptoms in patients with dementia is fully appropriate. The PROPER –I study. *International Psychogeriatrics* 2016, 28:10 1589-1595
The ‘PROPER’ I study

Tested APID in a sample of 559 people with dementia in 12 LTC Homes

- Only 7% of anxiolytics and 9% of antipsychotics were fully appropriate
- Fell down predominantly on indication, evaluation and therapy duration.¹

The ‘PROPER’ II study

To evaluate the impact of Interdisciplinary medication review (physician, pharmacist and nurse) at baseline, 6 and 12 months.

- RCT of 7 LTC homes (intervention) and 6 homes as control
- Overall APID score significantly lower in intervention homes, with evaluation and therapy duration scores improving. (Indication domain did not improve)
- Appropriateness of antipsychotics improved, albeit non-significantly
- Anxiolytic and antidepressant APID score improvement reached significance.²

1. Van der Spek K et al. Only 10% of the psychotropic drug use for neuropsychiatric symptoms in patients with dementia is fully appropriate. The PROPER –I study. International Psychogeriatrics 2016, 28:10 1589-1595
2. Van der Spek K et al. The effect of biannual medication reviews on the appropriateness of psychotropic drug use for neuropsychiatric symptoms in patients with dementia. Age and Ageing 2018 1-8
The ‘PROPER’ studies

Concentrate on appropriateness rather than exclusively on psychotropic rates of use

APID specific to national guidelines

Dependent on quality of medical notetaking, diagnosis and evaluation recording

Medication review exerted greater impact on benzodiazepine and antidepressant appropriateness than on antipsychotic appropriateness.

Less impact on indication (new prescribing/initiation) than evaluation and therapy duration

1. Van der Spek K et al. Only 10% of the psychotropic drug use for neuropsychiatric symptoms in patients with dementia is fully appropriate. The PROPER –I study. *International Psychogeriatrics* 2016, 28:10 1589-1595
2. Van der Spek K et al. The effect of biannual medication reviews on the appropriateness of psychotropic drug use for neuropsychiatric symptoms in patients with dementia. *Age and Ageing* 2018 1-8
What is ‘RedUSe’ (Reducing Use of Sedatives)

Aim: To promote the appropriate use of antipsychotics and benzodiazepines in LTC

Method: Multi-strategic, inter-disciplinary 6-month intervention
- Controlled trial of 25 homes in Tasmania in 2008
- Expanded to 150 homes across Australia in 2014-15
The RedUSe educational sessions

The educational sessions of RedUSe were primarily targeted at nursing staff and carers and designed to:

- Provide education that challenged beliefs around psychotropic effectiveness,
- Include information about their risks,
- Promote current guidelines
- Personalise and compare their own data
- Delivered by their pharmacist at the beginning of the project and then again at 3 months

Overall antipsychotic prevalence of use

AP use reduced from 21.6% to 19.7% [95% CI 18.4%-20.9%] at 3 M and 18.8% [95% CI 17.7%-20.1%] at 6 M. These differences were significant (p < .001).

Reduction: antipsychotics: 13%
Overall benzodiazepine prevalence of use

Use reduced from 22.3% to 19.6% [95% CI 18.4%-20.8%] at 3 M and 17.6% [95% CI 16.5%- 18.7%] at 6 M. These differences were significant (p < .001).

N = 150 homes
n = 12,165 residents (av)

Reduction: benzodiazepines: 21%
Substitution?

- **sedating antidepressants**
  - **mirtazapine**: 12.0 – 11.8% (**2% decline**)
  - **TCAs**: 4.6 – 4.3% (**7% reduction**)

- **prn sedatives**
  - **prn antipsychotics**: 11.1% – 9.5% (**14% decline**)
  - **prn benzodiazepines**: 30.3% – 27.9% (**8% reduction**)

(n= 139 homes
N= 11,383 av)
LTC home response rate across the RedUSe expansion

Comparison

antipsychotic prevalence relative reduction (NB no psychiatric exclusions)

Learning from each other – the best bits

U.S. - National public reporting and benchmarking to raise awareness and promote action
Public awareness campaign and highlighting this issue

Netherlands – Less focus on prevalence but on appropriateness,
Assessing all psychotropic use not just antipsychotics
Impact of interdisciplinary psychotropic review

Australia - Multi-strategic but staff education pivotal
Assessing psychotropic use in all residents, not just those diagnosed with dementia
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THANK YOU
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