



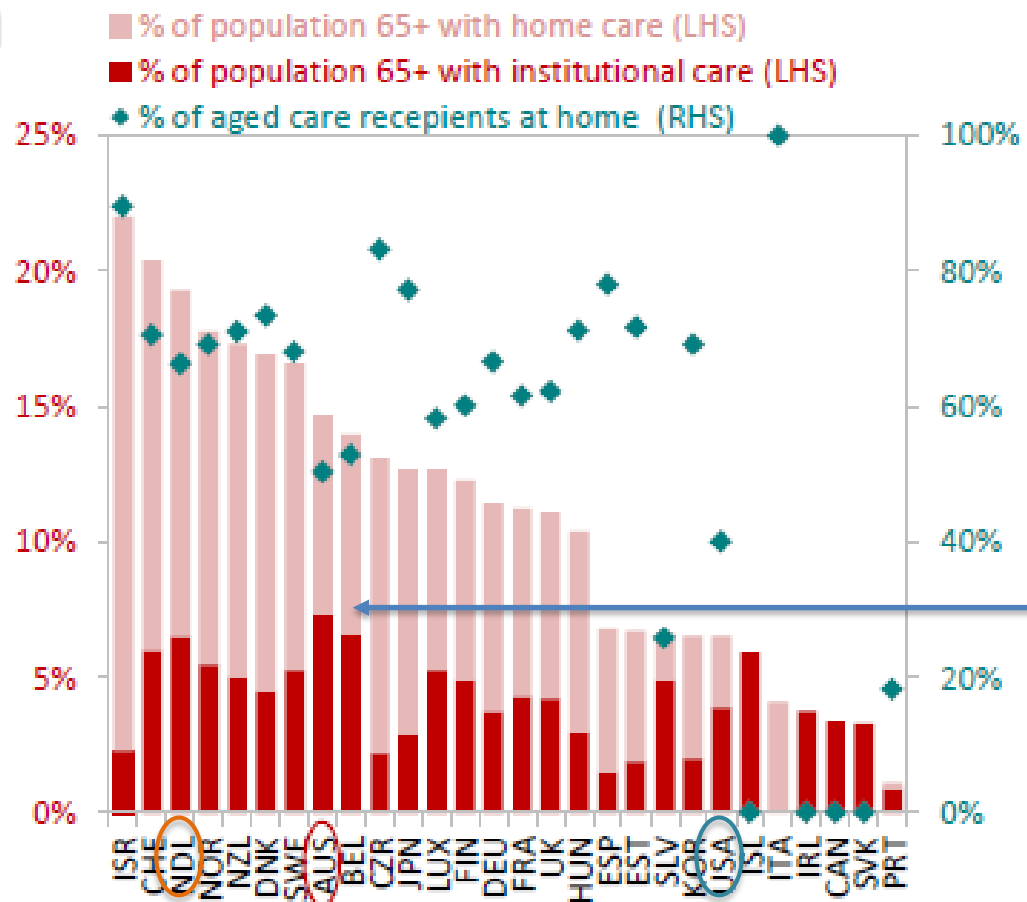
“Learning from each other”

International approaches to reduce psychotropic use for people living in Long Term Aged Care

**Dr Juanita Westbury, Prof Sytse Zuidema, Assoc Prof Debby Gerritsen,
Prof Raymond Koopmans and Dr Donovan Maust**



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

SCRGSP (Steering Committee for the Review of Government Service Provision) 2016. Report on government services 2016. Canberra: Productivity Commission.



Mental health in LTC

The prevalence of common mental health conditions in Australian homes is estimated to be:¹

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



¹ Brodaty H et al. Psychosis, depression and behavioural disturbances in Sydney nursing home residents: prevalence and predictors. *International Journal of Geriatric Psychiatry* 2001;16:504-512.

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?



Wicking Dementia Research & Education Centre

The psychotropic medications: antipsychotics & benzodiazepines



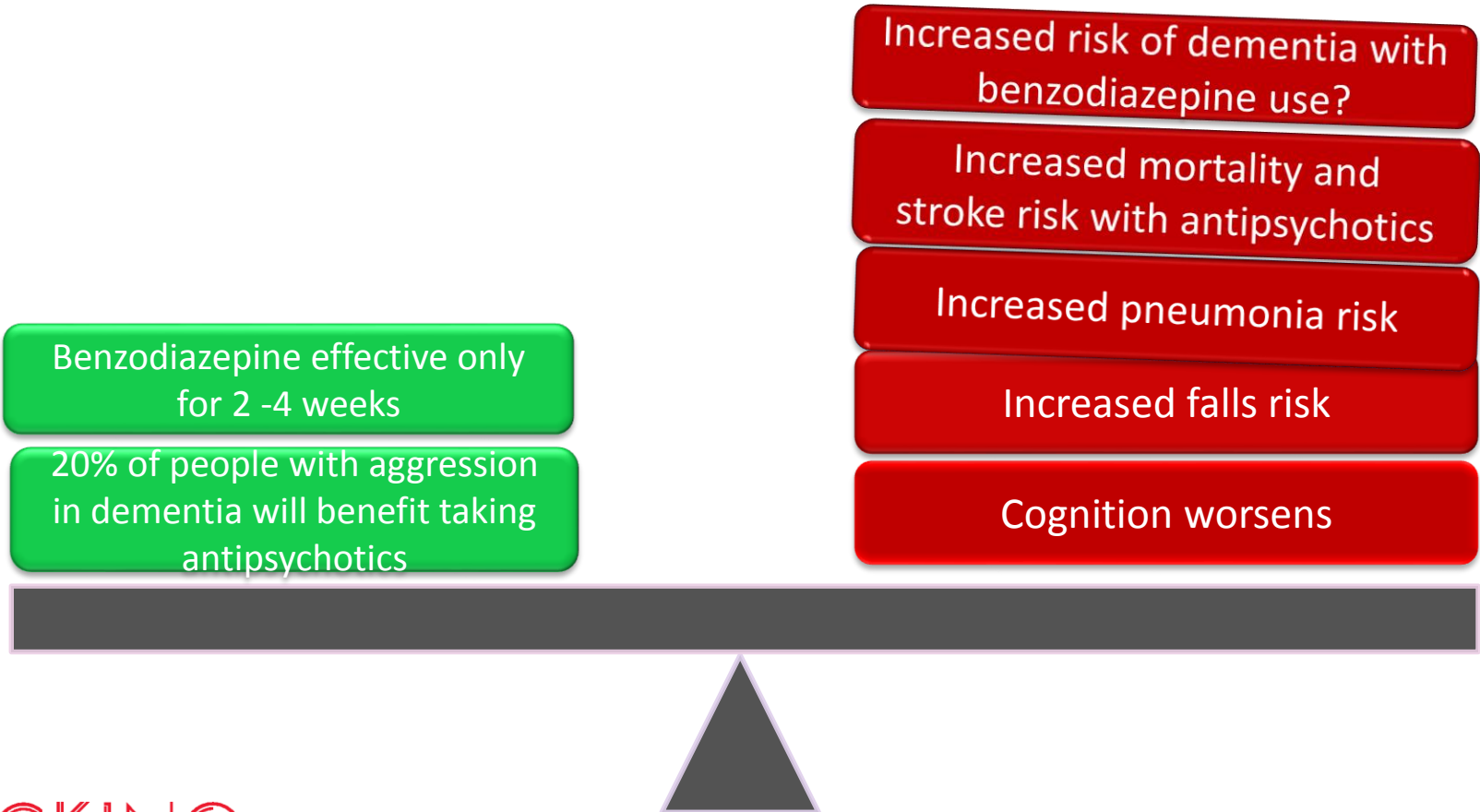
antipsychotics



benzodiazepines
(hypnotics/anxiolytics)



Benefits and risks of these psychotropic medications





Wicking Dementia Research & Education Centre

‘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

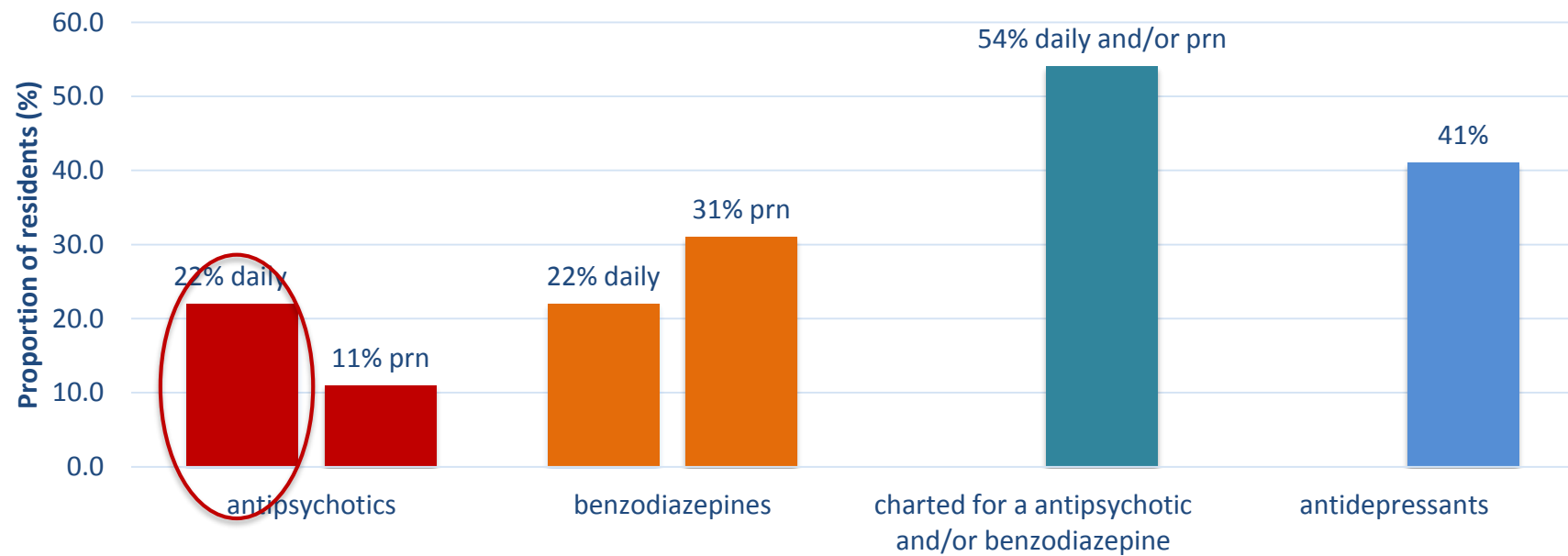


Wicking Dementia Research & Education Centre

Prevalence of psychotropic use in Australian LTC

Sample audited 03/14 – 10/15
Total no. residents: 11,368

LTC homes (n=139)





Wicking Dementia Research & Education Centre

The U.S. “National Partnership”



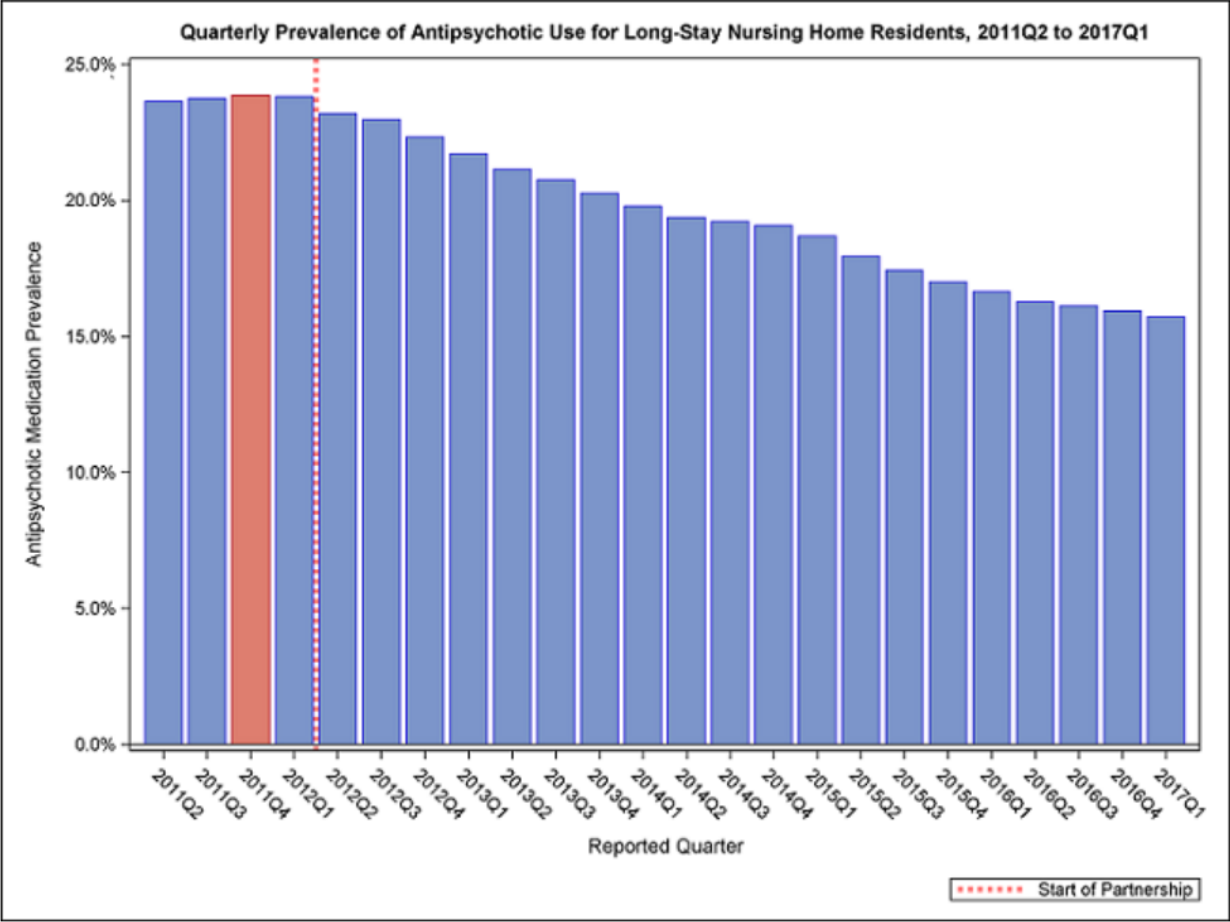
- 1987 – Omnibus Budget Reconciliation Act (OBRA ‘87)
- 2011 – Office of the Inspector General report cited that 83% of the antipsychotics prescribed for nursing home residents were for non-approved indications
- 2012 - CMS (Centers for Medicare & Medicaid Services) ‘*National partnership to improve dementia care in nursing homes*’¹
 - 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

1. CMS. Update report on the national partnership to improve dementia care in nursing homes. 2016



Wicking Dementia Research & Education Centre

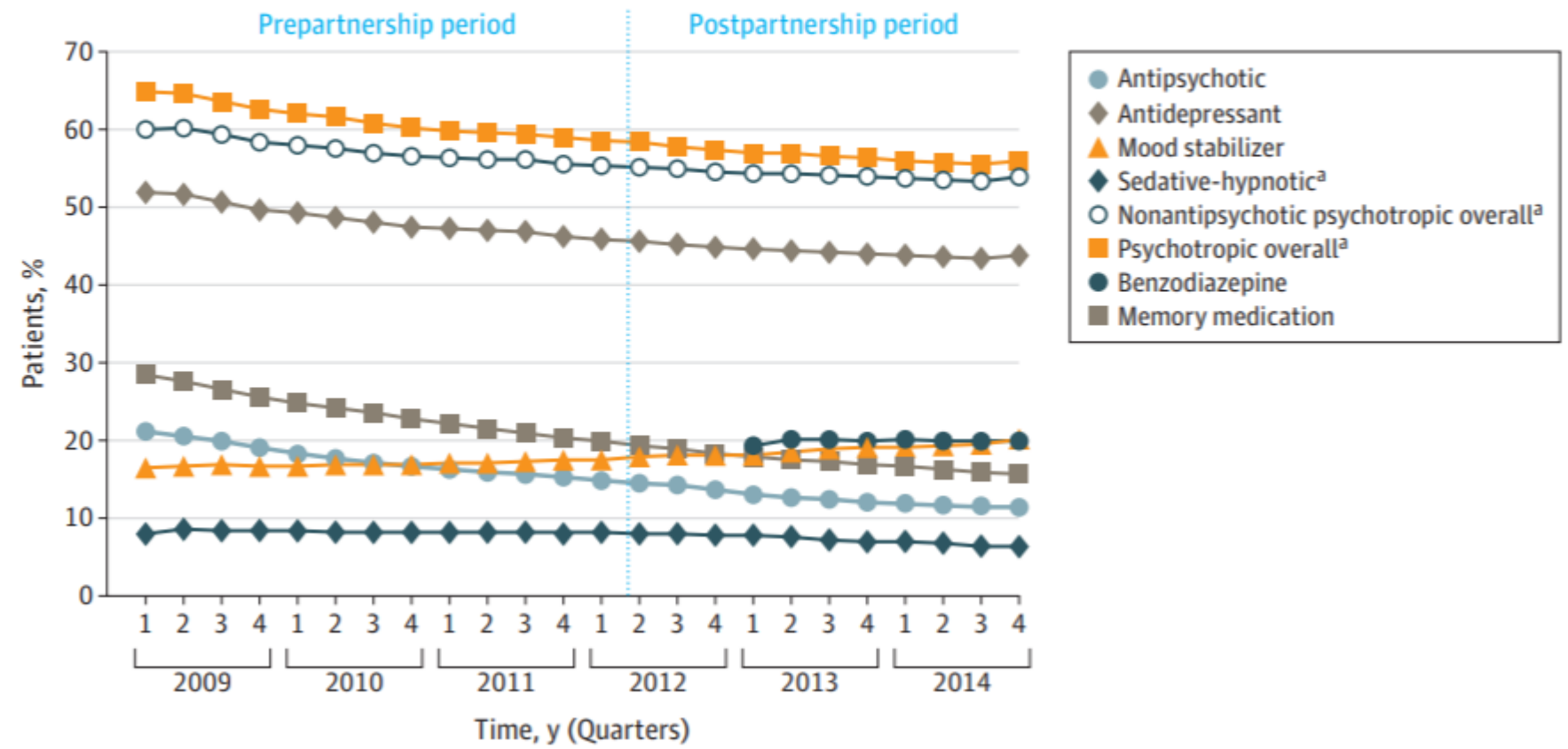
The U.S. “National Partnership”





Wicking Dementia Research & Education Centre

Figure 1. Percentage of Long-Stay Nursing Home Residents Prescribed an Antipsychotic or Other Psychotropic Medication





Wicking Dementia Research & Education Centre

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...

1. Maust, D et al. Association of the CMS National Partnership to Improve Dementia Care With the Use of Antipsychotics and Other Psychotropics in Long-term Care in the United States From 2009 to 2014. *JAMA Intern Med.* 2018;178(5):640-647.
2. Jonathan D et al. Increased Reporting of Exclusionary Diagnoses Inflate Apparent Reductions in Long-Stay Antipsychotic Prescribing. *Clinical Gerontologist* 2017 DOI: 10.1080/07317115.2017.1395378



Wicking Dementia Research & Education Centre

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



Wicking Dementia Research & Education Centre

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



Wicking Dementia Research & Education Centre

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

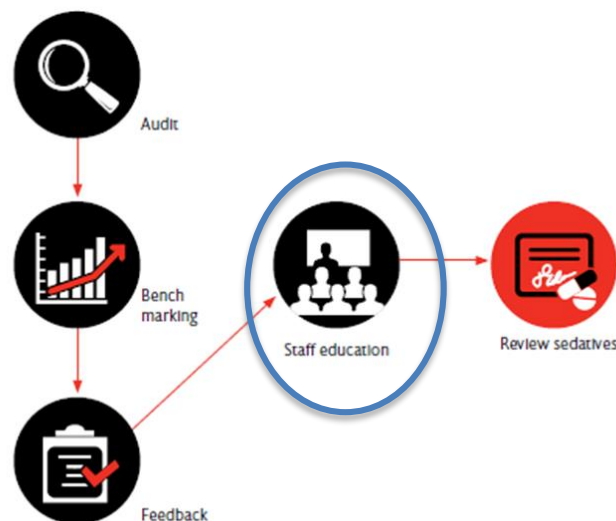


What is 'RedUse' (Reducing Use of Sedatives)

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





Wicking Dementia Research & Education Centre

The RedUSE educational sessions

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

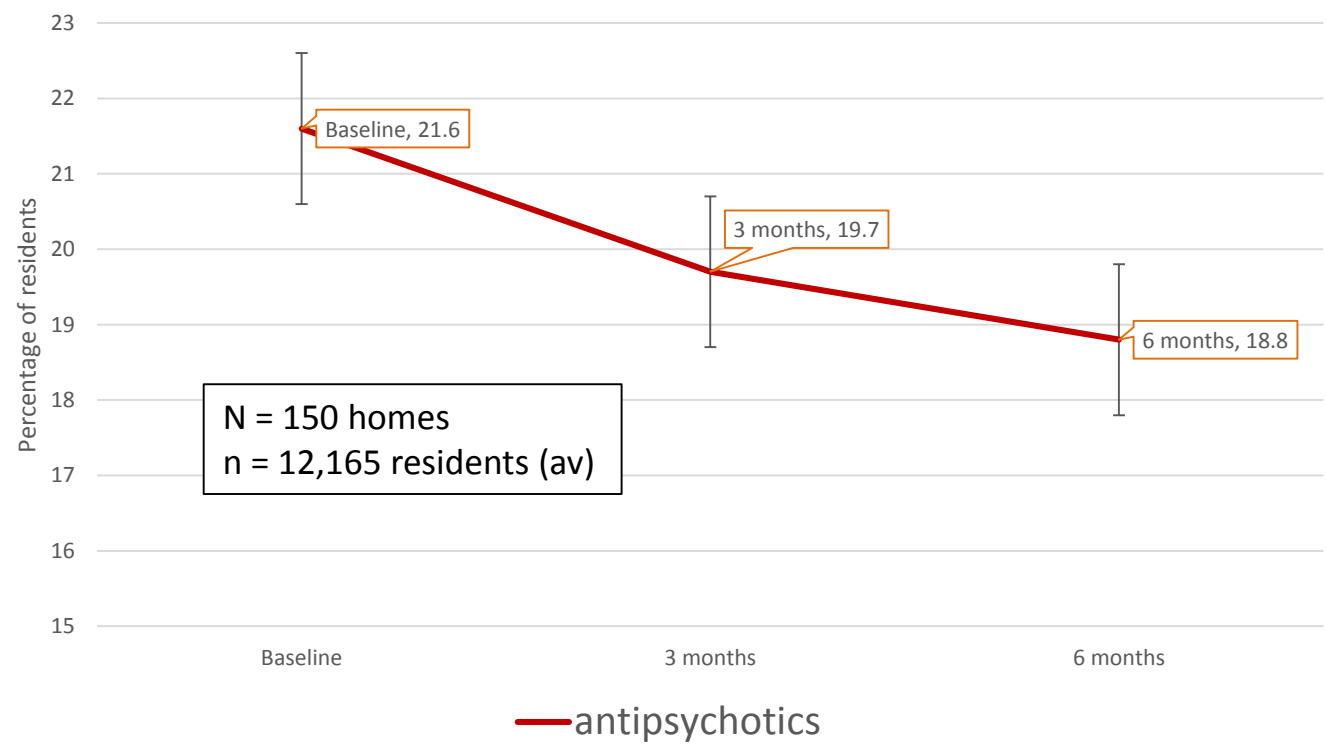
- Provide education that challenged beliefs around psychotropic effectiveness,
- Include information about their risks,
- Promote current guidelines
- Personalise and compare their own data
- Delivered by their pharmacist at the beginning of the project and then again at 3 months





Wicking Dementia Research & Education Centre

Overall antipsychotic prevalence of use

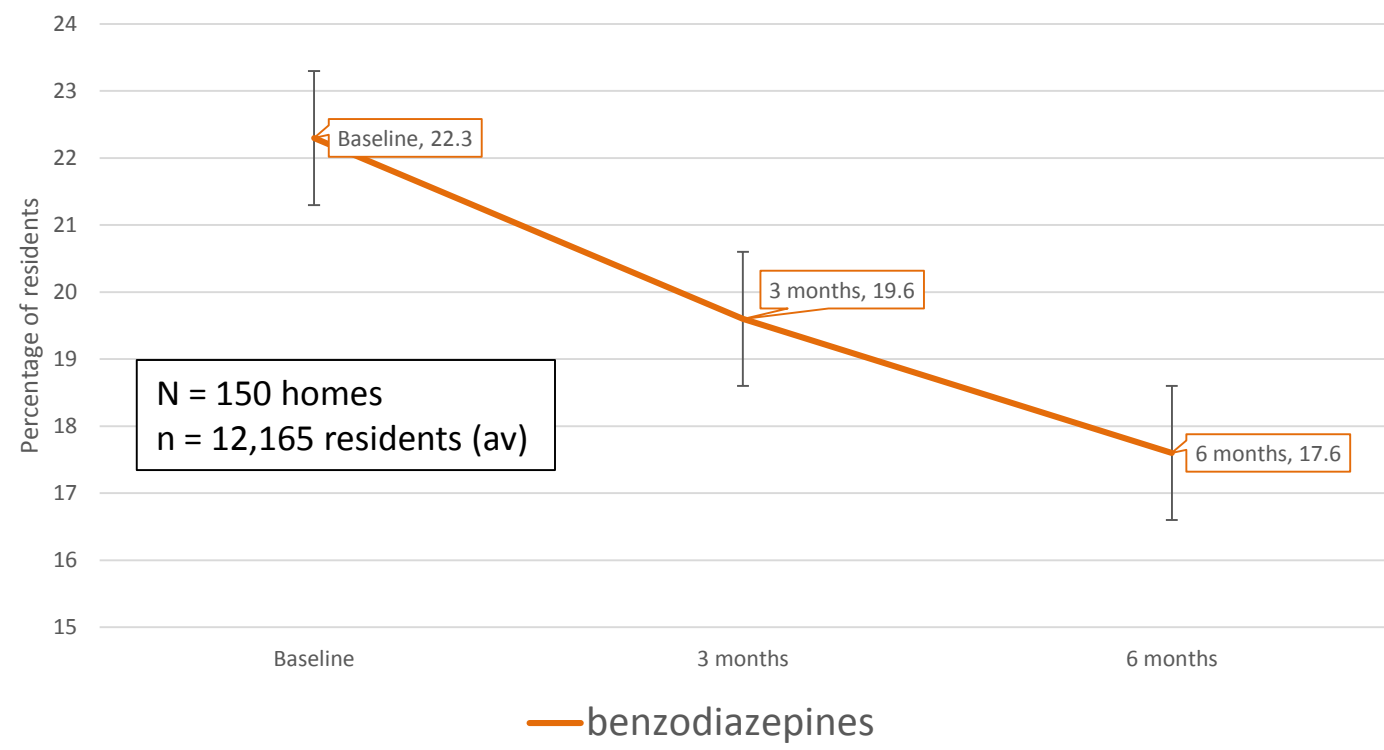


AP use reduced from 21.6% to 19.7% [95% CI 18.4%-20.9%] at 3 M and 18.8% [95% CI 17.7%-20.1%] at 6 M. These differences were significant ($p < .001$).



Wicking Dementia Research & Education Centre

Overall benzodiazepine prevalence of use



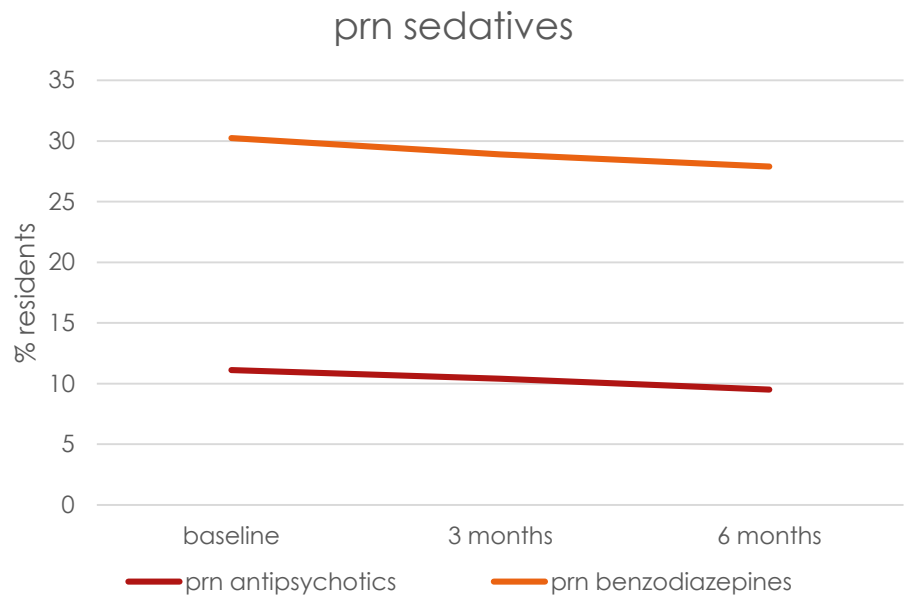
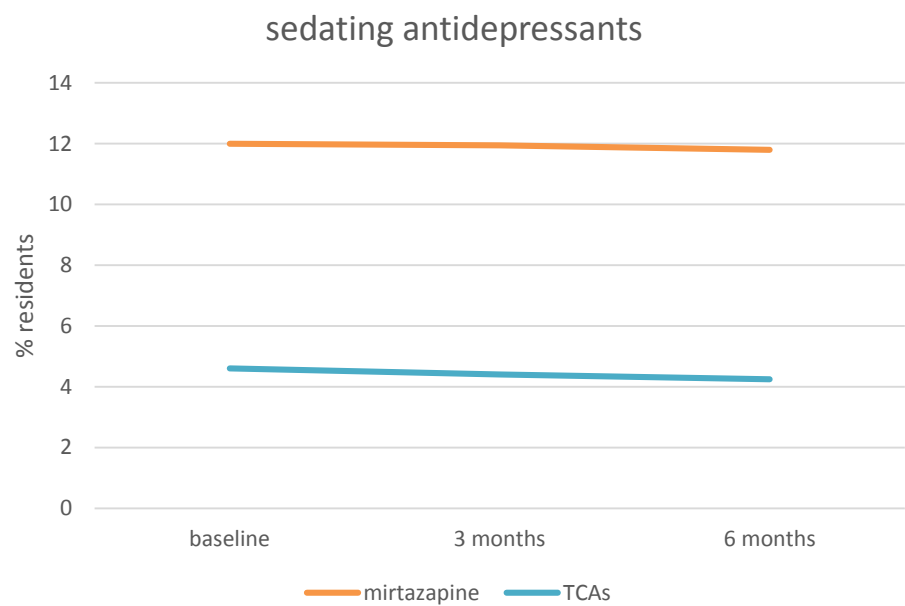
Use reduced from 22.3% to 19.6% [95% CI 18.4%-20.8%] at 3 M and 17.6% [95% CI 16.5%- 18.7%] at 6 M. These differences were significant (p <.001).



Wicking Dementia Research & Education Centre

Substitution?

(n= 139 homes
N= 11,383 av)

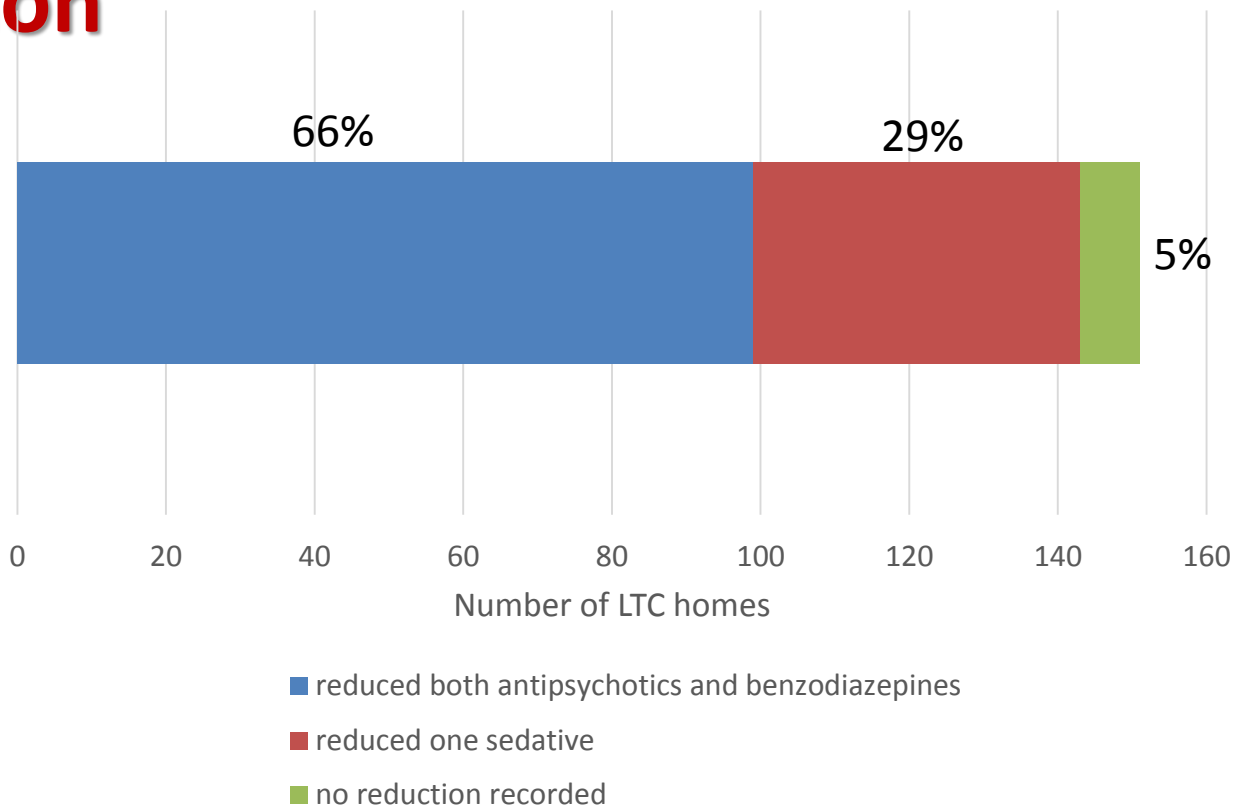


mirtazapine: 12.0 – 11.8% (2% decline)
TCAs: 4.6 – 4.3% (7% reduction)

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



LTC home response rate across the RedUSe expansion

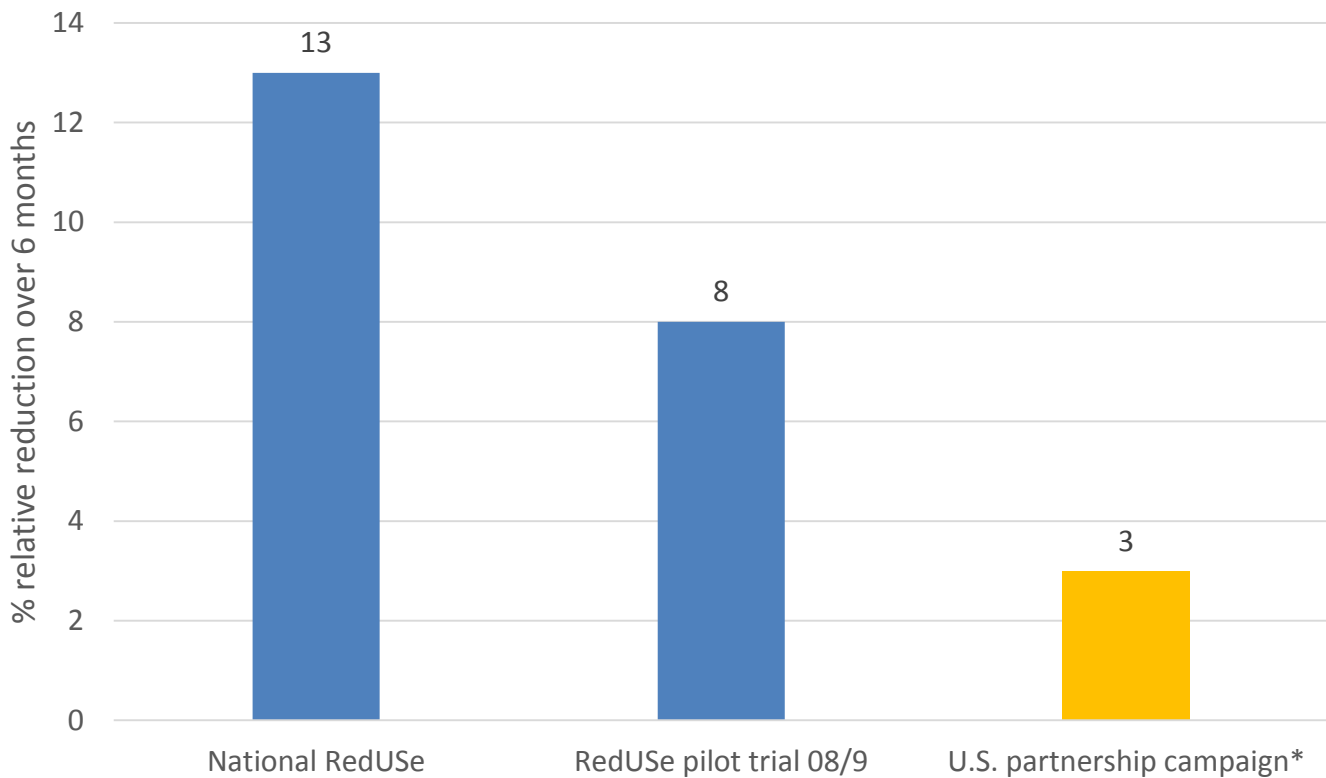




Wicking Dementia Research & Education Centre

Comparison

antipsychotic prevalence relative reduction
(NB no psychiatric exclusions)





Wicking Dementia Research & Education Centre

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



Wicking Dementia Research & Education Centre

The RedUSE project was funded by the Australian Government
under the Dementia and Aged Care Service Fund

THANK YOU

Dr Juanita Westbury PhD, MSc, BPharm

Senior Lecturer in Dementia Care

Email: Juanita.westbury@utas.edu.au

©University of Tasmania 2018

Unless otherwise stated, this presentation and all content within it is the property of the University of Tasmania and is protected by copyright and other intellectual property laws.