# KENT AND MEDWAY GUIDANCE ON REVIEWING ANTIPSYCHOTICS PRESCRIBED FOR BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) IN PRIMARY CARE[1]

## 1. INTRODUCTION

NICE recommends that antipsychotic medication should only be used in people with dementia if they are:

- At risk of harming themselves or others.
- Experiencing agitation, hallucinations or delusions that are causing them severe distress.

If antipsychotics are used, they should be tried alongside other activities to try to help their distress.

NICE also suggests that, before starting treatment with antipsychotic medicines, the benefits and harms should be discussed with the person and their family members or carers.

Further information can be found via the link below.

**https://www.nice.org.uk/guidance/ng97/resources/antipsychotic-medicines-for-treating-agitation-aggression-and-distress-in-people-living-with-dementia-patient-decision-aid-pdf-4852697005**

A range of information can also be found via the following link, which is designed to support people with dementia in care homes.

https://www.southeastclinicalnetworks.nhs.uk/wp-content/uploads/2021/03/Dementia-OPMH-Guidance-for-PCNs-and-Care-Homes.pdf

## 2. GUIDANCE ON REVIEWING ANTIPSYCHOTICS FOR BPSD IN PRIMARY CARE

- All patients with dementia currently on antipsychotics for BPSD should have the antipsychotic reviewed at least every 3 month or more frequently if necessary as recommended by NICE to assess the risks and benefits of continued treatment and to consider its discontinuation unless:
    - the antipsychotic was prescribed for a pre-existing condition prior to a diagnosis of dementia e.g. schizophrenia, bipolar affective disorder, psychotic depression.
    - the patient is still under regular review by KMPT.
    - there is a detailed care plan in place for ongoing antipsychotic use recommending a different time frame. This could be the case in patients where repeated trials of discontinuing antipsychotics have been unsuccessful.
- Ideally, patients that have taken these medicines for more than 3 months should be reviewed in accordance with NICE guidance by the initiating prescriber but on occasion, this is missed and patients end up on the medication indefinitely.
- This guidance has been developed as a tool to assist prescribers in primary care in reviewing these patients in their own home and in care homes (both residential and nursing).

- The review can be carried out by a Non-Medical Prescriber or PCN pharmacist where appropriate, and if the individual has the competency to prescribe antipsychotics in BPSD. This will need to be in agreement with the patient's GP with all review information fed back to the GP.

**What should the review include?**

- Therapeutic response to the antipsychotic.
- Adverse events: include falls, sedation, low blood pressure, chest infection (use of antipsychotics in elderly increases risk of pneumonia by 60%), anticholinergic effects (dry mouth, constipation, blurred vision, urinary retention) and extrapyramidal side effects (EPSEs).
- Decision to continue or trial of reduction/discontinuation.
- Monitoring: yearly blood test and ECG (as per Physical Health Monitoring Requirements for Commonly Prescribed Psychotropic Medications). This is necessary if the antipsychotic is continued.
- Date of next review **(see Appendix A for a template form for review).**
- Family/carer(s) inclusion and support in decisions made to reduce or stop the antipsychotic **(see Appendix B for an example of carer information leaflet).**

**How to discontinue/de-prescribe antipsychotics**

- Reduce the dose of the antipsychotic as detailed in table 2 or discontinue immediately if the patient is on a low dose. Low doses are detailed in table 1. Review every stage of dose reduction to evaluate patient response.
- If the antipsychotic is given in split doses across the day, decrease only one dose to start with, choosing the dose likely to have the least impact on the patient.
- In some cases it may be necessary to implement small decreases in dose particularly if symptoms reappear. In these patients when the lowest dose has been achieved on a daily basis, administering on alterative days is also an option before stopping completely. If behavioural problems continue, other strategies should be considered instead of or alongside the antipsychotics such as regular pain relief or behavioural strategies, based on individual assessment.
- Appendix C details the suggested pathway for reviewing and stopping prescribed antipsychotics for BPSD.
- Seek advice from KMPT if needed or consider re-referral if indicated.

**TABLE 1: ANTIPSYCHOTICS COMMONLY USED TO TREAT BPSD AND SUGGESTED DAILY LOW DOSES**

| ANTIPSYCHOTIC | SUGGESTED DAILY LOW DOSE (ALSO CONSULT BNF) |
|---|---|
| Olanzapine | Less than 2.5mg |
| Quetiapine | Less than 50mg |
| Risperidone | Less than 0.5mg (500 microgram) |
| Haloperidol | Less than 0.5mg (500 microgram) |

**TABLE 2: REDUCING AND STOPPING ANTIPSYCHOTIC**

| Drug | Total daily dose | Step 1 (Review day) | Step 2 (Two weeks after step 1) | Step 3 (Two weeks after step 2) |
|---|---|---|---|---|
| Risperidone | Up to 500 micrograms | **Stop** | | |
| | Up to 1mg | Halve dose | **Stop** | |
| | Over 1mg | Halve dose | Halve dose | **Stop** |
| Quetiapine | 25mg | **Stop** | | |
| | Up to 50mg | Halve dose | **Stop** | |
| | Over 50mg | Halve dose | Halve dose | **Stop** |
| Olanzapine | 2.5mg | **Stop** | | |
| | Up to 5mg | Halve dose | **Stop** | |
| | Over 5mg | Halve dose | Halve dose | **Stop** |
| Haloperidol | Up to 500 micrograms | **Stop** | | |
| | Up to 1mg | Halve dose | **Stop** | |
| | Over 1mg | Halve dose | Halve dose | **Stop** |

1. *This document is based on the Reducing Antipsychotic Prescribing in Dementia Toolkit developed by PrescQIPP.*

# Appendix A: BPSD Antipsychotic Medication Review Tool

| | | | |
|---|---|---|---|
| **Patient name** | | | |
| **Patient date of birth** | | **Date of assessment** | |
| **Practice** | | | |
| **GP** | | | |

| | | | |
|---|---|---|---|
| **Date antipsychotic initially commenced** | | **Antipsychotic prescribed** | |
| **Dose of antipsychotic currently prescribed** | | **Date of last antipsychotic review(s) – if applicable** | |

| | | | | |
|---|---|---|---|---|
| **Therapeutic response?** | **Yes** | | **No** | |
| **Please specify improvements noted** | | | | |

| **Adverse events** | **Yes - please detail** | **No** |
|---|---|---|
| **Falls** | | |
| **Sedation** | | |
| **Low blood pressure** | | |
| **Chest infection** | | |
| **Anticholinergic side effects (e.g. constipation, blurred vision, urine retention, dry mouth)** | | |
| **Extra-pyramidal side-effects/mobility** | | |
| **Other cause(s) * Please specify** | | |

| | | |
|---|---|---|
| **On balance, the decision to continue with antipsychotic prescription was made in light of the patient's presentation, symptomatology and risk to self or others?** | **Yes** | **No** |
| | | |
| **Any dose or drug changes? Please specify** | | |
| **Non-drug intervention(s). Please specify** | | |

**This prescription should be reviewed within a maximum of 6 weeks from initial prescription and then as a minimum 3 monthly.**

| | |
|---|---|
| **Date of next scheduled review** | |
| **Review completed by (name of prescribing doctor)** | |
| **Signature** | |
| **Date** | |

# Appendix B - Carer Information Leaflet

*This may be adapted and customised, particularly the text highlighted in yellow, so that the information is appropriate.*

[Date]

**CARER INFORMATION LEAFLET: REDUCING OR STOPPING ANTIPSYCHOTICS MEDICATION IN PEOPLE LIVING WITH DEMENTIA**

There is evidence that suggests some medicines used to treat behavioural problems in people with dementia can have some serious side-effects. These include increasing the risk of the person having a stroke or falling. These medicines are called antipsychotics. There is also evidence that many behavioural problems disappear or become less troublesome over time, even without medication.

Taking into account the current national guidelines, it has been decided by [insert name of practice] that most patients being prescribed an antipsychotic for behavioural problems should have this medicine reduced or stopped to see if it is still needed. It is our intention to try and stop prescribing the antipsychotic in approximately [add time scale, e.g. 'one week's time']. If you have any concerns, please do not hesitate to contact the practice for advice.

Practice details [Add number]

Clinical trials have shown that when stopping medication, even if the person was taking an inactive tablet (placebo), some carers think they see a worsening of behaviour. This may be due to the behavioural problems returning or a heightened sensitivity to any unwanted behaviour.

To help properly assess whether behaviour has significantly changed after the medicine is reduced or stopped we would like you to complete a diary, starting one week before the medication is reduced or stopped. A diary sheet has been designed for you to record on it the types of behavioural problems you are concerned about and how troublesome they are each day.

Once the medication is reduced or stopped, please keep recording any behavioural problems for the next 7 days. If there is a sudden worsening of behaviour that you feel is unmanageable then please call the practice to discuss your concerns.

We may agree to restart medication so you need to have a supply of a suitable medicine, just in case. Even if a medicine is restarted for behavioural problems, the intention is to regularly stop the medicine to assess its ongoing benefit.

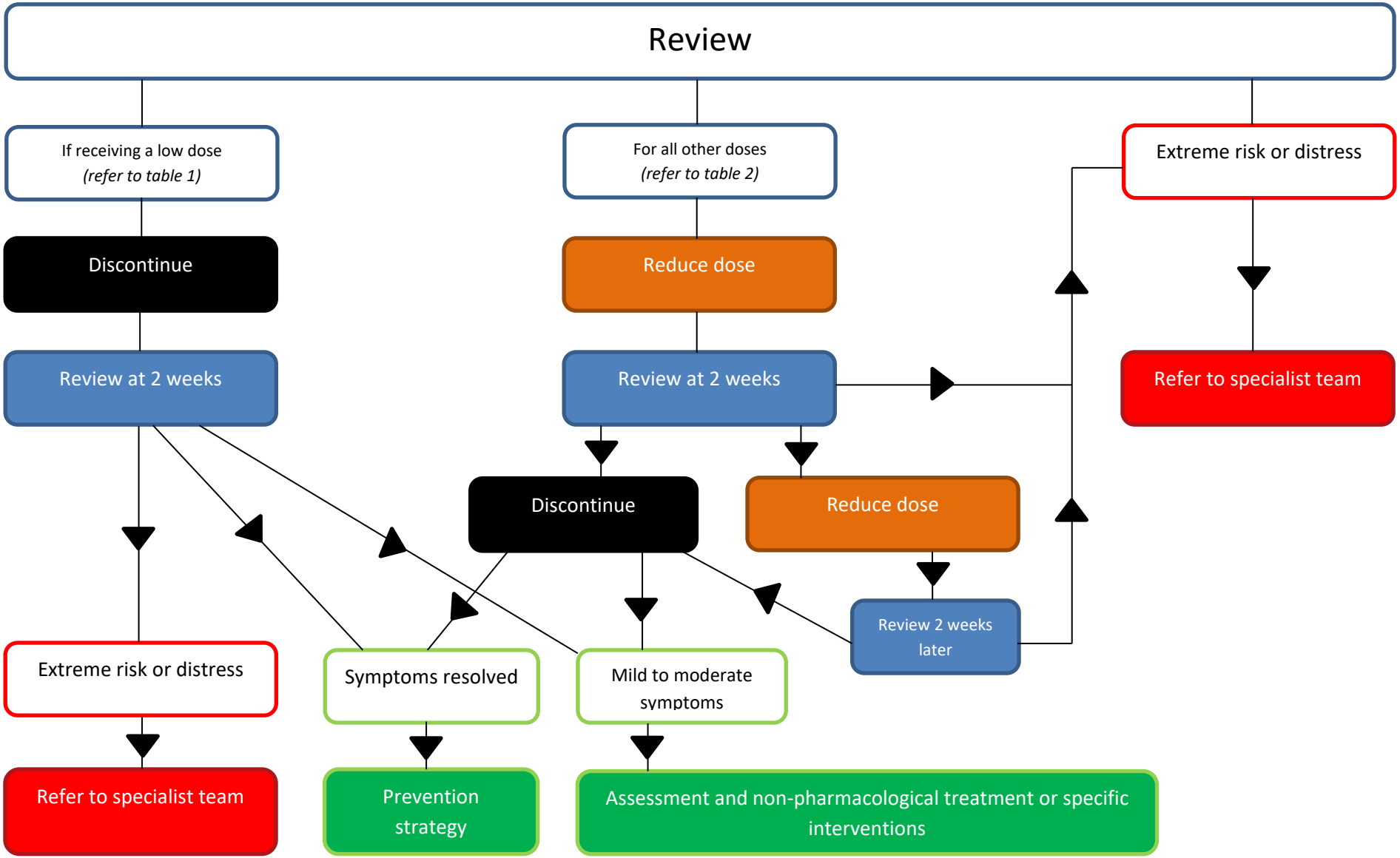
If you feel that once stopped the antipsychotic is no longer needed then there is no need to let the practice know. A review can always be arranged if any difficult behavioural problems return.

Please take any unwanted medicines back to your community pharmacy or dispensing doctor for safe disposal.

Yours sincerely

Dr [Name] and partners

## Appendix C: Suggested pathway for reviewing and stopping prescribed antipsychotics for the management of BPSD



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