

**NHS Sheffield CCG Medicines Management Team**  
**Summary: Audit of antipsychotic prescribing in**  
**behavioural and psychological symptoms of dementia (BPSD) 2015**

## **Introduction**

In 2009, the government committed to achieving an overall two-thirds reduction in the use of antipsychotic medication in the treatment of behavioural and psychological symptoms of dementia (BPSD) by November 2011. In response to this, a city wide audit was produced and performed in each GP practice in Sheffield facilitated by medicines management team (MMT) members. A review of prescribing was then commissioned, 2012/2013, as part of the GP Local Enhanced Service to Care Homes whereby MMT members were requested to assist in the reviews. A full re-audit, commenced January 2015, to determine current prescribing behaviour and identify if prescribing had remained lower than the national average suggested.

The NICE-SCIE guideline on dementia states '**antipsychotics should be used in the first instance only if an individual is severely distressed or if there is the immediate risk of harm to others**'.

## **Aim of audit**

The aim of the audit was to ensure the prescribing of antipsychotics for non-cognitive symptoms and behaviour that challenges in patients with dementia was in line with NICE CG42 Dementia: Supporting people with dementia and their carers in health and social care.

## **Audit criteria and standards**

Four criteria were created in line with NICE CG42 and a standard of 80% set for each. The team were also asked to collect additional information, which would complement and add extra value to the audit.

## **Standards**

1. 80% have a clear indication documented in the patient's clinical record for this treatment
2. 80% have documented evidence of assessment of other causes of behavioural problems
3. 80% have documented evidence of non drug measures to treat behaviour prior to being prescribed an antipsychotic, unless the patient is severely distressed or there is an immediate risk of harm to the person or others
4. 80% have had a review of antipsychotic treatment in the last 3 months

## **Results – see tables on page 2**

The audit was performed in all practices with information collected from the GP computer systems only. There was an increase in the number of patients with diagnosis of dementia **without** a diagnosis of schizophrenia or bipolar disorders. The number prescribed an antipsychotic had, however, continued to fall from **8.4% to 4.9%**. The number of patients residing in care homes proportionately had decreased but the prescribing rate of antipsychotics was approximately the same.

Whilst the re-audit continued to show a decrease in the level of prescribing, the standard of 80% was only met for 1 of the criteria, although there was overall improvement in the other standards.

## **Analysis of extra data collected**

- Prescribing of antipsychotics was predominantly initiated by secondary care (57% SHSCT, 12% STH);
- Quetiapine was the most common antipsychotic prescribed (28%) but had decreased from previous audits;
- There was a proportionate increase in the prescribing of risperidone and olanzapine;
- Duration of antipsychotic treatment remains predominantly for more than 3 months;
- 42% of patients receiving an antipsychotic had a history of or were at risk of cerebrovascular disease (this was a reduction from the previous audit);
- 37% of patients were documented as monitored for side effects (this was a reduction from the previous audit);
- 25% of doses prescribed were classed as low dose (according to PrescQIPP definition).

## **Main Recommendations**

- To promote the use and value of the SystemOne template to enable capture of appropriate review and monitoring when prescribing antipsychotics;
- Inform all NHS Sheffield prescribers, including community services and GP collaborative, and Sheffield Health and Social Care Foundation Trust of the city wide audit results;
- Inform care home staff of the audit results via the revision of the care home newsletter or through discussion at the Quality in Care Homes meeting;
- Take direction from the mental health portfolio regarding future audits.

## Results

Antipsychotics in BPSD audit	Baseline May/June 2011	Re-audit Nov/Dec 2011	Re-audit 2015
A. Number of <b>all</b> patients with diagnosis of dementia <b>without</b> a diagnosis of schizophrenic or bipolar disorders	<b>3186</b>	<b>3602</b>	<b>4,805</b>
A1. Number of care home patients from A	<b>1341 (42%)</b>	<b>1519 (42%)</b>	<b>1644 (34.2%)</b>
B. Number of all patients with a diagnosis of dementia, without a diagnosis of schizophrenic or bipolar disorders, currently prescribed an antipsychotic for BPSD	<b>363 (11.4%*)</b>	<b>304 (8.4%**)</b>	<b>237 (4.9%)</b>
B1. Number of care home patients from B	<b>247 (68%)</b>	<b>202 (66%)</b>	<b>164 (69%)</b>

\*estimated national average = 25%

\*\* target set by the government to reduce prescribing by 2/3rds; for Sheffield this would mean reduce to 8.3%

	Baseline May/June 2011	Re-audit Nov/Dec 2011	Re-audit 2015
Standard 1 80% have a clear indication documented in the patient's clinical record for this treatment	87% 61/74 practices ≥80%	90.8% 50/64 practices ≥80%	90.7%
Standard 2 80% have documented evidence of assessment of other causes of behavioural problems	43.5% 23/74 practices ≥80%	43.6% 17/64 practices ≥80%	48.1%
Standard 3 80% have documented evidence of non-drug measures to treat behavior prior to being prescribed an antipsychotic, unless the patient is severely distressed or there is an immediate risk of harm to the person or others	15.5% 6 /74 practices ≥80%	13.1% 3/64 practices ≥80%	27.4%
Standard 4 80% have had a review of antipsychotic treatment in the last 3 months	52.3% 24/74 practices= ≥80%	57.7% 24/64 practices= ≥80%	66.2%

### Frequency of type of the common antipsychotics prescribed

	PrescQIPP suggested low dose of antipsychotic	% at Baseline May/ June 2011	% at Re-audit Nov /Dec 2011	%Re-audit 2015	% prescribed PrescQIPP suggested low dose 2015
<b>Amisulpride</b>	less than 50mg	18.6	17.4	14.5	50%
<b>Aripiprazole</b>	less than 5mg	0.3	0.0	5.5	8.3%
<b>Haloperidol</b>	less than 0.5mg	13.5	11.5	12.5	0%
<b>Olanzapine</b>	less than 2.5mg	8.0	6.6	13.2	0%
<b>Quetiapine</b>	less than 50mg	36.4	36.1	28.6	58%
<b>Risperidone</b>	less than 0.5mg	10.3	12.8	22.7	6%