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**Audit - Review of prescribing of psychotropic medication in patients with learning disabilities (STOMPwLD)**

**Background**

There is a significantly higher rate of prescribing of medicines associated with mental illness among people with learning disabilities (PwLD) than in the general population and evidence suggests that the medicines are being prescribed on a long-term basis in the absence of documented mental health diagnoses.

It is estimated that on an average day in England, between 30,000 and 35,000 adults with a learning disability, autism or both are being prescribed an antipsychotic, an antidepressant or both without an appropriate clinical reason. Local analysis of prescribing data extracted from SystmOne in 2016 suggested we were above national average in this regard.

In response to the national STOMPwLD campaign and this data extraction, an audit was developed and offered to each GP practice in June 2017.

**Aim of the audit**

The audit was toensure there is appropriate management of the prescribing of psychotropic medication in people with learning disabilities, in line with recommendations by the Royal College of Psychiatrists good practice guidelines and relevant NICE guidelines. The medication reviewed in the audit included: antipsychotics, antidepressants, anxiolytics; and mood stabilisers. Below are the audit criteria, the standard for each was 80%. The results are also shown in this table.

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| --- | --- | --- |
| **Criteria** | | **Results** |
| **1** | Clear indication documented in the patient’s clinical record for this treatment (consider documented evidence of assessment of other causes if for behavioural problems) | 96% |
| **2** | Clear documentation for the rationale for prescribing this medication, which;   * if relevant, includes evidence of non-drug measures to treat behaviour prior to being prescribed, unless the patient is severely distressed or there is an immediate risk of harm to the person or others (NICE NG11) * is part of a wider multidisciplinary care plan | 93% |
| **3** | Documented evidence of consent to treatment (or best interest decision making processes have been followed) | 66% |
| **4** | Documented evidence that the patient has had a review of treatment response and side effects for the psychotropic medication in the last 6 months (ideally 3 monthly) | 72% |
| **5** | Documented review and evaluation of the need for continuation or discontinuation of the psychotropic drug every 6 months (ideally 3 monthly) | 69% |
| **6** | When antipsychotic is prescribed appropriate blood monitoring is performed   * Fasting blood glucose and HbA1c, LFTs, U&Es, TFTs, FBC and lipids monitored in last 12 months, prolactin measured if symptoms of raised prolactin | 54% |

**Results**

* A summary of data collected from clinical systems searches was received from 32 practices within the given time period (see appendix 1, [table 1](#table1))
* Data summary sheets, covering adherence to the standards and actions plans were received from 31 practices (appendix 1, [table 2](#table2))
* Completed data collection sheets were submitted by 21 of these practices which enabled further examination of the results (see appendix 1 [table 3](#table3) and [4](#table4)).

Data collected indicated criteria 1 and 2 of the audit exceeded the suggested standard of 80%, demonstrating the indication and rationale for prescribing is documented. Documented evidence of consent of treatment and the need for continuation or discontinuation of treatment (criteria 3 and 5) both fell short of the targeted standard.

The audit results identified that improvement is required around assessing and documenting continued need at regular review (criteria 4 and 5). Appropriate blood monitoring when an antipsychotic is prescribed fell significantly short with 54% of patients being monitored in line with recommendations (criteria 6).

From the data collection forms submitted from 21 of the practices, covering 251 patients it was noted that;

* A third of patients were living in a care home or assisted living (33%)
* Treatment was mainly initiated by secondary care specialists (60%) and through a multidisciplinary approach (61%).
* Around 56% of antipsychotic prescribing was in line with NICE guidance.
* 73% evidenced consent to treatment or best interest meeting held prior to prescribing
* Medication linked to the presenting indication identified majority of prescribing was appropriate for that indication
* A small proportion of medication was linked to the overarching diagnosis rather than a defined indication.

No data evidenced that the prescription was after non-pharmacological measures were taken prior to prescribing, other than if highlighted that it was in line with NICE guidance.

As this was a baseline audit we do not know if any prescribing habits / changes have been made as a result of this audit.

**Summary of actions agreed at practice meetings (20 action plans submitted)**

Action plans received from the 21 practices identified more work was required on the STOMP agenda. Below are some of themes that were identified within the action plans submitted.

* Use Cardiff LD template to support review
* Set up recalls 6 monthly to review continued need
* Blood recalls / monitoring and appropriate tests
* Shared findings with MDT
* Improve documentation, including decisions regarding consent to stop, start and continue treatment
* Interval of reviews personalised
* Advice from secondary care sought regarding continued need /dose
* Re-audit

**Main recommendations for CCG**

* Medicines Management (MM) Team to complete the audit for remaining practices
* Review the Cardiff LD template to include the STOMP objective and Royal College of Psychiatrists practice standards
* Promote appropriate coding to identify the specific indication the prescription is to treat
* Work with LD Primary Care Development Nurses and MM team to improve uptake on annual reviews
* Promote actions of other MDT members to support STOMP (e.g. social care providers)
* Consider how to ensure use and review in line with STOMP becomes common practice
* Share resources available to support care of patients with LD. These are hosted on Medicines and Prescribing page here - <http://www.intranet.sheffieldccg.nhs.uk/Downloads/Medicines%20Management/Practice%20resources%20and%20PGDs/Medicines%20Safety/STOMPwLD.doc>
* Share findings with key stakeholders / groups, e.g. MH portfolio; MSG; SHSC; SCC; and SCH
* Develop a plan to engage with carers and patients
* To promote STOMP within children’s services
* Promote use and documentation of non-pharmacological interventions offered / used

Heidi Taylor (Clinical Effectiveness Pharmacist) and Joy Smith (Lead Technician), Medicines Management Team - October 2018 **Appendix 1**

The tables below summarises the data received.

**Table 1** - Summary of patient numbers from clinical system searches from 32 practices.

|  |  |  |
| --- | --- | --- |
|  | **Results from national review** | **Results from Sheffield** |
| Number of patients on LD register |  | **1611** |
| Number or % of patients on LD register with a current repeat for an antipsychotic medication (search 1) | 17% | 261 (**16%**) |
| Number or % of patients on LD register who have a current repeat for an antipsychotic who are not on the Mental Health Register (Search 1a) | 58.1% | **69%** |
| Number or % of patients on LD register with a current repeat for an antidepressant medication (search 2) | 16.9% | 341 (**21%**) |
| Number or % of patients on LD register who have a current repeat for an antidepressant who are not on the Depression Register (search 2a) | 31.8% | **62%** |
| Number or % of patients on LD register with a current repeat for an anxiolytic / hypnotic medication (search 3) | 2.7% (adults  4.1% (children) | 246 (**15%**) – All ages |
| Number or % of patients on LD register with a current repeat for mania and hypomania medication (search 4) | 7.1% | 200 (**12%**) |
| Number or % of patients on LD register who have a current repeat for mania and hypomania medication who are not on the Mental Health or Epilepsy Register (search 4a) |  | 15% of those being prescribed |
| Number or % of patients on LD register with a current repeat for any psychotropic medication (search number 5) | 41.3% | 677 (**42%** - note on average, patients were prescribed 1.6 medicines). |

**Table 2 -** Citywide adherence to set standards (of the 31 practices that responded). A total of 403 patients were audited.

|  |  |
| --- | --- |
| **Standard** | **%** |
| Clear **indication** documented in the patient’s clinical record for this treatment (consider documented evidence of assessment of other causes if for behavioural problems) | 96% |
| Clear documentation for the **rationale** **for prescribing** this medication, which;   * if relevant, includes evidence of non-drug measures to treat behaviour prior to being prescribed unless the patient is severely distressed or there is an immediate risk of harm to the person or others (NICE NG11) * is part of a wider multidisciplinary care plan | 93% |
| Documented evidence of **consent to treatment** (or best interest decision making processes have been followed) | 66% |
| Documented evidence that the patient has had a **review of treatment** response and side effects for the psychotropic medication in the last 6 months (ideally 3 monthly) | 72% |
| Documented review and evaluation of the **need for continuation or discontinuation** of the psychotropic drug every 6 months (ideally 3 monthly) | 69% |
| When **antipsychotic is prescribed** appropriate blood monitoring is performed   * Fasting blood glucose and HbA1c, LFTs, U&Es, TFTs, FBC and lipids monitored **in last 12 months**, prolactin measured if symptoms of raised prolactin | 54% |

**Table 3** – Summary of data. Analysis of extra data collected for 251 patients (399 medicines)

|  |  |
| --- | --- |
| Total number of medicines reviewed | 399 |
| % of Patients living in a care home / assisted living | **33%** (83) |
| %Treatment initiated by secondary care | **60%** (151) |
| %Treatment initiated by primary care | **32%** (81) |
| %Treatment initiated by unknown | **8%** (19) |
| % of prescribing part of MDT care plan | **61%** (154) |
| % of antipsychotic prescribing for behaviours that challenges, in line with NICE behaviour guidance (66 patients) | **56%** (37) |
| % of evidence of consent to treatment or best interest meeting documented | 73% (182) |

**Table 4 -** Specific treatment indications from the data collected

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| --- | --- |
| Linked indication | Number of patients |
| **Antipsychotics (74 patients – 29%)** | |
| Psychosis, schizophrenia, hallucinations, psychotic symptoms | 23 (31%) |
| Depression, OCD, BPD, anxiety, bipolar | 18 (24%) |
| Challenging behaviour, agitation, aggression (including one associated with sexual behaviour) | 19 (26%) |
| Sleep | 3 (4%) |
| Autism / ADHD / severe LD | 8 (11%) |
| Other (e.g. cerebral palsy, pain, dementia) | 3 (4%) |
| **Antidepressants (106 patients – 42%)** | |
| Depression | 57 (54%) |
| Anxiety | 19 (18%) |
| Low mood | 7 (7%) |
| Sleep | 6 (6%) |
| Behaviour / agitation | 3 (3%) |
| Pain | 4 (4%) |
| Other (bipolar, BPD, psychosis, paranoid schizophrenia, migraine, OCD) | 10 (9%) |
| **Anxiolytic / hypnotic (25 patients – 10%)** | |
| Anxiety | 5 (20%) |
| Agitation / distress / aggression/ problem behaviour | 8 (32%) |
| Insomnia | 2 (8%) |
| Epilepsy / cerebral palsy | 5 (20%) |
| Other (dementia, schizophrenia, Tourette’s, OCD, encephalopathy, mood disorder) | 6 (24%) |
| **Melatonin (17 – patients – 7%)**  May also have been prescribed other psychotropic medication | |
| **Mania and hypomania medication, inc antiepileptic medication (28 patients – 11%)** | |
| Epilepsy | 21 |
| Mood stabilisers | 3 |
| Obsessive compulsive disorder (OCD) | 1 |
| Autism or Down’s syndrome | 3 |
| **ADHD medication** | |
| ADHD | 2 |
| Lack of concentration | 1 |

**References**

RCPsych - Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines <https://www.rcpsych.ac.uk/pdf/FR_ID_09_for_website.pdf>

NHSE resources - <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

NICE NG11 - <https://www.nice.org.uk/guidance/ng11>