Welcome to the last HALT newsletter of 2016. We thought that this would be the last newsletter ever, however, we were fortunate to have a request to extend the project granted by the Department of Health. This means we have until June 2017 to work through the large amounts of data generated during the last 3 years and work on translating these findings into educational materials, policy directives and better care for people with dementia living in aged care facilities.

Inappropriate use of antipsychotics in people with dementia is an ongoing issue and many initiatives are being trialled at government/policy and individual organisational levels to improve this. There are updated guidelines and medicine warnings, so why does this problem persist? One of the major reasons seems to be lack of awareness and education about the risks associated with these medicines both for people with dementia and their supporters, and aged care staff and GPs. We aim to be able to use the HALT project as a platform to continue raising awareness; to empower and encourage people with dementia and their supporters to question the necessity and appropriateness of the medicines they are prescribed; and to consider having this conversation about potential treatments early after receiving a dementia diagnosis.

Over the page you will see some preliminary findings from the HALT project. The numbers and graphs are impressive enough; the qualitative outcomes – the conversations with families, residents, staff and GPs, the positive stories and observations of practice change are even more powerful.

We are preparing more detailed summaries of the HALT outcomes and will be circulating these over the next month so please keep on the lookout.

FACEBOOK: https://www.facebook.com/pages/Dementia-Collaborative-Research-Centres/157399544320024
TWITTER: @DementiaCRC https://twitter.com/DementiaCRC
LINKEDIN: http://www.linkedin.com/pub/dementia-collaborative-research-centres/70/77a/0

From the whole HALT Team I’d like to thank everyone for their continued support throughout 2016 and have safe, happy and healthy holidays!

Best wishes,

Tiffany Jessop (HALT Coordinator)
What are the best practice guidelines regarding antipsychotic use and how is this reflected in practice?

**Indication for antipsychotic use in dementia**

Antipsychotics are indicated for:
- severe agitation and aggression associated with risk of harm;
- delusions and hallucinations;
- comorbid pre-existing mental health conditions

**Type of antipsychotic**

The only antipsychotic listed by the Pharmaceutical Benefit Scheme for patients showing ‘behavioural disturbances in dementia’ is risperidone and is limited to Alzheimer's Disease. This medication has the strongest evidence for its effectiveness


**Guidelines**

Conversely, antipsychotic medications are not recommended and are unlikely to be effective in certain symptoms such as wandering, undressing, inappropriate voiding, verbal aggression or screaming.

**HALT data**

25% of participants were prescribed an antipsychotic for something other than agitation, aggression or psychosis

Of these were: nocturnal disruption (31%), vocally disruptive behaviour (25%) and delirium (25%)

Antipsychotics HALT participants were taking:
- 61.2% risperidone
- 18% quetiapine
- 12.9% olanzapine
- 10.1% haloperidol

Supported by the Dementia Collaborative Research Centre – Assessment and Better Care, UNSW Australia. The views expressed in this work are the views of its author/s and not necessarily those of the Australian Government.
Studies of risperidone use in dementia pointed to a three-fold risk of ‘cerebrovascular events’ (3.5% versus 1.2%) versus placebo\(^2\)

Antipsychotics are contra-indicated in people with Parkinson's Disease or Lewy Body Dementia

Past history of participants:
- 26.6% stroke
- TIA 20.9%
- both stroke and TIA 7.9%
- 6.5% Parkinson's disease
- 3.8% Lewy Body dementia

Informed consent is essential when prescribing antipsychotics. In NSW written consent is the law.

It is necessary that information about the risks and benefits of prescribing a medication is conveyed to the with dementia and/or their substitute decision maker, and that this is understood.

Only 1 HALT participant had written informed consent for the prescription of antipsychotic medication
- 15% had record of verbal consent
- 54.7% had no consent
- 29.5% had unknown consent status

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Dose and duration

The start low, go slow strategy should be used when starting antipsychotics.
Side effects should be monitored regularly and the drug ceased immediately if significant adverse effects are noted.
Since the natural history of BPSD is variable (symptoms may be intermittent and may settle spontaneously), it is recommended that antipsychotic use is time-limited and reviewed for discontinuation at least every three months (NSW Ministry of Health, 2013).

On average, HALT participants had been taking the current antipsychotic for over 2 years. The dose had remained unchanged for over 1 year. There was evidence for recommended review and/or withdrawal of the antipsychotic in 61% of cases (which had not been acted upon).

An analyses of 17 placebo-controlled studies of atypical antipsychotics showed the mortality rate for elderly patients with dementia was about 1.6 – 1.7 times that of placebo.

EXPERT COMMENTARY

UNSW Conjoint Professor Carmelle Peisah is an old age psychiatrist and President of Capacity Australia, (capacityaustralia.org.au) a not-for-profit medico-legal organisation led by senior legal, social work and medical/psychiatric academics, clinicians and practitioners. Capacity Australia supports the rights of people with decision-making disability by providing advocacy and education regarding capacity across medical, allied health, legal, financial and community sectors across Australia and internationally. The area of deprescribing has been a focus of submissions by Capacity Australia to both the Australian Law Reform Commission and NSW Legislative Council Inquiries into Elder Abuse. This is because: Overuse of psychotropics at the expense of neglect of person-centred care IS elder abuse. Professor Peisah says about HALT: “HALT has shown us that antipsychotics can, and should be stopped in most cases, and replaced with more appropriate person-centred, needs-based solutions to challenging behaviours, which are universally recommended as first line treatment.” The next step after HALT is engagement and empowerment of consumers and carers in understanding facts about psychotropics, best practice care and their rights in regards to such.

3 Food and Drug Administration (2005) Deaths with antipsychotics in elderly patients with behavioural disturbances.

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