The HALT Project
Halting Antipsychotic use in Long Term care

Henry Brodaty
Tiffany Jessop

Australian Minister for Ageing
Mark Butler on Lateline on antipsychotics 16/8/2012
Interventions for BPSD
- Treat cause eg UTI, pain
- Behaviour as communication
- Understand the person behind the behaviour

BPSD: Psychosocial Interventions
- First line
- Increasingly strong evidence
- Person centred care, humour therapy, individual engagement, music, massage, etc
- No side effects

Pharmacotherapy for BPSD
- Recommended as 2nd line therapy or if urgent
  - Atypical / typical antipsychotics
  - Antidepressants eg citalopram
  - Cholinesterase inhibitors
  - Memantine
  - Anticonvulsants
- Limited evidence of efficacy
Polypharmacy in the elderly

- Older people more likely to be prescribed multiple medications at once (polypharmacy)
- ↑ inappropriate prescribing (Steinman, 2006)
- ≈ 43.8% of residents prescribed ≥ 1 inappropriate medicine (Stafford, 2011)

Strong evidence to support deprescribing in NH residents

- Review of 20 trials including 4 in NHs: deprescribing is feasible, variably effective but often poorly evaluated
- Garfinkel & Magin discontinued 332 different drugs in 119 patients in six geriatric nursing hospital depts → ↓ mortality and ↓ costs

Garfinkel D and Magin D (Arch Int Med 2010; 170:1648-50)

Antipsychotics

- 28% of NH residents on antipsychotics
- Antipsychotic use associated with AEs:
  - Parkinsonism
  - Falls
  - Anticholinergic effects
  - Hospitalisation
  - Greater cognitive decline
  - Stroke
  - Death

1 Snowdon J, 2011
Translating dementia research into practice

Continuing vs stopping neuroleptics in dementia patients?

- 12 months RCT
- Continuous use of neuroleptics vs placebo
- Most AD pts withdrew without detriment
- Continuers – worse verbal fluency (p<.002)
- Subgroup of pts with more severe symptoms (NPI ≥ 15) might benefit from continuous Rx

Ballard et al 2008 PLOS Medicine, 5:587-599

DART-AD – mortality associated with continuous Rx

<table>
<thead>
<tr>
<th>A</th>
<th>Modified intention-to-treat (mITT) population</th>
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<tbody>
<tr>
<td>120</td>
<td>Placebo</td>
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<tr>
<td>100</td>
<td>Continuous treatment</td>
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<tr>
<td>80</td>
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<td>0</td>
<td>Continuous treatment: 54 (12)</td>
</tr>
<tr>
<td>0</td>
<td>Placebo: 54 (12)</td>
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</tbody>
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Ballard et al, 2009 Lancet Neurology, 8, 151–157

Psychotropic medication for patients with dementia

- 633 NH residents with dementia followed 1 yr
  - Persistent psychotropic use very common
  - No difference in users vs non-users re BPSD
- Cochrane: aim to discontinue antipsychotics

2 Declercq T et al, Cochrane Review, 2013
**Summary so far**

- BPSD common
- Drug treatments limited efficacy
- Side effects of concern esp. antipsychotics
- Psychosocial treatments effective but limited uptake

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**The HALT Project**

- Evidence for feasibility of deprescribing antipsychotics in people with dementia (Declercq, 2013)
- Develop and test a model for deprescribing in residential aged care
  - reduce the use of antipsychotics without an associated rise in alternative prescriptions or problem behaviours.

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**Steering Committee**

- Dementia Collaborative Research Centre, UNSW
- Centre for Healthy Brain Ageing, UNSW
- Prince of Wales Hospital, Sydney
- Medicare Locals – East and South West Sydney
- NSW Health
- National Prescribing Service
- Dementia Behaviour Management Advisory Service
- Alzheimer's Australia NSW
- Universities of Sydney and of Tasmania
- Neuroscience Research Australia
Protocol

- Single arm longitudinal study; (RCT not allowed)
- 14 LTC homes within Sydney area
- Recruitment target 200 residents
- Resident selection:
  - regular antipsychotics for >3months
  - ≥ 60 yrs
  - consent / assent
  - GP agreement
  - No primary mental health diagnosis
  - NPI scores – total <25, aggression/agitat’n < 9

Protocol

- Recruit NHs and 1-2 RN champions per NH
- Identify dispensing pharmacies
- Identify residents on antipsychotics 3m+
- Consent residents, families and GPs
- Academic detailing to GPs and pharmacies
- Assess residents 2 months before intervention
- Assess residents at baseline
- 12 weeks of training for nurses in psychosocial management of behaviours, then …
- 12 weeks - GPs deprescribe antipsychotics

Intervention

- Gradually withdraw antipsychotics
- 50% dose reduction every 2 weeks
- Monitor for effects of withdrawal and re-emergence of behaviour
- Avoid replacement with other drugs such as benzodiazepines
Education
- Develop HALT training packages
  - Awareness about risks of antipsychotics
  - Benefits of reducing antipsychotics
  - Non-pharm management of BPSD
- Champions train LTC staff
- Info to families and residents
- Academic GP trains GPs
- Community pharmacist detail pharmacists
- Continuing education points for all

LTC staff - HALT Champions
- Training
  - 3 day workshop
    - Prof Lynn Chenoweth
    - Person-centred care
    - Non-pharmacological behaviour management
    - “Train-the-trainer”
    - Ongoing tutorials for care staff

Outcome measures
- Data collection:
  - Pre-baseline (2 months before)
  - Baseline
  - Post – 3 months after
  - Follow up (1) – 6 months
  - Follow up (2) - 12 months
**Outcome measures**

- **Primary outcomes**
  - Reduced rate of antipsychotics without substitute medication use
  - Behaviours - NPI-NH score
- **Secondary outcomes**
  - Cognition, Function, Quality of Life
  - Side effects, falls, hospitalisations, deaths
- **Co-variates:** age, cognition, function, NPI, agitation, quality of life, comorbidities and non-antipsychotic medications

**Challenges**

- “Selling” project to RACFs (time poor, limited resources, managers not open to change)
- Finding suitable “Champions” willing to commit to project activities
- RACFs responsible for identification of potential participants
- Reliance on HALT Champions prioritising research activities
- Quarantining time for HALT activities
- Arranging backfill
- Complex ethics process
- Two interventions – deprescribing & education
- Arm’s length recruitment, privacy issues have delayed consenting process
- Families wanting immediate withdrawal of medication – issue for study design
- Family members resistant to change in care
- Variance in rates of antipsychotic use
Conclusion

• HALT study underway
• Results → end 2015
• Wish us luck

Thank you
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www.dementiaresearch.org.au
www.cheba.unsw.edu.au
h.brodaty@unsw.edu.au