WELCOME TO HALT!

Welcome to the first newsletter for HALT – the ‘Halting Antipsychotic use in Long Term care’ project. The aim of HALT is to develop and test a model to reduce the use of antipsychotic medications in Residential Aged Care Facilities (RACFs), without an associated rise in alternative prescriptions or problem behaviours. The model is intended to be effective, safe and sustainable. HALT will include around 200 residents, 15 high level RACFs, community pharmacists and GPs located in the South Western, Eastern and South Eastern Sydney Medicare Local areas.

MEET THE TEAM

The HALT Project is led by Scientia Professor Henry Brodaty, AO. Professor Brodaty is the director of the Dementia Collaborative Research Centre – Assessment and Better Care UNSW Australia, with many years of experience in dementia research and care.

Dr Allan Shell will provide training and assistance to general practitioners, drawing from his years of experience in the field. Research coordinator Tiffany Jessop will oversee the running of the project.

Research psychologists Monica Cations and Fleur Harrison will visit and interview all participants 5 times over a 15 month period, while Linda Nattrass will provide administrative support to the team.
HALT CHAMPIONS

The backbone of the HALT project is the group of HALT champions – passionate and dedicated RACF staff who have been nominated to lead the way in their workplace in improving care and reducing anti-psychotic use. HALT champions have been appointed from each RACF participating in the study.

In mid-February, some of those champions attended a three day training workshop facilitated by Professor Lynn Chenoweth of UNSW Australia. This workshop focussed on non-pharmacological, person centred approaches to managing challenging behaviours. The champion will now be asked to return to the facility at which they work to mentor and support fellow staff.

The HALT team would like to recognise and thank the HALT champions who attended the training in February for their participation in the project:

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<th>CHAMPION</th>
<th>FACILITY</th>
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<tr>
<td>Lorna Roberts</td>
<td>Scalabrini Village Chipping Norton</td>
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<tr>
<td>Monika Mektah &amp; Muna Shrestha</td>
<td>Montefiore Home Randwick</td>
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<tr>
<td>Reynante De Guzman</td>
<td>St Luke’s Care Lulworth House</td>
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<tr>
<td>Debbie Luscombe</td>
<td>The Abbey Nursing Home Mittagong</td>
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<tr>
<td>Jobin James &amp; Manoj Joseph</td>
<td>Bass Hill Aged Care Facility</td>
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<td>Jocelyn Anastasakis</td>
<td>SMMJH Camelot Maroubra</td>
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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.
Reducing the use of anti-psychotic medications in aged care has the potential to have a number of benefits for those taking the medications, their families and the staff caring for them. The HALT project aims to:

- Reduce the risk of stroke and mortality associated with antipsychotic use
- Improve the person’s thinking and memory
- Improve identification of other health conditions (such as delirium)
- Improve the person’s ability to communicate
- Reduce the risk of falls
- Improve care by providing training on managing changed behaviours with non-drug therapies
- Educate GPs and residential aged care staff about appropriate use of anti-psychotic medications

**Research News**

- Older residents in nursing homes on lower doses of antipsychotics have recently been shown to be less likely to die than residents on higher doses, within 180 days of starting the medication. This finding was based on US national data covering the years 2001-2005 for 75,445 residents. This suggests that it is beneficial for lower dosages of these medications to be used (Huybrechts et al., 2012).

- Further, a high-quality review of 9 studies with 606 participants has suggested that older residents or outpatients with dementia can be withdrawn from long-term antipsychotics without detrimental effects on their behaviour (Declercq et al., 2013).

- A smaller study found that educating care workers about non-drug strategies for managing difficult behaviours led to a reduced need for antipsychotic medications, suggesting that non-drug therapies may be just as effective for this purpose (Yeh, Liu, Peng, Lin & Chen 2013).

For more information on the HALT project, contact HALT@unsw.edu.au
HALT SUPPORTERS

The HALT project is supported by a wide variety of contributors. We thank the following groups for their support:

- Dementia Collaborative Research Centre – Assessment and Better Care
- Dementia Behaviour Management Advisory Services NSW
- Aged Care Psychiatry, Prince of Wales Hospital
- NPS MedicineWise
- Medicare Local Eastern Sydney
- University of Sydney
- Hammond Care
- Dementia Training Study Centre NSW
- Medicare Local South Western Sydney
- University of Tasmania
- The Whiddon Group

FROM THE EXPERTS

Scientia Professor of Ageing and Aged Care psychiatrist Henry Brodaty answers some common questions about antipsychotic medications and aged care.

**When is it appropriate for people with dementia to be prescribed antipsychotic medication?**

“My key indications are when: no cause can be found and remedied; psychosocial strategies have failed; drugs with potentially fewer side effects have failed (e.g. cholinesterase inhibitors, memantine, citalopram); the behaviour is severe and causes distress to the person with dementia directly and/or indirectly through the behaviour’s effects on others; there is no contraindication (e.g. past adverse reaction); and, informed consent from person or proxy has been obtained.

The most responsive behaviours are aggression and psychosis. I am more cautious if there is a history of cerebrovascular disease (e.g. stroke, cardiac disease, arrhythmia) or if the person has Parkinson’s dementia or Lewy body dementia.”

**Under what circumstances would it be useful for an aged care psychiatrist to assess a resident with dementia?**

“Factors that may influence referral are: severity (including danger) of behaviour; duration of behaviour; failure of other strategies; concern about side effects of medication; and, concern of GP, family or staff.”