Reducing inappropriate use of antipsychotic medication through clinician education and non-pharmacological management of BPSD (HALT)

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BACKGROUND
• Antipsychotic medications for BPSD are common despite limited evidence for their efficacy (~30% nursing home residents)
• Potential adverse effects of antipsychotic use in older people include:
  - falls
  - hospitalisation
  - stroke
  - death
  - cognitive decline
• Best practice in BPSD management:
  - promote non-pharmacological interventions
  - if medications → appropriate dose, monitoring, review and withdrawal processes

The HALT project AIMS to:
• reduce antipsychotic use in nursing homes without re-emergence of behaviours or use of substitute Rx
• improve resident outcomes: cognition, engagement and quality of life (QoL)

PROTOCOL
Nursing Homes in 3 areas of Sydney were approached to participate in the study.
• 39 invited
• 20 agreed, 5 withdrew
• 15 participating (rate 38.5%) → 1557 high care beds

Participant Eligibility:
• ≥ 60 years of age
• Regular antipsychotics for ≥ 3 months
• No schizophrenia / bipolar Δ diagnosis
• Neuropsychiatric Inventory score ≤ 24
• GP agreement to reduce antipsychotics

Data collection:
Participant cognition, QoL, behaviours, engagement and medical history at:
• Pre-baseline (-2 months)
• Baseline (-1 week)
• T = 0, deprescribing
• Post (+3 months)
  - Follow up 1 (+6 months)
  - Follow up 2 (+12 months)

DEPRESCRIBING INTERVENTION

Education
• Address barriers/resistance to practice change
• Limited resources, knowledge, awareness
• Fear around re using AND not using antipsychotics in older people

Nursing home staff
• “HALT Champion”
• “train the trainer” model
• Person Centred Care

GPs
• RACGP accredited clinical audit (40 points)
• Academic detailing best practice prescribing

Pharmacists
• Community and accredited pharmacists
• Continuing education module and detailing
• Medication audits / data collection

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