Welcome back to HALT for 2016!

Towards the end of last year we began our 12 month follow up data collection. This means that over the coming months many residents, GPs and RACFs will be finishing up their participation and in the project. In addition, it is really important for us to evaluate the experiences of our remarkable HALT Champions and facility managers so we can find out what worked well to support antipsychotic deprescribing and where we can improve.

I will be visiting each HALT Champion and Facility manager over the next couple of months to discuss and evaluate how the project was received by staff, residents and their families and learn about what changes have been made as a result of HALT. I have already visited a few facilities and it is so exciting to hear all of the positive stories not just about individuals but also about how the process has increased staff awareness about the risks of antipsychotic use and alternative approaches to caring for residents with behavioural and psychological symptoms of dementia.

If at any time there is feedback about the project that you would like to share with me, please do so! Email me at t.holmes@unsw.edu.au

As we prepare to disseminate results from the project at conferences, reports and writing papers, we look forward to sharing outcomes with you via the newsletter.

As always, if you would like to follow the latest from the DCRCs and keep up to date on dementia-related research and news, follow us on Facebook, Twitter and LinkedIn.

https://www.facebook.com/pages/Dementia-Collaborative-Research-Centres/157399544320024

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http://www.linkedin.com/pub/dementia-collaborative-research-centres/70/77a/0

Best wishes,

Tiffany Jessop (HALT coordinator)
ASK THE EXPERTS

Professor Brian Draper, Professor (Conjoint), School of Psychiatry University of NSW and Clinical Director, Academic Department for Old Age Psychiatry Prince of Wales Hospital, Randwick

What is the evidence for the use of non-pharmacological treatments for treating agitation, depression and anxiety in people with dementia?

While there is a need for more research to occur, there is now sufficient evidence for the recently published NHMRC ‘Clinical Practice Guidelines and Principles of Care for People with Dementia’ to make evidence-based recommendations about the use of non-pharmacological treatments. Interventions, preferably multicomponent involving engagement in pleasurable activities and individualised support, should be tailored to the person’s preferences, skills and abilities, with the response noted in the care plan. Carer interventions that involve skills training in managing symptoms, communicating effectively with the person with dementia, meaningful activity planning, problem solving, management planning are recommended.

What non-pharmacological treatments appear to be most effective for depression, anxiety and agitation?

For depression and/or anxiety the evidence-based recommendations suggest the therapeutic use of music and/or dancing, support and counselling, and reminiscence therapy. For agitation behavioural management interventions, the therapeutic use of music and/or dancing, massage and reminiscence therapy were found to be most effective.

Link to the NHMRC ‘Clinical Practice Guidelines and Principles of Care for People with Dementia’

The link below is a paper published on the Royal Australian College of General Practitioners (RACGP) website last year about minimising psychotropic use and reiterating Professor Draper’s points about non-pharmacological interventions. Of note is that this article lists many interventions with varying degrees of evidence quality. NHMRC guidelines only mention treatments where evidence is of the highest quality.

DID YOU KNOW?

In Australia medical practitioners are required by law to obtain consent for the prescription of medications acting on the central nervous system including antipsychotics. In NSW, if a patient lacks capacity to give this consent the Person Responsible is required to make this decision on their behalf. Alarmingy, previous data indicate that proper consenting processes for psychotropic medications are followed in only 6.5% of cases\(^6\). Looking specifically at antipsychotics, preliminary HALT data indicates around 3% of participants had provided written consent and a further 20% had evidence recorded in notes of verbal agreement to prescription of this medication.

# Rendina et al, Substitute consent for nursing home residents prescribed psychotropic medication. International Journal of Geriatric Psychiatry, 2009

MEET THE TEAM

Emily Trigge – Medicine Student

I’m in my fourth year of Medicine at UNSW Australia, and this year I am undertaking an independent learning project to experience research firsthand. I’m really excited to be part of the HALT project and to learn more about dementia.

I grew up in Canberra and moved to Sydney at the start of 2013 for my degree. Over my summer holidays I have spent time working as an Assistant in Nursing in a dementia care home in Canberra. This has been an incredible experience which I’ve found humbling, interesting and enjoyable. I’ve loved being part of a multi-disciplinary team and working with such a wide range of residents. I play the violin and have also spent some time volunteering with a music therapist in a nursing home, and I am so amazed by the power music can have, and the memories and emotions it can evoke in the elderly. These experiences have led me to being fascinated by dementia and I can’t wait to continue my learning during my time at the Dementia Collaborative Research Centre.

I will be reviewing the current literature concerning potentially inappropriate medicine use in older people, attending visits to residential aged care facilities and using some established tools (the Beers criteria, Screening Tool of Older People’s Prescriptions (STOPP) and Quality Use of Medications) to determine rates of inappropriate prescribing among HALT participants. I will also attend lectures on research, be undertaking an elective subject at uni and attending some of Professor Brodaty’s clinics at Prince of Wales Hospital.

Apart from Medicine, I love swimming at Coogee, running the coastal track and getting involved with sport and social activities at my residential college. I love chatting so please come and say hi if you see me during one of my visits with Fleur or Monica 😊
WHAT ARE FAMILIES SAYING ABOUT HALT?

We are very fortunate to have many family members of our participants involved in providing feedback on how their loved one has responded to deprescribing. Some comments below, demonstrating what a positive impact reducing these medications can have.

“I am glad my father is off the medication; I am having great conversations with him now that he’s not so ‘zonked out’.” - daughter of HALT participant

“Being with Ma now I find her overall doing much better. (She is) able to enjoy her life. Ma has gone from 6 months ago looking like death to putting on 6kg and looking like normal again, healthy and happy.”

- daughter of HALT participant

“It has been great! Dad is a lot happier, talks a lot more and is far more alert. He also appears to have stopped shuffling when he walks.”

- daughter of HALT participant

MEET THE TEAM

Linda Nattrass – Administrative Officer

I began working in the Dementia Collaborative Research Centre (DCRC) in 2009, after 10 years in Centrelink. I have always been employed in team based positions and very much enjoy working in collaboration and contributing to the achievement of objectives. Having extensive experience in administration helped me to adapt quickly to the work culture and environment of research, which is very different to the public service.

I feel fortunate to have held administration roles in 3 other dementia research projects before taking up my position with HALT. I am currently employed part time in another project, Timely Diagnosis and Management of Dementia in General Practice. I had little understanding of dementia prior to 2009, but it has been very satisfying to learn much more through my involvement in the different projects. This also helped me on a personal level when a family member was diagnosed with Alzheimer’s disease and was eventually placed into care.

Most recently, I have been interested to learn about the overuse of antipsychotic medications in residents with behavioural or psychological problems associated with dementia and to understand the importance of a ‘person centred care’ approach to take into account each resident’s unique qualities, abilities, interests, preferences and needs.

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