HALTING ANTIPSYCHOTIC USE IN LONG TERM CARE

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HALT UPDATE

This month marks 2 years since I was appointed HALT coordinator and it’s so exciting to look back on that journey and see how much we’ve learnt along the way. Participant recruitment closed on 31st August. Total numbers of participants plus other exciting preliminary data are shown on page 2. Thank you to all of our HALT Champions who have worked so hard to help us reach this important milestone.

On the 7th and 8th of September, the Dementia Collaborative Research Centres hosted the 9th National Dementia Forum in Sydney. This was an amazing two days packed with international experts in dementia care research and knowledge translation as well as many presentations from our super talented researchers here in Australia. Much of the conversation focussed on quality of life and better care for people living with dementia. In a time where there are no effective treatments or cure for dementia on the horizon, we have a responsibility to those currently living with this disease to provide the best care possible and involve people with dementia in finding out what that means.

The topic of quality use of medications in older people, particularly the psychotropics, was raised quite a few times over the two days. I was privileged to be able to give a presentation about the HALT project and how our group is trying to approach this issue by building more evidence around current barriers to use of non-pharmacological approaches and also for successful deprescribing. The theme of the forum was about bringing together the “knowledge generators” and “the knowledge users”. We hope that this is something we are doing well in the HALT project and will continue to do with the study findings as they come to hand.

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

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FOR MORE INFORMATION ON THE HALT PROJECT, CONTACT HALT@UNSW.EDU.AU

Best wishes,
Tiffany
Tiffany Jessop (HALT Project Coordinator)
STUDY PROGRESS

We have finalised recruitment and are very happy to report that we have 126 residents participating across 23 sites. Numbers of active participants from each facility are indicated in purple on the graph below with the full bar (green + purple) representing the total number of residents put forward for the project.

76% of participants have commenced deprescribing to date and 98% of those have completely ceased. Of these participants, 79% remain off their medication up to 12 months post cessation. Overall we have not seen any change in behavioural symptoms amongst participants and many have shown improvements which is very positive!
Tiffany Jessop – Project Coordinator

As you may know from my little updates at the start of every newsletter, I have the privilege of coordinating the HALT project.

I came to the Dementia Collaborative Research Centre from a very different background about 4 years ago. Prior to that I worked in basic science, in a lab for 7 years at the Sydney Children’s Hospital and this is also where I carried out my PhD studies. My PhD investigated the biology of umbilical cord blood stem cells, manipulating these cells in the lab with the aim of providing better clinical outcomes for patients undergoing stem cell transplantation for leukaemia and other blood disorders.

As my experiments were coming to an end I decided that I needed a break from the lab and fortunately landed a position with Professor Henry Brodaty at the DCRC coordinating a research capacity building initiative within community aged care providers. Working with a number of different service providers across NSW on that project and learning a great deal about dementia from all different aspects, I was hooked! Having the opportunity to work with Henry again and the great team he had assembled for the HALT project was a fantastic opportunity that I grabbed with both hands.

Inappropriate use of antipsychotics to manage need-driven behaviours is a huge issue with an array of complexities, each needing attention and resolution. There have been moves in the right direction however there is generally still a lack of education for all stakeholders about the potential risks of these medications and also the benefit and effectiveness of non-pharmacological alternatives.

Cultures of prescribing and negative attitudes towards person-centred care for management of behavioural symptoms are very present. As a relative newcomer to this field, taking an individualised approach to understanding residents, their needs and preferences to inform care shouldn’t even be a question. It makes complete sense. Individual life experiences impact resident’s views and responses to people and events – that is not unique to people with dementia that is being human. The difference for people with dementia is that they rely on us, their families and doctors and healthcare teams, to be their historians and communicators when those abilities have been taken from them.

With no effective treatments or cure for dementia on the horizon it is important to focus our efforts on those living with the disease now. Making sure that our knowledge of quality care is being put into practice so that best possible quality of life outcomes and well-being can be achieved, including protecting people with dementia from unnecessary and potentially harmful medications.
PARTICIPANT FEEDBACK

“What can I say but THANKYOU! When they put mum on these drugs I saw horrible/sad changes. The drugs took mum’s life away; what she has left. I can see today mum is taking part in what’s happening around her and making choices. Actually recognising friends when they come – a smile, a tear, showing her emotions”

- Feedback from family member 3 months following antipsychotic withdrawal

We hear some wonderful observations from family members of participants as well as staff following withdrawal of antipsychotic medications. Something that seems small and simple can have a huge impact on a loved one.

These things can be hard to measure so we love and welcome good news stories from all involved in the project.

“I think the project has created awareness that antipsychotic medications are dangerous and not always the answer. It has allowed staff to witness first-hand the behaviours of residents who have been successfully de-prescribed....it has shown that it is a myth that behaviours automatically increase when antipsychotic medications are decreased.”

- Feedback from Sarah Hughes, CNS & HALT Champion at the Montefiore Home Hunters Hill

“Staff have received excellent education and feel confident and involved in the project. They have found that the process has been very consultative”

“The HALT team has been very approachable and easily contactable”

- Feedback from staff at BCS Shalom Centre

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“We have seen an increase in the use of psychotropic medications and general polypharmacy among the elderly as well. With this in mind, it is important that we educate ourselves on programs and initiatives such as the HALT program, which serves to help aid in the prevention of further increased use of these medications”

- Ann Brodie, General Manager Clinical Services Montefiore Home, Randwick

The HALT Project is funded by the Australian Department of Social Services under the Aged Care Service Improvement and Healthy Ageing Grant Fund.