

## AUDIT OF ANTI PSYCHOTIC MEDICATION USAGE IN THE COMMUNITY IN A SAMPLE OF PEOPLE WITH LEARNING DISABILITIES

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### Introduction

With the philosophy of community care and implementation of resettlement from large Mental Handicap hospitals, increasing numbers of patients with mental illness and behaviour disorders are now managed in the community.

Harrow is a borough in the Greater London area which has a population of about 700 people with moderate/severe learning disabilities. Of these about 300 are actively followed by members of the Harrow Learning Disability Team and about 150 are followed up as outpatients by psychiatrists in clinics and homes.

The Harrow Learning Disability Team is composed of psychiatrists, community nurses, social workers, psychologists and other therapists.

### The Study

A letter was sent to established residential homes of the local authority and the voluntary and private sector in Harrow, requesting a list of medication the residents are using, for audit purposes. The people living at home were identified from the information available from social services. From both these groups a sample of thirty ( $n = 30$ ) patients on antipsychotic medication were selected randomly and their casenotes were assessed by the three investigators between the period dating from 15.10.95 to 31.12.95. The assessment included items about demographic variables, level of handicap, diagnoses, antipsychotic medication-type, dose, route, regular/prn (as required), reason, people involved,

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response, side effects, baseline investigations, use of anticholinergic medication. The standards were set at 100%, that is it was expected that all participants have a full recording of reasons for prescription, the dose, response to medication, side effects, use of anticholinergics and use of prn medication in the clinical notes or in the letters to the general practitioners.

## Findings

Out of 30 patients ( $n = 30$ ) 2 patients had no psychiatric notes because they are followed up by the GP, and they were therefore excluded from the study. Of the 28 ( $n = 28$ ) assessed, 20 ( $n = 20$ ) 71% live in residential placements and 8 ( $n = 8$ ) 29% live in their own home; 17 ( $n = 17$ ) 61% are males and 11 ( $n = 11$ ) 39% are females. Age ranges from 20 years to 78 years. The mean age of the sample is 43 years, 17 ( $n = 17$ ) 61% are under 50 years and 11 ( $n = 11$ ) 39% are over 50 years of age.

Twenty three ( $n = 23$ ) 82% are mild/moderate handicapped and 5 ( $n = 5$ ) 18% are severe/profound handicapped (TABLE I). All of them had a diagnosis: 16 ( $n = 16$ ) 57% mental illness, 11 ( $n = 11$ ) 39% psychotic symptoms, 4 ( $n = 4$ ) 14% neurotic symptoms and 7 ( $n = 7$ ) 25% behaviour disorder. One patient ( $n = 1$ ) 4% had all four diagnoses, 6 ( $n = 6$ ) 21% had mental illness and psychotic symptoms, 1 ( $n = 1$ ) 4% had mental illness and neurotic symptoms, and 1 ( $n = 1$ ) 4% had mental illness and behaviour disorder (TABLE I). ICD 10 coding was available in 25 ( $n = 25$ ) 89% cases while in 3 cases ( $n = 3$ ) 11% it was not available.

Twenty two ( $n = 22$ ) 79% are prescribed one antipsychotic medication and 6 ( $n = 6$ ) 21% are prescribed 2 anti-

psychotics. Five ( $n = 5$ ) 18% are prescribed depot antipsychotic medication. The most commonly used antipsychotic medication is Thioridazine.

Three ( $n = 3$ ) 11% are on oral prn antipsychotic medication. The total dose of antipsychotic medication for each person is within BNF recommended doses.

Nine ( $n = 9$ ) 32% are on regular anticholinergic medication and 3 ( $n = 3$ ) 11% are on prn anticholinergic medication (TABLE II). Out of the 28 ( $n = 28$ ) assessed, 1 had no recordings in the notes since 1986, the other 27 ( $n = 27$ ) 96% have reasons for prescription of antipsychotic medication recorded clearly in the notes. In 22 cases ( $n = 22$ ) 79% the patient has been involved in the decision to prescribe antipsychotic medication as long-term treatment, in 26 cases ( $n = 26$ ) 93% relatives/carers and in 13 cases ( $n = 13$ ) 46% the multidisciplinary team has been involved in the decision. There was no recording as to whether a fact sheet has been provided for any of them.

The patients response to medication has been recorded in 25 cases ( $n = 25$ ) 89% and not recorded in 3 ( $n = 3$ ) 11%. The presence or absence of side effects was noted in 20 cases ( $n = 20$ ) 71% and not recorded in 8 ( $n = 8$ ) 29%.

Appropriate action for side effects has been taken in 14 cases ( $n = 14$ ) 50% while in the other 14 ( $n = 14$ ) 50% it was not applicable since there were no side effects.

Out of 22 ( $n = 22$ ) persons who had changes in the medication, an overall plan has been recorded in the notes for 18 ( $n = 18$ ) 64% and not for the other 4 ( $n = 4$ ) 14%. Relevant investigations have been carried out within the last 1-2 years in 11 cases ( $n = 11$ ) 39% and not in 17 cases ( $n = 17$ ) 61%.

**TABLE I**  
**Demographic Variables**

	(n)	%
<b>TOTAL</b>	28	100
<b>Residence</b>		
Home	8	29
Hostel/Group Home	20	71
<b>Sex</b>		
Males	17	61
Females	11	39
<b>Age</b>		
Age Range	20-78	
Mean Age	43	
< 50 years	17	61
> 50 years	11	39
<b>Level of Handicap</b>		
Mild/moderate	23	82
Severe/Profound	5	18
<b>Diagnoses</b>		
Mental Illness (MI)	16	57
Psychotic Symptoms (PS)	11	39
Neurotic Symptoms (NS)	4	14
Behaviour Disorders (BD)	7	25
(MI) + (PS) + (NS) + (BD)	1	4
(MI) + (PS)	6	21
(MI) + (NS)	1	4
(MI) + (BD)	1	4

% = % of the total sample (n = 28)

Of the 6 people who were on a second antipsychotic medication clear justification for its use is given for 4 (n = 4) 14% while it is not given for 2 (n = 2) 7%.

Of the 3 people with prn anti psychotropic medication, reasons for its use were recorded only for 2 (n = 2) 7%; the frequency was recorded in all 3 cases (n = 3) 11% and the maximum daily dose was recorded only in 2 cases (n = 2) 7%.

Of the 3 people with prn anti-cholinergic medication reasons for its use were not recorded for any of them (n = 0), the frequency was recorded only in 2 cases (n = 2) 7%, and the maximum daily dose was recorded only in 1 case (n = 1) 4%. The community nurse or the social worker is involved in 17 (n = 17) 61% cases and not in the other 11 (n = 11) 39% (TABLE III).

**TABLE II**  
**Antipsychotic and Anticholinergic Medication**

	(n)	%
Total Anti-Psychotics	28	100
One Anti-Psychotic	22	79
Two Anti-Psychotics	6	21
Oral Anti-Psychotics	26	93
Thioridazine	8	29
Sulpiride	6	21
Haloperidol	5	18
Chlorpromazine	4	14
Trifluoperazine	4	14
Clopixol	1	4
Risperidone	1	4
Depot Anti-Psychotics	5	18
Flupenthixol Decanoate	2	7
Haloperidol Decanoate	2	7
Zuclopenthixol Decanoate	1	4
Anti-Cholinergics	12	43
Procyclidine (regular)	8	28
Procyclidine (prn)	3	11
Orphenadrine	1	4

% = % of the total sample (n = 28)

## Discussion

The use of psychotropic medication in people with learning disabilities has been under constant debate. In addition to psychological methods of treatment, psychotropic drugs have been used for this population to treat psychiatric disorders and intractable behavioural problems (Aman and Singh, 1986).

In this sample, all study participants have a dual diagnosis and the majority have ICD-10 coding. In the Harrow community the sample has shown that more males than females received antipsychotic medication while in a hospital

sample there was no difference between males and females receiving antipsychotic medication (Kohen *et al.*, 1993).

The use of antipsychotic medication decreases in older people (Jacobsen, 1988) which is also replicated in this sample, where only a minority are over 50 years of age. In this sample the most commonly used antipsychotic is Thioridazine, as in a hospital population study (Kohen *et al.*, 1993), while Chlorpromazine is the most commonly used antipsychotic in both a community and hospital population study (Kiernan *et al.*, 1995).

A large majority in this sample have mild to moderate learning disability. The

**TABLE III**  
**Audit on Antipsychotic Medication**

	(n)			%	
	yes	no	na	yes	no
Reason for prescription	27	1	-	96	4
Involvement in the decision					
Patient	22	6	-	79	21
Relative/Carers	26	2	-	93	7
Multidisciplinary team	13	15	-	46	54
Fact sheet provided	0	28	-	0	100
Within BNF dose (total)	28	0	0	100	0
Medication Response	25	3	-	89	11
Present/absent side effects	20	8	-	71	29
Action for side effects	14	0	14	50	0
Medication changes plan	18	4	6	64	14
Investigations	11	17	-	39	61
2nd Antipsychotic justified	4	2	22	14	7
PRN Antipsychotics:		(n = 3)			
Reasons	2	1	25	7	4
Frequency	3	0	25	11	0
Maximum daily dose	2	1	25	7	4
PRN Anticholinergics		(n = 3)			
Reasons	0	3	25	0	11
Frequency	2	1	25	7	4
Maximum daily dose	1	2	25	4	7
Community Nurse/Social Worker Involved	17	11	-	61	39

na = not applicable  
% = % of the total sample (n = 28)

reason for prescribing antipsychotic medication, the response to medication, the presence or absence of side effects have been well documented in the majority of cases.

The dose of antipsychotic medication prescribed for the study participants is within BNF limits, and there is no high dose antipsychotic medication usage.

In this sample only a third of the people are on regular anticholinergic medication. The use of prn antipsychotic and anticholinergic medication is not well documented.

The 2 patients who have been followed up by the GP were subsequently given appointments to attend the out patient clinic for assessment and antipsychotic review by a psychiatrist.

## Recommendations

- ICD 10 coding should be available for all patients.
- Reasons for prescribing antipsychotics should be recorded for all.

- If the patient is not involved in the decision to prescribe antipsychotic medication, the reason should be given.
- Carers/relatives and the multi-disciplinary team should be involved in the decision to prescribe antipsychotic medication where necessary.
- The total antipsychotic dose should be within BNF limits. If it is not, the consultant should be involved in the decision.
- Response to medication, presence or absence of side effects, should be recorded in all cases.
- Plan of medication changes should be clearly recorded for all.
- Baseline investigations (Liver Function Tests, Full Blood Count, Urea and Electrolytes) should be carried out once every two years.
- In all cases where a second antipsychotic medication is used it should be clearly justified.
- Where prn medication is used the reasons, frequency and maximum daily dose should be clearly recorded.
- All patients on antipsychotic medication should be reviewed regularly.

Patients with the diagnosis of Behaviour Disorder only, with no Mental Illness and who are on regular antipsychotic medication (n = 5) 18%, should be looked at more closely to exclude any contributing factors for the disturbed behaviour such as environmental factors, physical factors and other factors. This group of patients should be reviewed frequently with a view to justifying the use of antipsychotics.

The aim is to arrive at a monotherapy with the smallest possible dose of antipsychotic medication which is effective for symptom control, and with the

least use of anticholinergic medication. It is planned to repeat the study after a year to complete the audit cycle and assess the change. Future studies should also involve the people with learning disabilities on antipsychotic medication who are not known to the learning disability team.

## Summary

This is an audit on antipsychotic medication usage in the community in a sample of people with learning disabilities, to look at areas which need improvement. The aim is to arrive at a monotherapy with the smallest possible dose of antipsychotic medication which is effective for symptom control, and with the least use of anticholinergic medication.

In this sample all participants have a dual diagnosis, a large majority are on monotherapy, the most commonly used antipsychotic medication is Thioridazine, and a third of the study group are prescribed regular anticholinergic medication. While diagnoses, reason for prescription, dose, response to medication, and side effects are well documented, the use of prn (as required) antipsychotic and anticholinergic medication is not documented according to the standards set.

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