

Antipsychotic Prescribing in Nursing Home Residents with Dementia: A Challenging Issue

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Executive Summary:

- Nursing home residents with dementia are commonly prescribed antipsychotics for less than appropriate reasons
- Our synthesis of the literature indicates that nursing homes are using these medicines as a substitute for poor staffing levels and/or inadequate access to services
- Additionally, there is poor understanding of the risks associated with these medicines, with staff often underestimating the harms they can cause (i.e. stroke and death)
- We need to explore ways to tackle these key issues and to help people with dementia live in a restraint-free environment

Introduction:

The number of people with dementia is escalating in Ireland; **estimates project the prevalence at over 147,000 by 2041.**¹ Antipsychotics are commonly used to manage the behavioural symptoms that arise in these patients. **This is especially true in nursing home settings, where approximately 33% of all residents with dementia are prescribed at least one antipsychotic.**² However, for a lot of these behaviours, such as wandering and repetitive actions, there is limited evidence that antipsychotics are effective. **Moreover, the evidence points to an increased risk of stroke and death when these agents are used in people with dementia.**³ Concerns over the use of antipsychotics as chemical restraints have been expressed for many years, however these concerns continue to be raised today.²



Why do nursing homes continue to use antipsychotics?

To answer this question, our research team conducted a **systematic review of the qualitative literature.**⁴ We then synthesised this evidence in order to gain a deeper insight into this continuing issue. We found 18 qualitative studies, conducted in 6 countries, which explored this matter. None of the studies were conducted in Ireland.

The review discovered several key factors that are influencing prescribers in their decision-making. **One of the key influencing factors is Organisational Capacity.** In other words, the capacity of the nursing home to deal with behavioural issues, in terms of staffing and also access to specialist services. In some studies there was a suggestion that antipsychotics were used to compensate for poor staffing levels. Below is a quote from a nurse illustrating this point.



"The greatest impact on good outcomes for behaviour management is time limits. Nurses are always under pressure to hurry."

Another key influencing factor is **Individual Professional Capability**. Essentially we found that the knowledge and skill level of staff and prescribers had a huge bearing on whether antipsychotics were used as first-line treatment. Some studies concluded that **nurses and family members expressed “unfounded high expectations”** of the effectiveness of antipsychotics. Other studies concluded that **prescribers often lacked adequate knowledge** of the risks and benefits of antipsychotics. Below is a quote from a nursing home manager illustrating this point.



“There are some GPs who are not well versed with dementia...they prescribe anything and everything under the sun.”

Policy Implications:

A key component of our study was a “Confidence in the Evidence from Reviews of Qualitative research” (CERQual) assessment. This tool allows researchers and policy-makers to assess the level of confidence in synthesised findings.

Two findings from our review for which we have high confidence in are as follows:

1. Antipsychotics are being used as a substitute for inadequate resources and/or poor access to specialist services

2. More training and education with regards to the management of behavioural issues in dementia is desired

Resources are needed to support nursing homes to deal with behavioural issues in the form of additional staff, and access to non-pharmacological interventions and specialist teams. By providing these supports to nursing homes, this may alleviate some of the pressure on doctors to prescribe antipsychotics.



Training and education should be provided on an ongoing basis to both nursing home staff and prescribers. By educating staff and prescribers on the evidence base and by training staff on how to implement alternative strategies, this could potentially shift the management of behavioural symptoms towards a more holistic, person-centred approach. However, more research is needed to explore ways to tackle these key issues and to help people with dementia live in a restraint-free environment.



References:

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