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Keep Taking the Medicine 4

The scandal of the inappropriate medication of older people in care

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Main Findings

1. **Around 100,000 older people in care homes are routinely prescribed antipsychotic drugs off-license.** Antipsychotic drugs have not been licensed to treat dementia. (section 2)
2. **The number of reported fatal Adverse Drug Reactions (ADR) among those aged 50-64 has increased by 36.8 per cent in the last four years.** Between 2003 and 2007 the number of fatal ADRs reported to the authorities increased from 139 to 220. (section 5)
3. **Inappropriate prescribing of antipsychotic drugs kills people. A recent study suggests that as many as 23,500 people in care homes die needlessly because of antipsychotic medication.** These findings have been supported by other research. (section 3)
4. **In 2006/07, 4181 (40%) Care Homes for older people failed to meet the medication standard set out by the National Minimum Standard.** With 686 not meeting the standard with major shortfalls, and another 3495 not meeting the standard with minor shortfalls. (section 7)
5. **There is confusion and inconsistency in the implementation of medication reviews** and no national data to measure progress against published standards. (section 6)
6. Medicine reviews have a key part to play in ensuring that elderly people are receiving the right drugs. The Government believes that a person on up to three drugs need only be reviewed once a year. **In the USA the law requires monthly medicine reviews where more than four drugs are being prescribed and quarterly for those prescribed less.** (section 10)
7. The General Medical Council says that doctors should satisfy themselves when prescribing off-licence drugs that they are safe, that good records are kept and that regular reviews take place. **On the face of it the GMC's guidance is routinely ignored by doctors and consultants.** (section 4)
8. **Inappropriate and abusive prescribing is an infringement of human rights and should be prosecuted under the Mental Capacity Act as assault, ill treatment or wilful neglect.** (section 4)
9. The current cost of prescribing antipsychotic drugs a year to people with dementia is approximately £80 million pounds. The cost of alternative care would be £87 million. **The price of dignity in old age could be as little as £7 million.** (section 9)
10. Between 1999 to 2006, there has been a 38% increase in the number of prescriptions of antipsychotic drugs given to the people aged over 60 years, whilst the number of people aged over 60 has increased by 6% in the same period. (section 2)

1. Introduction

The over medication of older people is a form of abuse. It can result in death and it denies older people their dignity. The consequences of over medication have been extensively studied and well reported. Despite the evidence, poor practice has persisted in the UK and prescribing of antipsychotic medication continues to rise.

Keep taking the medicine? Nov 2001

- 1.1 In 2001, Paul Burstow MP published the report *Keep taking the medicine?* which highlighted the use and abuse of medication in the treatment and management of elderly people in care.
- 1.2 The report drew on parliamentary answers and on an extensive review of both domestic and international research evidence. It concluded that antipsychotic medication was being used inappropriately to 'chemically manage' some residents in care homes. The report called for action and set out seven recommendations including; more frequent reviews of medication in care homes, better documentation of prescribing, tougher requirements on the number of trained staff, and a change in the law governing informed consent.
- 1.3 In 2003, Mr Burstow published a follow-up report, *Keep Taking The Medicine 2*, which examined what had happened since the first report was published, it reviewed new research evidence, drew on parliamentary answers and concluded that the Government remained dangerously complacent. The report found that the majority of GP practices had made no progress in implementing the National Service Framework standards for medication reviews for older people.
- 1.4 *Keep Taking The Medicine 3*, published in 2005, looked in detail at the progress the Government had made in delivering medication reviews for the over 75s. The use of such reviews was supposed to be the norm by 2002, but this standard had not been met and many elderly people were the victims of inappropriate and sometimes life threatening medication.
- 1.5 The 2005 report found that the medication reviews were failing to deliver, resulting in many lives being put at risk. It also highlighted the continued increase in Adverse Drug Reactions amongst older people, as well as the poor performance of care homes in relation to the National Minimum Standard.
- 1.6 This report aims to assess how much has changed since the first report, *Keep Taking the Medicine?* and whether any progress has been made on the issues highlighted in subsequent reports. It also looks to focus on how antipsychotic drug use affects mortality, whether the use of antipsychotic drugs is cost effective, what the alternatives are to using antipsychotic drugs amongst the elderly in care homes, and whether the alternatives are viable.

2. Trends in Prescribing

- 2.1 From 2004-2005, the number of prescriptions for antipsychotic drugs was 5,666,765, and in 2006-07, it reached 6,308,226. The number of antipsychotic drugs prescribed in 1999 to people over the age of 60 years was 1,818,300¹, and in 2006, it rose to 2,507,000².
- 2.2 The number of antipsychotic drugs prescribed to older people has risen by 688,700, suggesting that the Government has not done enough to curb the reliance of care homes on antipsychotic drugs as a means of controlling erratic behaviour.
- 2.3 From 1999-2000 the increase of antipsychotic prescription items for people who are 60 years and older increased by 6.2%, and from 2005-2006 there was an increase of 7%. It would therefore be fair to say that this is something that has not changed since the issue was first brought to the Government's attention.
- 2.4 The population of elderly people aged 60 years and over had increased from 12,155,00 to 12,928,000 (6%) from 1999-2006³, meaning that the rise in antipsychotic drug prescriptions to the elderly (38%) is worryingly disproportionate to the increase in population.
- 2.5 Studies have found that there are around 244,000 people with dementia living in care homes in the UK. It has been estimated that around 40 per cent of residents who suffer from Alzheimer's disease in care homes are prescribed antipsychotic drugs, **this means that 100,000 people with dementia are currently being prescribed an anti-psychotic drugs**⁴.

¹ Calculated from data supplied in written answers to Paul Burstow Antipsychotic Medication 19 Jul 2001: Column: 442W and Baroness Barker-Antipsychotic Medication 14 Sep 2001: Column WA18

² Answer to Parliamentary Question submitted by Paul Burstow, Reference Column 465 c990W, 29th October 2007

³ Office for National Statistics, mid-year population estimates

⁴ Alzheimer's Society Report on Antipsychotic Drugs, December 2007, pp.4-6. 244,000 living in care homes with Dementia, approximately 100,000 being prescribed antipsychotic drugs, $100,000/244,000*100 = 40\%$

3. A question of life or death

- 3.1 *Keep taking the medicine?* documented the side-effects and health risks that inappropriate and abusive prescribing of antipsychotic medication can have. Side-effects include constipation, dizziness, drowsiness, fainting, thirstiness, dry mouth, and uncontrolled movements of the mouth tongue and other parts of the body are especially likely in this age group.⁵ These harmful side-effects increase the risk of falls and even provoke further inappropriate prescribing.
- 3.2 Research into prescribing levels in nursing homes in Glasgow found that behaviours for which antipsychotics are considered **inappropriate** are wandering, poor self care, restlessness, impaired memory, depression without psychosis, uncooperativeness and agitation that is not dangerous.⁶ Yet these are often the very reasons they are prescribed.
- 3.3 In 1994 the UK Medicine Control Agency issued guidance that stated:
- “If neuroleptics [antipsychotics] are used in elderly patients with dementia, **very low doses** should be given with cautious titration [solution strength] against the clinical state. Particular care should be taken in patients with features suggestive of Lewy-body dementia⁷ because sudden life-threatening deterioration may occur.”⁸
- The harmful and potentially lethal effects of antipsychotics have been well known for many years.
- 3.4 A yet to be fully published study has found that long term treatment with antipsychotic medication in people with dementia significantly increases the rate of mortality⁹. In other words dementia patients are dying earlier because of the antipsychotic medication they are being prescribed.
- 3.5 The research involved a randomised blinded placebo-controlled parallel two-group trial for 12 months, including a follow-up for 24-54 months, in order to assess how the use of antipsychotic drugs influences the mortality rate of a patient with Alzheimer’s disease.
- 3.6 The results showed that there were clear differences in the survival rates at 24 months ([placebo] 78% v [treatment] 55%), 36 months (62% v 35%) and 42 months (60% v 28%). Given that there are around 100,000 people with dementia living in care homes in the UK at any one time over

⁵ http://www.findarticles.com/cf_dls/g2601/0001/2601000121/p2/article.jhtml?term=

⁶ Survey of Neuroleptic Prescribing in Residents of Nursing Homes in Glasgow, Alice M McGrath & Graham A Jackson, BMJ 1996; 312:611-612 (9 March)

⁷ Lewy body dementia was first described in 1961 and has been increasingly recognized over the past 5-10 years. Sometimes it occurs alone as the presenting illness and sometimes it occurs simultaneously with Alzheimer’s or Parkinson’s disease. Lewy body dementia is very similar to Alzheimer’s disease with progressive loss of memory, language, calculation and reasoning as well as other higher mental functions. However the progress of the illness may be more rapid than seen in Alzheimer’s disease.

⁸ Medical Control Agency - “Current Problems in Pharmacovigilance” Volume 20, May 1994, P6

⁹ Alzheimer’s Research Trust, Report on use of Antipsychotic drugs, March 2007, research by Professor Clive Ballard, Professor of Age Related Disorders at King’s College London

23,500 could be dying prematurely as a result of being prescribed antipsychotic drugs¹⁰.

- 3.7 Research in the USA on the use of antipsychotic drugs in elderly persons with dementia, also states that the incidence of mortality is significantly higher with atypical antipsychotic drugs as a group than with placebo drugs in patients with dementia. It goes on to state that the use of atypical antipsychotic drugs in dementia has been associated with strokes, haemorrhages (CVAEs)¹¹ and death, leading to black box warnings by the Food and Drug Association¹².
- 3.8 A recent review of the available evidence by National Institute for health and Clinical Excellence (NICE) on the treatment of dementia found “all the antipsychotics drugs studied appeared to increase the risk of death when compared to placebo.” and went on to say “several observational studies have suggested that up to 50% of people with DLB may show marked sensitivity to both older and newer antipsychotics with an increase in mortality of two to three times.”¹³ Research has also shown an increased risk of stroke by up to two times.¹⁴
- 3.9 Despite the growing evidence that antipsychotic drugs increase the risk of death of people with dementia this has not triggered an urgent overhaul of clinical governance of prescribing practice or the introduction of greater safeguards through commissioners and health and social care regulation.

¹⁰ Calculated by using the figures published on the Alzheimers Research Trust website as follows: $78/100 \times 100000 = 78,000$; $62/100 \times 78,000 = 48,360$; $60/100 \times 48,360 = 29,016$; $55/100 \times 100,000 = 55,000$; $35/100 \times 55,000 = 19,250$; $28/100 \times 19,250 = 5390$.

¹¹ Cerebrovascular Adverse Event-when arteries in the brain, or connected to the brain are defective potentially resulting in a stroke or a hemorrhagic stroke

¹² American College of Neuropsychopharmacology White Paper, Update on Use of Antipsychotic Drugs in Elderly Persons with Dementia, p.4, 2007

¹³ NICE systematic review, November 2006, complete details of the evidence reviewed can be found in page 236 to 260 of the full NICE guideline:

<http://www.nice.org.uk/guidance/index.jsp?action=download&o=30320>

¹⁴ Committee on Safety of Medicines, Atypical antipsychotic drugs and stroke, 2004

4. Prescribed Off-licence

- 4.1 For a medicine to be marketed in the United Kingdom it must have a Product License from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the government agency responsible for making sure that medicines are acceptably safe.
- 4.2 Antipsychotic drugs were created for people who suffer from Schizophrenia and in some cases for people with Bipolar Mood Disorder. Antipsychotic drugs reduce the psychotic symptoms of Schizophrenia, such as delusions and hallucinations, and they can also have a calming effect on the individual.
- 4.3 Antipsychotic drugs are not licensed to treat the behavioural symptoms of Dementia, but doctors are free to prescribe licensed drugs outside the parameters of the license product and antipsychotic drugs are widely used for people with dementia. This means that all prescriptions of the drugs for people with dementia are off-licence.
- 4.4 There are approximately 100,000 people who are in care homes and have dementia that are being prescribed anti-psychotic drugs off license. The General Medical Council (GMCs) provides the following good practice for doctors prescribing a drug outside the terms of its licence:

19. You may prescribe medicines for purposes for which they are not licensed. Although there are a number of circumstances in which this may arise, it is likely to occur most frequently in prescribing for children...

20. When prescribing a medicine for use outside the terms of its licence you must:

- a. Be satisfied that it would better serve the patient's needs than an appropriately licensed alternative*
- b. Be satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy. The manufacturer's information may be of limited help in which case the necessary information must be sought from other sources*
- c. Take responsibility for prescribing the medicine and for overseeing the patient's care, monitoring and any follow up treatment, or arrange for another doctor to do so (see also paragraphs 25-27 on prescribing for hospital outpatients)*
- d. Make a clear, accurate and legible record of all medicines prescribed and, where you are not following common practice, your reasons for prescribing the medicine¹⁵.*

¹⁵ http://www.gmc_uk.org/guidance/current.library/prescriptions_faqs.asp#5c

- 4.5 In January 2007, the Royal College of Psychiatrists published a report which examined the use of licensed medicines for unlicensed purposes. The report states:

'At present there are no drugs that are specifically licensed for the treatment of psychotic and behavioural symptoms in patients with dementing disorders.

However, in a postal questionnaire survey of 377 members of the Faculty of Old Age Psychiatry (response rate, 66%), most doctors described the use of psychotropic drugs for this application

In the UK, antipsychotic drug prescribing in 400 older individuals (aged 60–93 years) receiving in-patient psychiatric care was examined through a 1-week cross-sectional survey of 750 prescription cards of wards from 19 NHS trusts. Atypical antipsychotic drugs were prescribed to a total of 169 patients (42%), out of these, 85 (50.3%) had the diagnosis of a dementing disorder¹⁶

- 4.6 When the Royal College findings are taken together with the growing body of research evidence it must at least be questionable that the GMCs guidelines are being followed. How can doctors be satisfied that there is a sufficient evidence base that demonstrates that antipsychotics drugs can be safely prescribed?
- 4.7 More worrying still is that care home residents with dementia are unlikely to be able to give informed consent for potentially life threatening drugs to be prescribed. Where a person lacks capacity to give informed consent in such circumstances the Mental Capacity Act applies. Decisions must be in the best interest of the person they affect. But the evidence suggests that far too many prescribing decisions are being made that are not in their best interest.
- 4.8 The Mental Capacity Act created two new criminal offences of ill treatment and wilful neglect. The penalties include fines and terms of imprisonment of up to five years. Doctors and Consultants who prescribe antipsychotic medication and care home managers and staff who administer the medication could be liable to prosecution in view of the well known risks and side effects associated with these drugs. The criminal justice system should take complaints about the use of medication as matters for them as well as care regulators.
- 4.9 It was good news that Department of Health will amend the law to close the loophole that leaves independent care homes outside the scope of the Human Rights Act. GPs and consultants are already covered by its provisions and in the circumstances described in this report it is arguable that those responsible for prescribing anti-psychotic drugs to people with

¹⁶ Royal College of Psychiatrists, Use of licensed medicine for unlicensed applications in psychiatric practise, January 2007,p.11

dementia are breaching their human rights under Article 8¹⁷. It could even be argued that in extreme cases such as chemical restraint Article 3 is breached.¹⁸

4.10 It is not illegal for doctors to prescribe a drug outside of a product licence on their own responsibility, but there are thousands of residents in care homes who are being prescribed antipsychotic drugs off licence when there is no good reason to do so. There is a clear need for the NICE and SCIE guidance on prescribing to be followed¹⁹. The GMC should take steps to ensure that its guidance on prescribing off licence to be more rigorously applied and monitored. Commissioners should make sure that clinical governance systems are in place for this purpose.

5. Adverse Drug Reactions

5.1 The number of Adverse Drug Reactions remains disturbingly high. The number of suspected Adverse Drug Reaction reports received by the Medicines and Healthcare products Regulatory Agency (MHRA) for those aged 50-64 increased by 860 (22.4%) from 2003-2007. The number of fatal Adverse Drug Reactions also increased significantly for those aged 50 and above, as the table shows:

The Number of Fatal Adverse Drug Reactions

	2003	2007	% Increase
50-64	139	220	36.8%
65-74	117	177	33.8%
75+	172	184	6.5%

5.2 These figures offer yet further evidence that not enough is being done to protect the elderly from potentially fatal reactions to the drugs that they are prescribed.

¹⁷ European Convention on Human Rights, Article 8: Right to respect for private and family life, which includes the right to bodily integrity.

¹⁸ European Convention on Human Rights, Article 3: Right to freedom from inhuman and degrading treatment.

¹⁹ National Institute for Health and Clinical Excellence and Social Care Institute for Excellence, Dementia: Supporting people with dementia and their carers in health and social care, 2006

6. Medication Reviews

6.1 In November 2005, the Medicines Partnership commissioned an evaluation of *Room for Review* which examined the patients' assessment of the medication review. Focus groups and interviews were used to evaluate patients' experiences of medication reviews. Altogether, a total of five focus groups and five interviews were held involving 29 patients over a period of 15 months. The main conclusion that the evaluation made stated:

*"It was clear from our focus groups and interviews that people's experiences of medication review were not always as positive as they could have been....the style in which reviews were carried out did not always make people confident about voicing their opinion and allowed it to appear that cost cutting was a priority"*²⁰

6.2 The National Service Framework in May 2001 stated that by 2002, "all people over 75 should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review 6-monthly", and by 2004, "every PCG or PCT will have schemes in place so that older people get more help from pharmacists in using their medicine"²¹.

6.3 The Medicines Partnership evaluation went on to say that their experiences of the reviews were very varied in terms of who conducted them, how they were conducted, the duration and the content. The evaluation attributed this to the lack of precision in the Department of Health definition of what a medication review is, leading to various interpretations, and inevitably confusion and inconsistency.

6.4 A report that will be published in the near future by the Medicines Partnership engaged with patients who had undertaken a medication review. Some of the issues that the patients highlighted included a lack of clarity over why a change of medication was being implemented, no written information after the review, as well as 'concerns about hidden agendas'²². This highlights the major problem with medication reviews, in that people who undergo them are regularly confused by the whole process, and feel that the reasons for a particular change in medication are ineffectively communicated. Considering the damaging affects that antipsychotic drugs can have on an individual, this lack of clear explanation must be addressed.

6.5 Information about the number of medication reviews undertaken is not collected centrally. There is also little information on progress towards the National Service Framework standards. This is something which needs to be rectified by the Department of Health.

²⁰ Ros Levenson, Gianpiero Celino, Musa Dhalla, Commissioned by Medicines Partnership, Evaluation of Room for Review Part 2: the patient view, December 5th 2005

²¹ Department of Health, National Service Framework for Older People's Services, October 2002

²² Clyne, W. Blenkinsopp, A. Seal R, A Guide to Medication Review, National Prescribing Centre

6.6 From the information that is available, it is possible to conclude that there is a complete lack of clarity over medication reviews, as well as a lack of accountability for those who conduct the medication reviews and administer medication, leaving the elderly vulnerable to medication abuse.

7. National Minimum Standard

7.1 In May 2005, the Commission for Social Care Inspection (CSCI) assessed the Victoria Court care home. In regards to the administration of drugs, the report stated:

“There were serious concerns regarding the storage, administration, and recording of medication...requirements and recommendations have been made regarding these standards which need to be addressed by the home”²³

7.2 It goes on to say that:

“medication administration records and medication labels were not checked prior to administration, medication was inappropriately handled and medication administration records were not signed contemporaneously”²⁴.

After this report, two other inspections took place at Victoria Court in July and December of the same year, with the December report stating that:

“previous requirements have been made in relation to medication, which have not been addressed by the home and compromise the health and safety of service users”²⁵.

The latest report by CSCI on Victoria Court took place in May 2006, and stated:

“The administration and recording of medication to serve users is not adequate and does not safeguard service users or confirm if they have had their medicine as it was prescribed by their GP”²⁶

7.3 Greenhill is another example of a Care Home that fails to administer medication acceptably to its residents. A report on the Care Home conducted by CSCI in December 2007, required that:

‘Medication records must be kept up to date including the list of homely remedies used in the home and the list of staff authorised to administer medication along with their initials’

²³ Commission for Social Care Inspection, Report on Victoria Court, January 2005, p.6

²⁴ Ibid, p.26

²⁵ CSCI, Report on Victoria Court, December 2005, p.12

²⁶ CSCI, Report on Victoria Court, May 2006, p.8

'Prescribed medication must be disposed according to the Regulations and staff must be aware of these Regulations'

'The Manager must ensure that guidelines, policies and procedures are in place before covert administration of medications is applied. These must be developed. Previous time frame for action 30/06/06. This was not monitored at this inspection. The timescale has been amended to 01/02/08'²⁷

- 7.4 CSCI conducted another report on Greenhill in January 2008, and although it was not able to assess the progress made on the points above as the time scale for them had not expired, it did make the following recommendation:

'The Manager should ensure that medication reviews are carried out for those residents with large numbers of prescribed items. (NSF Older People-review at least 6 monthly for all residents 75 and over with 4 or more medicines)²⁸.

- 7.5 Victoria Court and Greenhill are just two examples of how medication administered without care in homes can fail to be properly recorded or reviewed. It also shows the inability of some care homes to change their current practice, continuing instead to administer medication that is incorrect, and which could seriously harm the individual. The Victoria Court report also mentioned a lack of staff training for those prescribing medication, which in some cases led to incorrect medication prescriptions for residents.

- 7.6 A report by the CSCI in February 2006 gave a devastating verdict on the competency of care homes to reach the National Minimum Standard. It stated that over 5000 out of 11,500 homes for older people failed to meet the national minimum standards. The report went on to say that:

'People are given the wrong medication, someone else's medication, medication in the wrong doses, or no medication at all'²⁹.

- 7.7 According to the Commission for Social Care Inspection by March 31st 2007, 6356 care homes, or 60% of care homes, were reaching or exceeding the medication standard set out in the National Minimum Standard. However, 4181 (40%) care homes were still not meeting the standards set out in the National Minimum Standards with 686 not meeting the standard with major shortfalls, and another 3495 not meeting the standard with minor shortfalls.³⁰ This leaves many care home residents vulnerable to improper or inappropriate medication. The simple fact is that care homes that fail to meet the medicine standard are providing a substandard service.

²⁷ Commission for Social Care Inspection, Report-Greenhill Inspection, 8th December 2007

²⁸ Commission for Social Care Inspection, Report-Greenhill Inspection, 8th January, 2008

²⁹ Commission for Social Care Inspection, Report-Care Homes fail on Medication Standards, 7th February 2006

³⁰ David James, Commission For Social Care Inspection, 7th December 2007

7.8 A survey undertaken by the National Care Forum that covered a total of 32,878 staff found that 67% of carers now hold an NVQ Level 2 qualification. Currently, 33% of the carers are not properly qualified to do the job that they are employed to do. They are not qualified to handle elderly residents who suffer from illnesses that can cause the resident to behave aggressively, and are therefore more likely to use antipsychotic drugs immediately when they should be seen as a last resort. The previous reports have stated that by 2007, at least 90% of the care home work force should have an NVQ level 2. There is a need for the expectations for qualified carers to be set higher, as the current expectations leave much to be desired.

8. The Cost Benefit

8.1 A recent study measuring health care costs and health-related quality of life in a cost-benefit analysis of second-generation antipsychotic drugs (Olanzapine, risperidone and quetiapine fumarate) in the treatment patients with Alzheimer disease and psychosis, aggression or agitation concluded that the use of antipsychotic drugs did not “generate enough benefit to justify their cost”³¹.

9. The Alternative to Prescribing Antipsychotic Drugs

9.1 A study published in the British Medical Journal evaluated the effectiveness of training and support for care home staff in reducing the number of residents with dementia prescribed antipsychotic drugs has demonstrated that good care can be a substitute for medication³².

9.2 Residents within 12 nursing homes were recruited for the study (four each from London, Newcastle and Oxford), with about 55% of residents using antipsychotic drugs, for 10 months. Two of the homes in each area became control homes, and the other two homes became intervention homes, focusing on the implementation of training and support intervention for the nursing home staff, with a focus on alternatives to drugs for the management of agitated behaviour in dementia.

9.3 The results showed that at 12 months the proportion of residents taking antipsychotic drugs in the intervention homes was significantly lower (23%) than that in the control homes (42.1%), with few differences in the behaviour between intervention and control homes. It concludes:

‘Promotion of person centred care and good practice in the management of patients with dementia with behavioural symptoms provides an effective alternative to antipsychotic drugs’.

³¹ Dr Rosenheck et al., Archives of General Psychiatry, November 2007

³² Jane Fossey, Clive Ballard, Edmund Juszcak, Ian James, Nicola Alder, Robin Jacoby and Robert Howard, Effect of enhanced psychological care on antipsychotic use in nursing residents with severe dementia: cluster randomised trial, Published by BMJ, 16th March 2006

10. Is there a viable alternative

- 10.1 Research by the Alzheimer's Society has shown that prescribing antipsychotic drugs to people with dementia costs an estimated £80 million a year. The research also suggests that alternative care, which concentrates on providing care home staff with the necessary basic training and support for dealing with challenging behaviour, would cost approximately £87 million³³.
- 10.2 The alternative of a people centred approach to dementia patients within care homes is a viable, affordable option, and has proven to be a successful option.
- 10.3 It is estimated that 100,000 of people with Alzheimer's disease living in nursing homes are being prescribed antipsychotic drugs as a treatment for their behavioural symptoms. The numbers being medicated could be significantly reduced through the implementation a person centre approach. The government must ensure that its National Dementia Strategy ends the scandal of inappropriate medication and lays the foundations for care based on dignity not convenience.

³³ Alzheimer's Society Report on Antipsychotic Drugs, December 2007, pp.4-6
244,000 people with dementia in care homes. Based on the FITS programme there would be a need to provide s trainer (nurse/care assistant/dementia specialist) for approximately every 35-40 people with dementia. If a part time nurse costs approx. £12,500, the cost equals £87 million.

11. Conclusions and Recommendations

The over medication of older people is a form of abuse. It can result in death and it denies older people their dignity. The consequences of over medication have been extensively studied and well reported. Despite the evidence, poor practice has persisted in the UK and prescribing of antipsychotic medication continues to rise.

Keep taking the medicine, Nov 2001

- 11.1 Since the publication of *Keep Taking The Medicine?* little has changed. The evidence that antipsychotic drugs are not safe for people with dementia has grown stronger. It is a scandal that so little action has been taken by Government to protect vulnerable older people from this abuse. **The use of medication as a chemical straitjacket must be stopped and stopped now.**
- 11.2 Inappropriate and abusive prescribing and administering of antipsychotic medication are not just matters for commissioners and regulators they should a matter for the criminal justice system. Using medication as a form of chemical restraint is a breach of human rights and amounts to assault. **The Police should investigate complaints about the inappropriate use of medication in care homes to see if there is evidence of ill treatment or wilful neglect under the Mental Capacity Act.**
- 11.3 GPs cannot escape their responsibility when prescribing medicine off licence. If they base their prescribing on evidence they would not be prescribing antipsychotic drugs in such huge numbers. The research evidence, the systematic review by NICE and the rising number of reported deaths as a result of adverse drug reactions all point in the same direction: antipsychotic drugs pose a safety risk, they shorten lives. **The Department of Health should ban the use of antipsychotic drugs in the treatment of people with mild cases of dementia, and urgently review the evidence for their safety and efficacy in severe cases.**
- 11.4 When GPs prescribe antipsychotic drugs they have a duty to document why and conduct regular reviews. Again the evidence from care home inspections suggests a minority of homes are failing to keep proper records and there is no reliable information about the frequency of medication reviews. **The General Medical Council should investigate the routine off-licence prescribing of antipsychotic medication as a breach of their rules.**
- 11.5 The alternative to antipsychotic drugs must now seriously be considered. Although a people centred approach may be more expensive than the current method of dealing with behavioural problems, it is a price worth paying for dignity. **The Department of**

Health should include person centred care training and support for staff working with people with dementia in its National Strategy.

- 11.6 In developing its Dementia strategy the Government should look at practice overseas. For example, *Keep Taking the Medicine 2* reported that in the USA the law requires monthly medicine reviews where more than four drugs are being prescribed and quarterly for those in less. **Such a requirement in the UK would offer the older people the protection that they need from medication abuse.**
- 11.7 Since the last report, the figures for adverse drug reactions (ADRs) and prescriptions for antipsychotic drugs amongst the elderly have risen. Seven years have past since the first report, *Keep Taking the Medicine* and still little has been done to address over and inappropriate medication. **This abuse of older people must end, and as this report has shown, no excuse for a lack of action is acceptable.**