Pharmacists should be helping to improve the use of antipsychotics in people with dementia

In this month's *Pharmacy in Practice* Delia Bishara (page 59) explores the issues of using antipsychotics in patients with dementia. It is widely accepted that antipsychotics are over-prescribed to residents of care homes. Behavioural and psychological symptoms of dementia (BPSD) are common affecting two thirds of dementia sufferers at any one time[1] and there is often a need to do something to manage patients' distressing symptoms particularly where these might pose a danger to themselves and other residents. The concern, however, is when pharmacological management is used for the benefit of the staff to temper less severe symptoms.

There is undoubtedly a culture in some care homes that leads to higher antipsychotic use. Residents in facilities with high antipsychotic prescribing rates have been found to be three times more likely than those in facilities with low prescribing rates to be dispensed an antipsychotic agent, irrespective of their clinical indication.[2] Good clinical practice

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involves identification of potential causes of BPSD such as physical causes, and good nursing practice addresses environmental causes such as sensory deprivation and social isolation. The culture within the care home of identifying and addressing physical and environmental causes explains why some homes use virtually no antipsychotics.

Why does it matter that antipsychotics are avoided in dementia? As well as antipsychotics being relatively ineffective for many BPSD symptoms, such as wandering and disruptive vocalisations, they have serious adverse effects, and are associated with increased mortality and increased rate of cognitive decline compared to no treatment. In the article on differences between so called 'typical' and 'atypical' antipsychotics Stephen Bleakley (page 55) reviews the adverse reactions to antipsychotics. Diabetes, dyslipidaemia and weight gain are of less clinical significance for people nearing the end of life but in older people movement disorders, increased risk of stroke, anticholinergic effects, and postural hypotension or sedation leading to falls are more important. It is widely accepted that antipsychotics and benzodiazepines are associated with falls[3] and therefore with hospitalisation. Despite this antipsychotics and benzodiazepines do not rank highly as a cause of drug-related hospital admissions in observational studies.[4,5] This may be because it is difficult to attribute causality to these medicines when a person is admitted with a fall; the reason for admission is the fall and some people happen to be prescribed antipsychotics.

It is possible to stop antipsychotics in people with dementia without causing them harm or any difference in behavioural and psychological symptoms.[6] Although antipsychotics may continue to have benefit in the most severe cases, these benefits must be weighed against the risk.

Pharmacists can help reduce the level of risk from antipsychotic use in BPSD in three ways: education and training of care home staff; developing (with doctors) guidelines for reviewing the need for an antipsychotic when this is being considered, and reviewing the continued need for treatment in those people already prescribed an antipsychotic.

The *National dementia strategy* was launched by the Department of Health, England as we went to press (www.dh.gov.uk). It aims to 'increase awareness of dementia, ensure early diagnosis and intervention and radically improve the quality of care that people with the condition receive'. The proposals include the introduction of a dementia specialist into every general

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hospital and care home, and that mental health teams assess people with dementia. This provides an opportunity for pharmacy to provide services to improve the use of antipsychotics in this vulnerable group.

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