London: Appropriate prescribing of antipsychotic medication in dementia

Version 2
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This document will continue to be reviewed and re-released to reflect new and emerging evidence. Please email england.londoncagsupport@nhs.net to request the most recent version.

This guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

Appropriate prescribing of antipsychotic medication in dementia

Yorkshire and the Humber Clinical Network and
London Clinical Network NHS England

Published September 2022

Index

The aim of the resource is to provide guidance and information to address:

- uses, risks and alternatives to antipsychotic medication
- risk reduction in antipsychotic prescribing
- support for local systems to deliver best practice in antipsychotic prescribing and de-prescribing where appropriate.

The intended audience: To support Integrated Care Systems working with providers: GPs, GP practice pharmacists, Primary Care Network (PCN) pharmacists, Trust clinicians, staff in care homes, acute hospitals, Memory Assessment Services (MAS) and Community Mental Health Teams (CMHTs). It may also be a useful source of information and support for people living with dementia and carers. See Section 4 for further information.

Please share this resource widely with services who support people living with dementia, to:

- encourage reviewing use of antipsychotic medication for people living with dementia across systems;
- support identification of good practice and/or areas for improvement; and
- enhance understanding of how much decisions about prescribing and deprescribing antipsychotic medication are being made in conjunction with the individual and their families.

Please note that the links and resources in the document have not been reviewed by RCGP.

RC GP Royal College of General Practitioners

NHS London Clinical Networks

NHS Yorkshire and the Humber Clinical Networks

Foreword

Professor Alistair Burns,
National Clinical Director for Dementia & Older People's Mental Health, NHS England and Improvement

This toolkit justly places emphasis on personalised care for people with dementia, their carers, and families. I recommend the use of the audit tool and the guidance in this resource, with a focus on shared decision making and a rights-based approach, for all those involved in the care of people with dementia. It facilitates understanding of local drivers of antipsychotic prescribing as part of provision of good quality care.

Dr Amanda Thompsell,
National Specialty Advisor for Older People's Mental Health, NHS England and Improvement

Nonpharmacological methods are the preferred approach for reducing distress in people with dementia. With increasing research and clinical experience we are learning how to best use such approaches. This excellent toolkit provides a breadth of information and resources to help professionals ensure that a prescription of antipsychotic medications is used only when absolutely necessary.

Peter Pratt
National Speciality Advisor for Mental Health Pharmacy, NHS England and Improvement

I welcome this excellent resource which helps clinicians navigate the complex challenges they face when considering the initiation, continuation and /or discontinuation of antipsychotic treatment for people with dementia. Quite rightly the bar is set high for when to initiate treatment. However, when indicated and in line with best practice, it is also important to recognise that these drugs have an important part to play in the treatment of an individual patient. Continuation of treatment must be kept under regular review. Clinicians will also find this toolkit a valuable resource to support these reviews and prevent inappropriate long term prescribing.

Dr Jill Rasmussen
Clinical Representative for Dementia for the Royal College of General Practitioners

The management of distressed behaviours in people with dementia is an important challenge for Primary Care. This toolkit provides a concise overview of the non-pharmacological and pharmacological interventions that should be considered, with particular focus on minimising the inappropriate use of antipsychotics in this patient population.

Introduction

Antipsychotic drugs are a group of medications that are usually used to treat people with Severe Mental Illness (SMI) such as schizophrenia. In some people antipsychotics can eliminate or reduce the intensity of certain symptoms. However, they also have serious side effects for people living with dementia.

In 2008 the government commissioned the Banerjee Report (Time for Action, an independent review of the use of antipsychotic medication for people with dementia). The report concluded that:

- Antipsychotic use was too high in patients with dementia, and that the associated risks outweighed the benefits in most of these patients because these drugs seemed to have only a limited positive effect in managing dementia symptoms.
- Antipsychotics seemed to be used too often as a first-line response to difficult behaviour in dementia (most often agitation), rather than as a considered second-line treatment when other non-pharmacological approaches have failed.

When use of antipsychotic medication is deemed appropriate, good practice is a necessity to minimise risk and ensure the best outcome for patients. NICE guidance states that the lowest effective dose should be used over the shortest period of time, and as a minimum:

- Patients should be reassessed every 6 weeks to confirm whether they still need the medication.
- Treatment with antipsychotic medication should be stopped if the person is not getting a clear ongoing benefit, and after discussion with the person taking them and their family/carer.

Nice Guidance: Managing non-cognitive symptoms

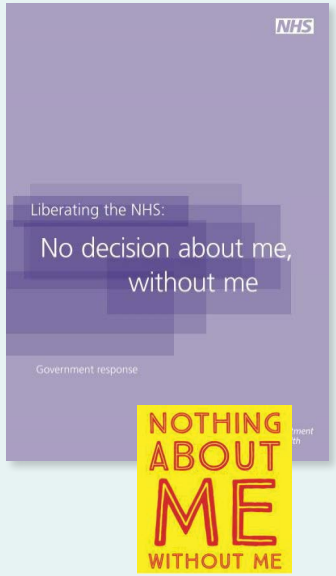
Delia Bishara
Consultant Pharmacist,
Mental Health of Older Adults & Dementia,
South London & Maudsley NHS Foundation Trust

There is concern over the high rates of antipsychotic prescribing in people with dementia due to the associated risks often outweighing the benefits. As such, antipsychotics should only be considered as a last resort in dementia.

This toolkit provides expert, evidence-based practical advice and guidance on risk reduction when using these agents and support with deprescribing where appropriate.

Section 1: Uses and risks

Person centred care and shared decision making are key considerations when considering the use of antipsychotics in people living with dementia 'No decision about me, without me?' The Health Foundation Shared-decision making standard - Professional Records Standards Body (PRSB). This standard on shared decision-making aims to provide a framework for clinicians to record the decision making process between themselves and their patients. The standard also allows the shared decision information to be shared between professionals and their different record systems.



Service Expectations
Use of antipsychotics in dementia

People living with dementia can sometimes become very agitated and misinterpret what is happening. They might also hear voices or see things that are not really there (called hallucinations) or believe that something is real or true when it is not (called delusions). This can be very distressing for them and their carers, and the person may become resistive. Several things should be tried first to help calm the person (for example music, exercise or aromatherapy).

NICE recommends that a person should **only try an antipsychotic if they are at risk of harming themselves or others, or if they are severely distressed.** The antipsychotic should be tried alongside other activities to try to help their distress. It should be used at the lowest dose that helps the person, and for the shortest possible time.

Before starting antipsychotics, discuss the benefits and harms with the person and their family members or carers (as appropriate) so that a shared decision can be made. At system level, NICE recommend that a senior leader is accountable and responsible for the leadership and embedding of shared decision making across every organisation or system regardless of its size.

Dementia: assessment, management and support for people living with dementia and their carers - Reference

Essential tools prior to initiation

It's important to explore all options before prescribing antipsychotic medication. A useful decision aid is provided by NICE. It is recommended that non-pharmacological treatments are explored before choosing to prescribe antipsychotics. If prescribing medication, it is also recommended by NICE that non-pharmacological approaches can be used at the same time as any medication prescribed.

In **Section 4** you will find links to a variety of existing guidance and information that will help you to decide the best treatment plan.

SNOMED CT codes to use for risk assessment and discussion of antipsychotic medication use

Assessment of risk of antipsychotic drug therapy (procedure): 1362101000000103

Discussion about antipsychotic drug therapy (procedure): 737281000000106

Antipsychotics in dementia

What are antipsychotics?

Antipsychotics are a class of drugs sometimes used for behavioural and psychological symptoms of dementia. They are primarily used to treat psychiatric disorders such as bipolar disorder and schizophrenia, among other disorders. Antipsychotics affect a variety of neurotransmitters in the brain. This results in a calming, relaxing effect, but can also produce sedation and affect balance.

Source: Antipsychotics and other drug approaches in dementia care | Alzheimer's Society (alzheimers.org.uk)

What antipsychotic drugs may be prescribed for a person with dementia?

There are several antipsychotic drugs that may be used. Each one has slightly different effects on the brain and has its own potential risks and side effects. The drug with the most evidence to support its use in dementia is risperidone. It is licensed for short term (up to six weeks) treatment of persistent aggression in people withmoderate to severe Alzheimer's disease when there is risk of harm to the person or others. However, this is only if non-drug approaches have already been tried without success.

Source: Antipsychotics and other drug approaches in dementia care | Alzheimer's Society (alzheimers.org.uk)

What are off label antipsychotics drugs?

Other antipsychotic drugs prescribed for people with dementia are done so 'off label'. This means that the doctor can prescribe them if they have good reason to do so, and provided they follow guidance set out by the Good practice in prescribing and managing medicines and devices - ethical guidance summary - GMC (gmc-uk.org)

What symptoms do antipsychotics not help with?

Antipsychotic drugs do not help with other behaviours such as:

- distress and anxiety during personal care
- repetitive vocalisations
- walking about
- social withdrawal
- changes in levels of inhibitions (for example, doing or saying things that may be inappropriate).

These changes are likely to need personalised non drug approaches.

What monitoring is required

When antipsychotics are used for psychosis and schizophrenia, best practice guidance advises that baseline observations are undertaken by secondary care and continued on a regular basis by primary care. Patients should be reassessed at least every 6 weeks, and the antipsychotic should be stopped if it is not helping or is no longer needed.

Source: Psychosis and schizophrenia: What monitoring is required?

There are few guidelines around monitoring of antipsychotics for use in dementia as they are not licenced for long term use. When long term low dose antipsychotics are used solely for the treatment of severe distress in people living with dementia a more personalised approach to monitoring should be considered. Monitoring should only be undertaken if the results will change clinical practice. Monitoring should look at the ongoing need for the medication and to a consideration of de-prescribing.

Delirium and Antipsychotic Medication

Delirium

Delirium is the sudden onset of confusion which may on occasion lead to personality changes (irritability and distress).

The condition can be distressing for the patient and their loved ones.
This has lead to many delirium guidelines supporting the use of antipsychotics to manage this distress.

The risks : Antipsychotic medications may not be stopped in a timely manner but remain in long term use.

Delirium and Antipsychotics

If a person with delirium is distressed or considered a risk to themselves or others and verbal and non verbal de-escalation techniques are ineffective or inappropriate, consider giving short term (usually for 1 week or less) haloperidol. Start at the lowest clinically appropriate dose and titrate cautiously according to symptoms. Medications should be regularly reviewed and **STOPPED** as soon as possible to minimise risks.

Source: www.nice.org.uk/guidance/cg103/chapter/Key priorities for implementation#initial management

Source: www.sign.ac.uk/our guidelines/ risk reduction and management of delirium/

SNOMED CT codes to use for risk assessment and discussion of antipsychotic medication use

Assessment of risk of antipsychotic drug therapy (procedure): 1362101000000103

Discussion about antipsychotic drug therapy (procedure): 737281000000106

YouTube

www.youtube.com/watch?v=7NA6iJJdsK8&t=12s

THINK DELIRIUM Materials

More resources in Section 4

"A person with dementia should only try an antipsychotic if they are at risk of harming themselves or others, or if they are severely distressed. The antipsychotic should be tried alongside other activities to try to help their distress"

NICE [NG97]

Risks associated with prescribing in dementia

Antipsychotic drugs are a group of medications that are usually used to treat people with Severe Mental Illness (SMI) such as schizophrenia. In some people antipsychotics can eliminate or reduce the intensity of certain symptoms. However, they also have serious side effects. For people living with dementia, these include:

- Increased risk of death
- Stroke
- Drowsiness (so increased risk of falls and fractures)
- Postural hypotension (further increasing risk of falls and fractures)
- Worsening of dementia symptoms
- Parkinsonism (shaking and unsteadiness)

For people with dementia with Lewy bodies or Parkinson's disease dementia, antipsychotics can worsen the motor features of the condition, and in some cases cause severe antipsychotic sensitivity reactions.

Benzodiazepines are sometimes used as an alternative to Antipsychotic drugs. However, they also have serious side effects including:

- drowsiness
- light headedness
- confusion
- unsteadiness (especially in older people)
- dizziness
- slurred speech
- muscle weakness
- memory problems
- nausea (feeling sick)

Benzodiazepines: Uses, types, side effects, and risks

Doctors prescribe benzodiazepines for anxiety, insomnia, and other purposes. However, there is a risk of dependence and interactions with other drugs

Experts do not recommend using benzodiazepines for more than 2 weeks. Further reading can be found here.

Considerations

For every 5 to 11 patients with dementia, without psychosis, 1 will have a reduction in their behavioural or psychological symptoms from taking an antipsychotic for around 12 weeks. 4 to 10 will not.

- One death is prevented for every 6 dementia patients who have long term antipsychotic discontinued before it is taken for more than 1 year.
- One death is prevented for every 22 dementia patients who have short term antipsychotics discontinued after around 12 weeks.
- One death will be prevented for every 100 patients with dementia who avoid antipsychotic treatment for behavioural or psychological symptoms.
- One stroke is prevented for every 37 patients with dementia who avoid 8 - 12 weeks of antipsychotic treatment for behavioural or psychological symptoms.

Polypharmacy

Polypharmacy and deprescribing provides supporting evidence for clinicians in making such decisions. Further reading, guidance and checklists in **Section 4**.

Covert administration of medication

Covert administration is the administration of medicines in a disguised form without the knowledge of the person receiving them. Everyone has the right of refusal. Awareness of legislation in this area of practice is essential. Taking appropriate actions such as a best interests meeting with professionals and carers when the person lacks capacity is necessary. Also refer to NICE Guidance.

Due consideration should be given to the Mental Capacity Act (MCA) 2005 and the Human Rights Act 1998. PrescQIPP Bulletin 254.

Section 2: Nonpharmacological Alternatives

Behavioural and Psychological Symptoms of Dementia (BPSD) - distress behaviours: signs and triggers

- Always **THINK DELIRIUM** and pain as a cause for distress behaviours
- Distress behaviours e.g. agitation, shouting, pacing, tearfulness, sad, withdrawn and uncommunicative.
- Triggers for distress e.g. disorientation, anxiousness and fear due to a change in routine or environment, or unable to communicate discomfort, pain, hunger or thirst.
- Distress behaviour is best viewed as an unmet need. Identify and meet the need to help alleviate distress, and any behaviours that challenge. Think **TIME and SPACE**.
- Understand the causes, triggers, and ways of responding to distress in advance if possible, to minimise further distress/ stress for the person and/or carers.
- In managing behaviours, involve the people who know the person well in this process.

Resources and tools to support management of distress behaviours

- Coping with BPSD: Dementia guide
- Benefits of non-pharmacological interventions:
  Aromatherapy
  Massage
  Animal assisted therapy
  Music
  Movement and dancing
  Multisensory
  TIME and SPACE
- Good communication and Person-centred care is a vital component in the prevention and management of BPSD.
- Guidance to Psychosocial Interventions (British Psychological Society)
- ABC tool - The ABC approach is a way of characterising events and resultant behaviours.

Follow the link to Section 4 where you can find further information and resources on Nonpharmacological approaches, Prevention of BPSD, and Management of BPSD.

Non pharmacological approaches to support management of distress behaviours

Examples include:

- Music 4 Dementia
- Alzheimer's Society: Singing for the brain
- Doll Therapy
- Peer Support
- TIME and SPACE
- Age UK activities include Dance for dementia and Art for dementia
- Social prescribing: non-medical support

In Section 4 you can find further links to non pharmacological interventions.

Evidence to support development of business cases for commissioning and planning services

- Medications for treating people with dementia - economic evidence on the use of antipsychotics
- Impact of antipsychotic medication:
  Falls/ Fractures
  Stroke
  Diabetes
  Mortality
- Nonpharmacological Interventions to Reduce Behavioral and Psychological Symptoms of Dementia: A Systematic Review
- The Cost-effectiveness of a Nonpharmacologic Intervention for Individuals with Dementia and Family Caregivers: The Tailored Activity Program
- Accumulation of hospital days among antipsychotic initiators with Alzheimer's disease - people, on average, experienced about 11 more days in hospital. A hospital stay is estimated to cost £400 per day Data.Gov.uk
- A study: Well-being and Health for People Living with Dementia (WHELD) programme - reduction of reliance on antipsychotics and reduced GP and hospital visits.
- Randomised controlled trial highlighting positive clinical effectiveness of STrAtegies for RelaTives (START) programme over 6 years, without increasing costs. NOTE: alongside support for the person experiencing the distress behaviour, providing support to the carer may help prevent break down of care.
- Systematic review of systematic reviews of non-pharmacological interventions to treat behavioural disturbances in older patients with dementia.
- A literature review of clinical outcomes associated with antipsychotic medication indicating association with adverse events such as mortality and falls.

Section 3: Deprescribing guidance

Why deprescribe?

- Antipsychotics are commonly used in older adults, particularly in those residing in long-term care (LTC) facilities, to control certain behavioural and psychological symptoms of dementia (BPSD) including delusions, hallucinations, aggression, and agitation when there is potential for harm to the patient or others. Reference 4
- However, antipsychotic treatment initiated for BPSD is often continued chronically, despite a lack of documented ongoing indications for many patients. Because behavioural features of dementia change over time as the disease progresses, (Reference 6) it is important to reassess the continued need for treatment. The goal of deprescribing is to reduce medication burden and harm while maintaining or improving quality of life.
- The longer someone is on antipsychotic medication and the higher the dose, the higher the risk of side effects (refer to page 9).

In Section 4 you can find further links to deprescribing guidance and related literature.

When to deprescribe?

- All patients should be reassessed at least every 6 weeks in line with NICE guidance, and good practice is to look for side effects at 2 weeks and potential benefit, or not, at 4 weeks. This should be done in consultation with the person and their family/carer, the antipsychotic should be stopped if it is not helping or is no longer needed.
- For patients stabilized for a minimum of 3 months on antipsychotic treatment for BPSD, gradual withdrawal of antipsychotics does not lead to worsening symptoms compared with those who continue taking antipsychotics. Reference
- For adults with BPSD treated for at least 3 months (symptoms stabilized or no response to adequate trial), it is recommended:
  Taper and stop antipsychotics slowly in collaboration with the patient and caregivers: e.g., 25%-50% dose reduction every 1-2 week (strong recommendation, moderate-quality evidence.vidence)

Drug	Total daily dose	Step 1	Step 2	Step 3
Risperidone	Up to 500 micrograms	**Stop**		
	Up to 1mg	Halve dose	**Stop**	
	Over 1mg	Halve dose	Halve dose	**Stop**
Quetiapine	Quetiapine 25 milligrams	**Stop**		
	Up to 50mg	Halve dose	**Stop**	
	Over 50mg	Halve dose	Halve dose	**Stop**
Haloperidol	Up to 500 micrograms	**Stop**		
	Up to 1mg	Halve dose	**Stop**	
	Over 1mg	Halve dose	Halve dose	**Stop**

Source - index (prescqipp.info)

- For adults with primary insomnia treated for any duration or secondary insomnia in which underlying comorbidities are managed, we recommend the following:
  Stop antipsychotics; tapering is not needed (good practice recommendation).

Holistic deprescribing considerations in people living with frailty and dementia

Why are medicines harmful

Common side effects of medicines in older adults can be dizziness and falls, weight loss or weight gain, and changes in memory or our ability to think and process information. These, in turn, can cause older adults to get hurt and may ultimately lessen their ability to function in day to day life.

Medications Work Differently in Older Adults | HealthInAging.org

There is evidence to suggest that medicines with anticholinergic properties can adversely affect cognition in older people with those exposed to such medicines having both a lower MMSE score in cross sectional samples, and showing a greater rate of cognitive decline over time. Several studies report that these medicines are commonly prescribed in the elderly, including for people with dementia.

Source: appendix-n-pomh report (nice.org.uk)

Tools you may find useful:

Anticholinergic Burden ACB Calculator
The Anticholinergic Burden Scale (ACB) is used to collect data relating to anticholinergic burden. The authors of this scale state that a score of 2 or 3 indicates clinically significant anticholinergic burden and that this should prompt a review of medication with the aim of reducing this burden.

Anticholinergic Effect on Cognition (AEC) tool - www.medichec.com
Medichec helps to identify medications that might have a negative effect on cognitive function and/or other adverse effects in older people.

Medstopper is a tool to help clinicians and patients make decisions about reducing or stopping medications.

STOPP/START
Screening Tool of Older People's Potentially Inappropriate Prescriptions (STOPP) Screening Tool to Alert Doctors to Right Treatments (START).

Make Every Contact Count (MECC)
Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day to day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

Source: Making Every Contact Count (MECC)

Approach to deprescribing

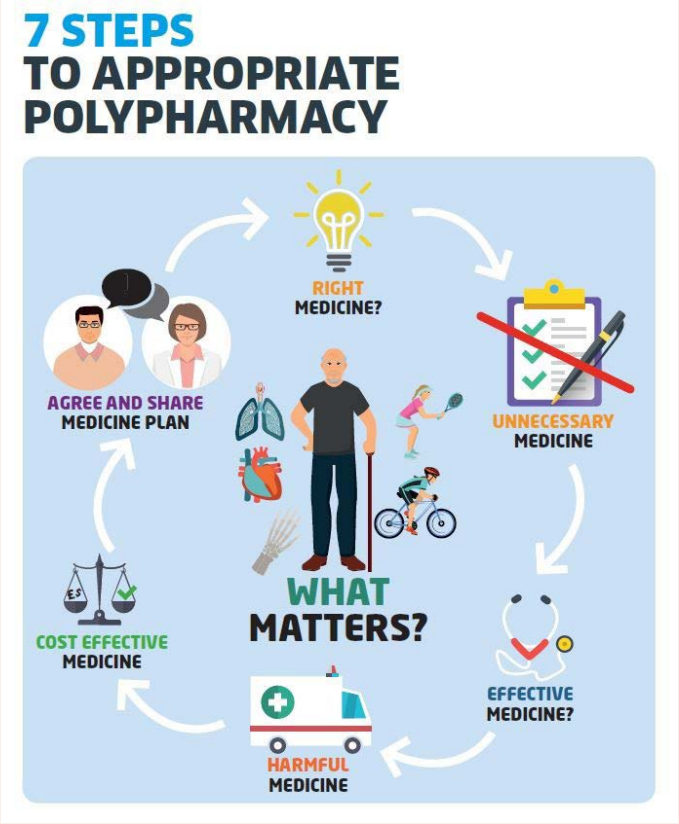
A stepped approach can be used when stopping medicines, and should initially be undertaken as a trial. Take into account, the person's, and their family members or carers.

- Views and understanding about their medicines.
- Concerns, questions or problems with the medicines

Further support can be offered: Support for Carers resources and further information.

Putting a Stepwise approach in to practice

- Shared Decision Making is key
- Check adherence
- Identify any potentially inappropriate polypharmacy (PIP)
- Determine whether the PIP can be stopped
- Plan the withdrawal regimen: reduce or stop one medicine at a time
- Check for benefit or harm after each medicine has been reduced or stopped.



An example of one approach to de-prescribing: Scottish Government/ NHS Scotland

Deprescribing guidance

Following this link to **Section 4** where we have included a wide variety of de-prescribing guidance and associated literature.

Section 4: Tools to help implement changes

Tools to help implement changes

In this section you will find a variety of helpful tools, templates, guides, leaflets. They are aimed at all areas across the health and social care spectrum.
Some may also be a useful source of information and support for people living with dementia and carers.
They are organised into the broad sections below and colour coded for use where its felt they will be most useful.

KEY to categories

As a general guide, resource more suited to:

Primary Care - purple

Pharmacy - green

Care Homes - orange

Acute Mental Health & Secondary Care - pink

People Living With Dementia and Carers - brown

PRIMARY CARE	PHARMACY	CARE HOMES	ACUTE MENTAL HEALTH & SECONDARY CARE	PEOPLE LIVING WITH DEMENTIA AND CARERS

Resource	Area
EXAMPLE = Survey of Knowledge and Attitudes - for use in Primary Care, Secondary Care, Pharmacy colleagues	

Click on the relevant link below to go directly to that section

Essential tools prior to initiation of Antipsychotics

Non Pharmacological Interventions

Audit and Reviews

General Resources

Deprescribing Guidance

PRIMARY CARE

PHARMACY

CARE HOMES

ACUTE MENTAL HEALTH & SECONDARY CARE

PEOPLE LIVING WITH DEMENTIA AND CARERS

Essential tools prior to initiation of antipsychotics

	Area
NICE decision aid, Antipsychotic medicines and dementia	
Guidelines for antipsychotic use and withdrawal for people with dementia Produced by Suffolk MH NHS Trust & West Suffolk CCG	
Guidelines for the management of Behavioural and Psychological Symptoms of Dementia (BPSD) - Antipsychotics in Dementia Produced by Oxford Health NHS FT	
Guidance for Antipsychotic Use and Withdrawal in Dementia Produced by Ipswich & East Suffolk CC	
Supporting decision making with regards to psychotropic medications in dementia care Produced by North West Coast Clinical Network	
PrescQipp: Covert administration of Medication	
Covert medication flow chart	
Appropriate covert administration of medication - A checklist for care staff	
DHSC National overprescribing review report 2021	
The Use of Antipsychotic Medication in the treatment of Dementia	
Physical health monitoring for oral and depot antipsychotic medication	

PRIMARY CARE	PHARMACY	CARE HOMES	ACUTE MENTAL HEALTH & SECONDARY CARE	PEOPLE LIVING WITH DEMENTIA AND CARERS

Essential Delirium Resources

	Area
West Yorkshire Health and Care Partnership THINK DELIRIUM Resources	
THINK DELIRIUM Leaflet	
Delirium Dramas	
What Is Delirium Video	
DeliriumReady - Delirium Awareness and management Delirium Superimposed on Dementia	
THINK DELIRIUM E Learning	
Greater Manchester Community Delirium Toolkit	
Early Identification and Management of Delirium in the Emergency Department/ Acute Medical Assessment Unit	
Delirium Curriculum for Acute Hospital staff	
Delirium in the acute hospital setting: the role of psychiatry	
Calderdale and Huddersfield Foundation Trust Delirium Guidelines 2020	
Leeds Community Healthcare NHS Foundation Trust 3Ds Clinical Framework	

PRIMARY CARE | PHARMACY | CARE HOMES | ACUTE MENTAL HEALTH & SECONDARY CARE | PEOPLE LIVING WITH DEMENTIA AND CARERS

Non Pharmacological Interventions

Systematic review for non-pharmacological interventions in BPSD.pdf	

Activities	Area
Meaningful Activities and Sources of Meaning for Community-Dwelling People Living with Dementia	
An Art Gallery Access Programme for people with dementia: 'You do it for the moment'	
Non-Pharmacologic Interventions for Persons with Dementia	
New approaches to health and well-being for dementia day-care clients, family carers and day-care staff	

Further resources/guidance	Area
The Cost-Effectiveness of a Behavior Intervention with Caregivers of Patients with Alzheimer's Disease	
IPA Complete Guides to Behavioral and Psychological Symptoms of Dementia (BPSD)	
MODEM - Modelling outcome and cost impacts of interventions for dementia: START- Strategies for Relatives sets out research highlighting the cost effectiveness of using the intervention	
Dementia UK Understanding changes in behaviour - coping with distress includes advice on signs and causes of distress, prevention and calming techniques for the person living with dementia and carers, as well as sources of support	
www.alzheimers.org.uk/about-dementia/treatments/drugs/non-drug-approaches-changes-mood-and-behaviour	
www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/talking-therapies	

PRIMARY CARE | PHARMACY | CARE HOMES | ACUTE MENTAL HEALTH & SECONDARY CARE | PEOPLE LIVING WITH DEMENTIA AND CARERS

Non Pharmacological Interventions

Prevention of BPSD	Area
Alzheimer's Society - Optimising treatment and care for people with behavioural and psychological symptoms of dementia: Best Practice Guide for Health and Social Care Professionals highlights steps to take to actively prevent BPSD, including a clinical checklist, recognition of triggers and considerations for personalised care and the environment	

Management of BPSD	Area
BPAC^{nz} Better Medicine offers a useful table of common presentations of frequently encountered BPSD and non-pharmacological management strategies including agitation, disinhibited behaviour, apathy, anxiety, depression, nocturnal disturbance, wandering and psychotic symptoms.	
STrAtegies for RelaTives (START) is a free learning intervention that supports the development of coping strategies for carers of people with dementia. Manuals and resources are included	
Challenging behaviour in dementia Alzheimer's Society information	

Further resources/guidance	Area
Alzheimer's Society: Reducing and Managing Behaviour that Challenges	
SCIE: Behaviours that challenge when supporting a person with dementia	

PRIMARY CARE | PHARMACY | CARE HOMES | ACUTE MENTAL HEALTH & SECONDARY CARE | PEOPLE LIVING WITH DEMENTIA AND CARERS

Non Pharmacological Interventions

Further resources/guidance	Area
NICE decision aid, Antipsychotic medicines and dementia	
CLEAR Dementia Care © developed by the Northern Health and Social Care Trust Dementia Home Support Team (DHST) to help enable an understanding of distress behaviours	
Managing behavioural and psychological disturbance in dementia - Leeds CCGs	
Stepped Care Model referenced in: Alternatives to antipsychotic medication: Psychological approaches in managing BPSD in people with dementia	
Dementia Care Mapping - Alzheimers Society	

PRIMARY CARE	PHARMACY	CARE HOMES	ACUTE MENTAL HEALTH & SECONDARY CARE	PEOPLE LIVING WITH DEMENTIA AND CARERS

Audit and Reviews

Audit	Area
Dementia Antipsychotic Audit Tool **Purpose:** To review notes of patients with a diagnosis of dementia who have been prescribed antipsychotic medication to: assess whether this has been appropriate medication to prescribe, establish whether the appropriate review protocols have been followed, establish whether this medication can be reduced or stopped	

Medication review assessment templates	Area
Prescribing Antipsychotics for People with Dementia Initial Assessment for GPs	
Prescribing Antipsychotics for People with Dementia Medication Review for GP	
Mental Health Medication Review Assessment Template (patient facing)	
Mental Health of Older Adults Initiation of antipsychotic monitoring form	

Medication review letter templates	Area
ANTIPSYCHOTIC REVIEW LETTER – Camden	
THREE MONTH MDNS REVIEW/ Antipsychotic Review - Islington	
Mental health medication review letter	

PRIMARY CARE | PHARMACY | CARE HOMES | ACUTE MENTAL HEALTH & SECONDARY CARE | PEOPLE LIVING WITH DEMENTIA AND CARERS

Audit and Reviews

Resource	Area
These questionnaires have been designed to get a baseline of current knowledge of antipsychotic protocols and to get a feel for local staff attitudes towards their use. They are available in PDF format or for those using Microsoft you can use the template link.	
Survey of Knowledge and Attitudes - for use in Primary Care, Pharmacy, Secondary Care and possibly ALL. Copy the Microsoft forms template here Download the PDF form here	
Survey of Knowledge and Attitudes - GP's Copy the Microsoft forms template here Download the PDF form here	
Aspiring to Excellence in Antipsychotic Prescribing for Patients with Dementia in Derbyshire	

e-templates on SystmOne	Area
SystmOne users can access the Anti-Psychotic Medication review template by searching in the Resource Library. To access the Resource Library within SystmOne, navigate to System>Resource Library from the main menu bar. For a short video explaining how this functionality can be used click here.	

PRIMARY CARE	PHARMACY	CARE HOMES	ACUTE MENTAL HEALTH & SECONDARY CARE	PEOPLE LIVING WITH DEMENTIA AND CARERS

General Resources

Resource	Area
iWHELD online support programme to support care homes and their staff in Improving the Wellbeing and Health for People Living with Dementia.	
Mind: Deciding to come off psychiatric medication	
Rethink: Information about antipsychotic medication	
Alzheimer's Society: Antipsychotics and other drug approaches in dementia care	
Handy Guide to coming off mental health medicines - Sheffield Health & Social Care NHS Trust	
Case study: Prescribing antipsychotic medications for the treatment of behavioural symptoms in people with dementia in Milton Keynes	

PRIMARY CARE | PHARMACY | CARE HOMES | ACUTE MENTAL HEALTH & SECONDARY CARE | PEOPLE LIVING WITH DEMENTIA AND CARERS

Deprescribing Guidance

Resource	Area
Reducing Antipsychotic Prescribing in Dementia Toolkit, Sussex Partnership NHS Foundation Trust - Adapted for PrescQIPP	
T7: Reducing antipsychotic prescribing in dementia	
GP Resource Pack Reducing Antipsychotics in People Living with Dementia, Sussex Partnership NHS Foundation Trust	
Reducing antipsychotic prescribing for non-cognitive symptoms in dementia - A practical guide for GPs and care practitioners, Pragna Patel, Care Home Improvement Team Pharmacist, Herts Valleys CC.	
Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia, evidence-based clinical practice guideline	
Interventions to Reduce Inappropriate Prescribing of Antipsychotic Medications in People With Dementia Resident in Care Homes: A Systematic Review	

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Deprescribing Guidance

Resource	Area
Guidelines for antipsychotic use and withdrawal for people with dementia, West Suffolk CCG	PRIMARY CARE, PHARMACY, CARE HOMES, ACUTE MENTAL HEALTH & SECONDARY CARE
Developing Deprescribing Guidelines	PRIMARY CARE, PHARMACY, CARE HOMES, ACUTE MENTAL HEALTH & SECONDARY CARE
Antipsychotic (AP) Deprescribing Algorithm	PRIMARY CARE, PHARMACY, CARE HOMES, ACUTE MENTAL HEALTH & SECONDARY CARE
Guide to when and how to safely withdraw antipsychotics	PRIMARY CARE, PHARMACY, CARE HOMES, ACUTE MENTAL HEALTH & SECONDARY CARE
Guidance for antipsychotic use and withdrawal in dementia	PRIMARY CARE

Literature Review

To gather an evidence base to support the toolkit the Library and Knowledge service at Rotherham Hospitals NHS Foundation Trust, ran a variety of searches to help to find evidence relating to both Pharmacological and Non Pharmacological interventions for people living with dementia. Throughout the toolkit we have referenced relevant papers from the literature review.

The full literature review can be accessed HERE

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