



# **ANTI PSYCHOTICS FOR THE TREATMENT OF CHALLENGING BEHAVIOUR IN DEMENTIA**

**Dr. Jay Viswanathan – Consultant Psychiatrist  
Dr. Gemma Fisher – Clinical Psychologist**

**South West CMHT for older people**

# AIMS

- Quiz
- To discuss the use of anti psychotics in dementia care
- Presentation of three audits
- Definition of challenging behaviour
- Assessment of challenging behaviour



# CHALLENGING BEHAVIOUR QUIZ

## TRUE OR FALSE?

- Challenging behaviour is simply part of dementia.
- Challenging behaviours have no meaning or purpose.
- Challenging behaviours happen for no reason and often come “out of the blue.”
- Challenging behaviours should be prevented and controlled.
- Using a challenging behaviour is a way to communicate something



# DEMENTIA & ANTI PSYCHOTIC USE QUIZ

- 70% of people with diagnosis of dementia live in care homes T / F
- 66-100% of care home residents have diagnosis of dementia T / F
- Prevalence of BPSD in dementia is 1) 30 % 2) 50 % 3) 60-80 %
- Anti psychotics have no benefit in managing BPSD T / F
- Anti psychotic use causes CVA in 1) 1600 2) 10,000 3) 50,000 patients



## QUIZ CONTINUED.....

- Anti psychotics cause \_\_\_\_\_ additional deaths/year 1) 5000 2)1800 3)15,000
- % of anti psychotic prescription in care homes ranges from 30 – 48% T/ F
- Target reduction in anti psychotic prescription to 33% of baseline is to be achieved in 6 months T / F
- Potential savings from decreased anti psychotic prescription in millions is 1)55 2)75 3)100



# FACTS AND FIGURES

- Sube Banerjee report for DOH 2009
- 700,000 people with dementia
- 180,000 prescribed anti psychotics
- Benefits in 36,000 people and 145,000 people prescribed without good reason
- This causes 1620 additional CVAs ( 50% severe symptoms) and 1800 additional deaths / year



# CARE HOMES & DEMENTIA

1/3<sup>rd</sup> of patients with dementia live in care homes  
ie > 230,000

Within care home setting. 66-100% of the residents  
have dementia depending on the type of home

50% of all the care home residents have depressive  
symptoms

Prescription of anti psychotics vary from 30% to 48  
%

Canadian study – 25-33% prescribed AP, of those  
prescribed, 41.8% are aged over 85yrs and 70.5%  
live in NH

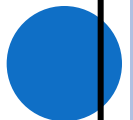


# AUDIT FINDINGS

- Present results from 3 settings
- Primary care audit by David Birch
- Acute hospital audit by Dr. Leung et al
- Care home audit by Dr. Jay from secondary mental health services



Setting	Type of study	Diagnosis of dementia	Antipsychotics in %	Anti depressants in %	BZD in %	Sedatives %
Primary care	Cross sectional	1145	17%			
New Cross	Retrospective – april to sep	-Not the aim. -18/ 42 case note review	194 prescriptions		12 prescriptions	4 prescriptions
Care homes	Cross sectional- 43 care home data	416	37.7%	35.3%	12.9%	10.1%



# AUDIT CONTINUED

Anti psychotic	Care Home (%)	New Cross	Primary care 2011 2009
Promazine	44		
Quetiapine	28.6		27 (33)
Haloperidol	14.6	45.8	
Risperidone	7.6	12.3	17 (8)
Olanzapine	1.2	12.8	5 (2)
Aripiprazole	1.2		
Amisulpiride	1.2	4.1	
TFL/ CPZ	0.6 each		



## RECOMMENDATIONS

- Judicious use of anti psychotics in severe symptoms when other measures have failed
- Review at regular intervals 6 weeks to 12 weeks.
- Try non pharmacological interventions first
- Combined effort to reduce rate of prescription to 33 % of baseline in 2 years.
- By this we could achieve a savings of 55 million.



# CHALLENGING BEHAVIOUR IN PRACTICE...



# WHAT IS 'CHALLENGING BEHAVIOUR'?

## **Behaviour that Challenges Us is About People not Pathology**

“People’s behaviour, whatever form it takes, is very often an attempt to express something which they are unable to articulate verbally. For instance, wandering or shouting may not simply be a function of the illness. People with dementia may be trying to express their feelings by behaviour patterns which we find difficult to understand or cope with” (Goldsmiths, 1996).



# CHALLENGING BEHAVIOUR

- Not all people with dementia present with behaviour that is challenging,
- Those that do often present with specific challenges that are in context – and sometimes time - bound challenges.
- Don't we all have challenging behaviours, given the right situation???



## EXAMPLES

- You are sitting in your lounge and a stranger comes in and scoops you up into a 'crane type thing' without a word.
  - How would you react?
- You are sitting in a restaurant and the waiter comes across and asks if you would put your bib on and proceeds to put it round your neck
  - How would you react?



# CHALLENGING BEHAVIOUR

- Much of the “challenging behaviour” in dementia can be seen as a way of COMMUNICATING something which is otherwise difficult to express.
- For example, hunger, thirst, pain, displeasure, pleasure, enjoyment, boredom, energy, affection, curiosity, confusion.
- Normally it shows that there is a need to be met
- Challenging behaviour is often the most common reason for medication and hospitalisation and can sometimes lead to restrictions. It is important therefore to try and understand what the behaviour is communicating.



# WHY DO SOME PEOPLE HAVE CHALLENGING BEHAVIOURS?

- Here are some common reasons why someone might behave in a way which challenges us:
  - To communicate something
  - Boredom
  - To avoid or escape from unwanted requests, situations, people, activities
  - To gain something (interaction, food/drink, space, activity)
  - To communicate distress/confusion/pain
  - To gain some relief/let off steam



# A FRAMEWORK FOR UNDERSTANDING AND RESPONDING TO BEHAVIOURS THAT CHALLENGE

1. Identify the “problems”: what are the behaviours of concern? What is the person saying or doing?
2. Who is it a problem for?(Staff or clients)
3. What factors are influencing the behaviour? Using your knowledge and understanding of the person what might be affecting their behaviour, what is causing/ contributing to their difficulties/distress?



# A FRAMEWORK FOR UNDERSTANDING AND RESPONDING TO BEHAVIOURS THAT CHALLENGE

4. Why is the behaviour occurring? What is the function or purpose of the behaviour?
5. What can be done to prevent it? What are the triggers/warning signs?
6. How should you respond if it does occur? What would help? What would not help?
7. Evaluate your interventions, change and adapt as necessary

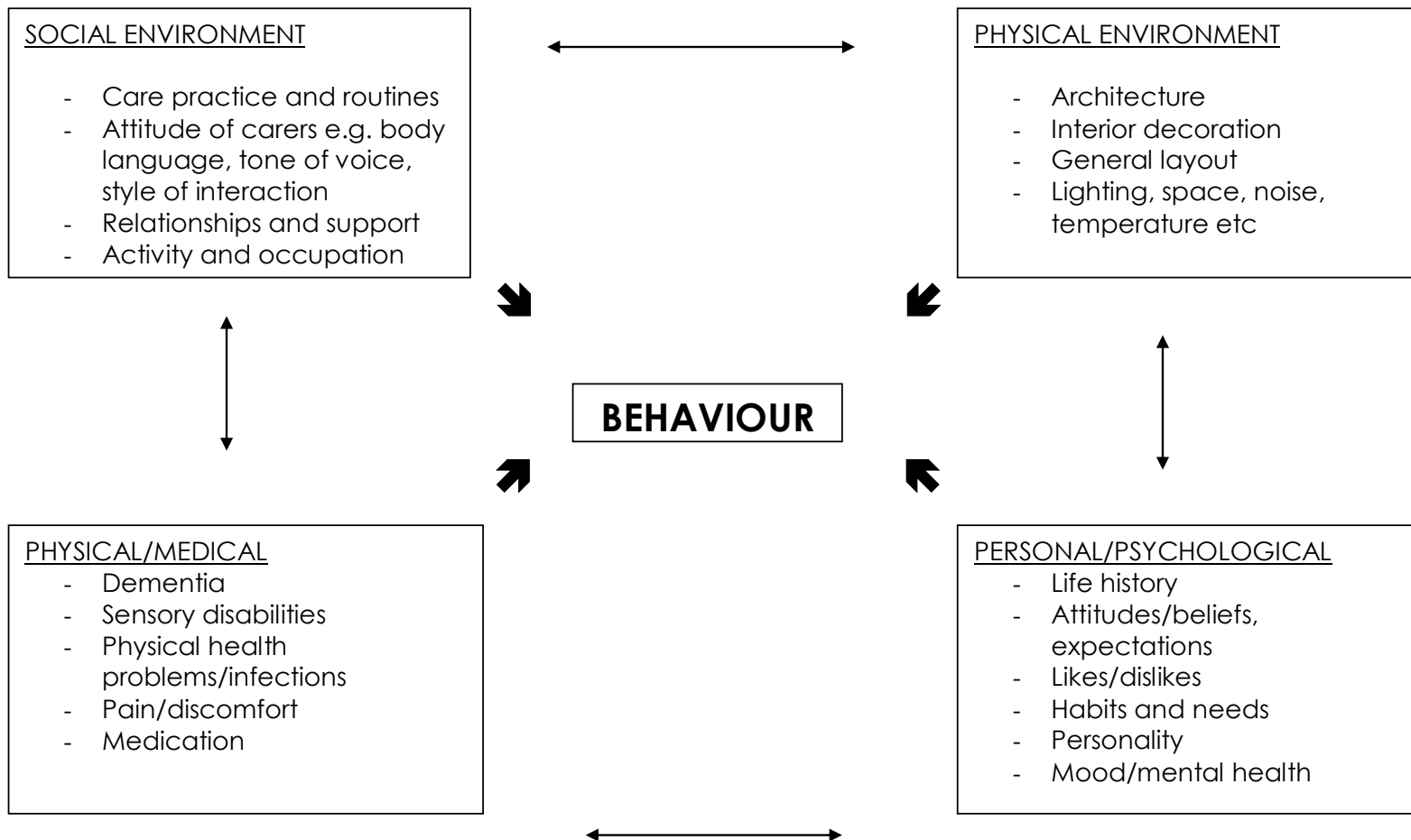


# WAYS OF UNDERSTANDING- BEHAVIOURAL ASSESSMENT

Date And time	<i>Antecedent</i>	<i>Behaviour</i>	<i>Consequences</i>	<i>Alternative ideas</i>
5/5/11 8.10	<p>Event/situation, briefly describe the situation prior to the behaviour, what was happening? Who was there, what was said/done etc</p> <p>Myself (Paul) and Gail were trying to get Fred out of bed. We said good morning Fred and opened the curtains. We began to get his clothes ready for the day.</p>	<p>Describe what exactly did the person do and say, to whom?</p> <p>Fred muttered under his breath. And then hit me in the head- he rolled over and faced the wall and would not respond</p>	<p>How did you feel? What did you do? How did you respond? How did the person respond?</p> <p>My face hurt... I thought what have a done wrong. I said 'that's not very nice Fred' he muttered at me and Gail was able to roll him over to dress him.</p>	<p>Thinking back is there anything else you could you have said or done that might have helped?</p> <p>I suppose I am a morning person and Fred might not be? I might try and not be so active in the morning around him? He might not have heard me? He might have been confused? I know he can sometimes not see?</p>



# A MULTI-DIMENSIONAL MODEL FOR UNDERSTANDING BEHAVIOURAL PROBLEMS



## SUMMARY 1

- People with dementia are individuals with individual needs, life stories and preferences. Understanding them as people and their individual needs is the key to knowing how best to respond to and understand them.
- This can be achieved in a number of ways, by being curious about them and their needs in order to develop individualised care plans.



## SUMMARY 2

- There are many practical ways to assess needs including: talking with and getting to know the person, ABC charts, discussion with family/other carers, life story work, observation etc.
- From this you can build in appropriate activity and occupation, talking time and social contact and thoughtful management strategies should a behavioural problem occur.



## SUMMARY 3

- Try to “put yourself in their shoes”. How must the person be feeling, thinking etc.
- Try to think about why the behaviour might be occurring and what would help?



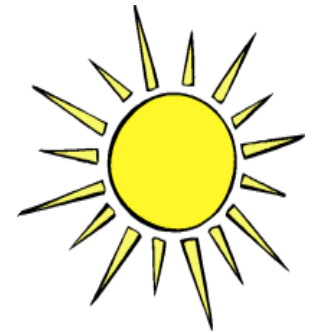
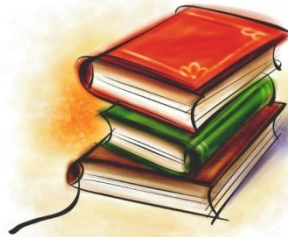
# WHY IS IT IMPORTANT TO UNDERSTAND BEHAVIOUR THAT CHALLENGES US



Challenging  
behaviour



# WHEN WE UNDERSTAND CHALLENGING BEHAVIOUR



Challenging  
behaviour

## SUGGESTED READING....

- NICE guidelines for Dementia CG42  
<http://www.nice.org.uk/CG42>
- The use of antipsychotic medication for people with dementia: Time for action A report for the Minister of State for Care Services by Professor SubeBanerjee.  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_108302.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108302.pdf)
- Atypical antipsychotics and behavioural and psychiatric symptoms of dementia: Prescribing Update For Old Age Psychiatrists
- <http://www.rcpsych.ac.uk/mentalhealthinfo/treatments/anti-psychoticmedication.aspx>



- Ballard CG, Waite, J, Birks J. Atypical antipsychotics for aggression and psychosis in Alzheimer's disease. Cochrane Database of Systematic Reviews 2006;issue 1:Art. No CD003476. DOI: 10.1002/14651858.CD003476
- Stokes.G., and Goudie, F. (1990). *Working with Dementia*. Winslow Press Ltd United Kingdom:

