



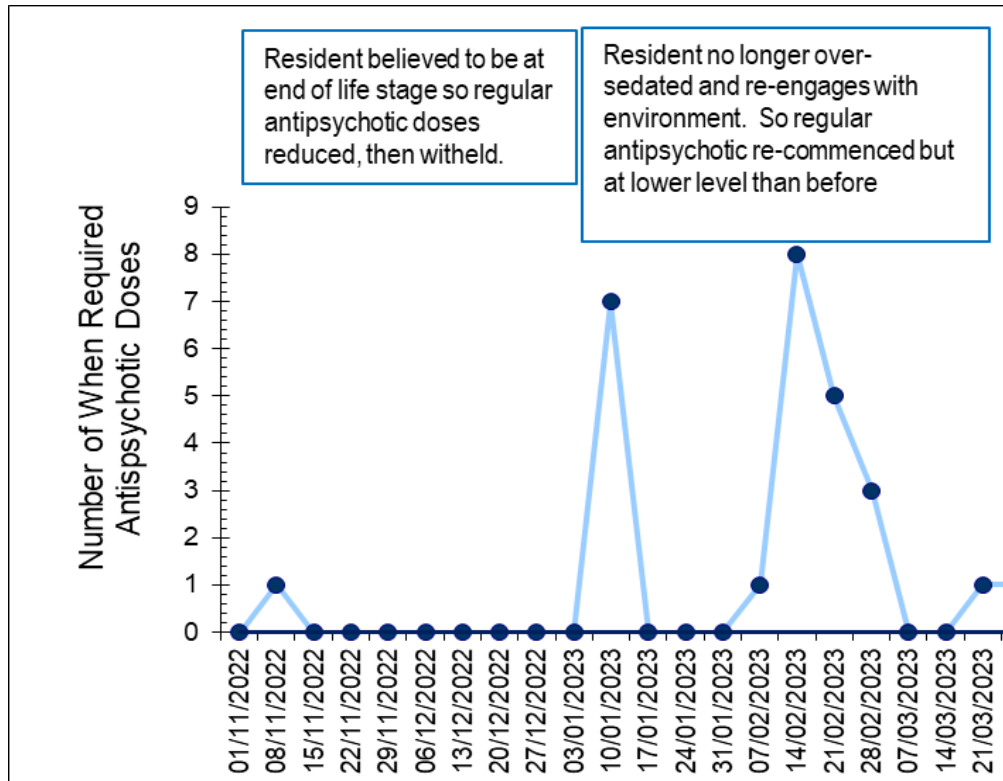
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David Marshall – Care inspectorate, Senior Improvement Adviser (Pharmacy)

# Reducing Inappropriate Psychoactive Medication For People Living With Dementia – Cohort 1



# What was the issue?



Ongoing concerns on prescribing and use of psychoactive medicines



Lack of clinical review by prescriber



Over reliance by staff (inc. agency) to manage symptoms



**If no one else is going to fix this, we need to try**

# Pre-project work

HC1 Dementia Care team

Enhanced observations for specific residents

End of Life or Oversedation

Improving resident outcomes and staff confidence



QI project with  
10 care homes

# What was our approach

- All teach all learn
- Nobody was dragged along
- Project team provided initial QI, Dementia and Medicines support
- **Power given to frontline staff**
- **Think big, Start small**

## AIM

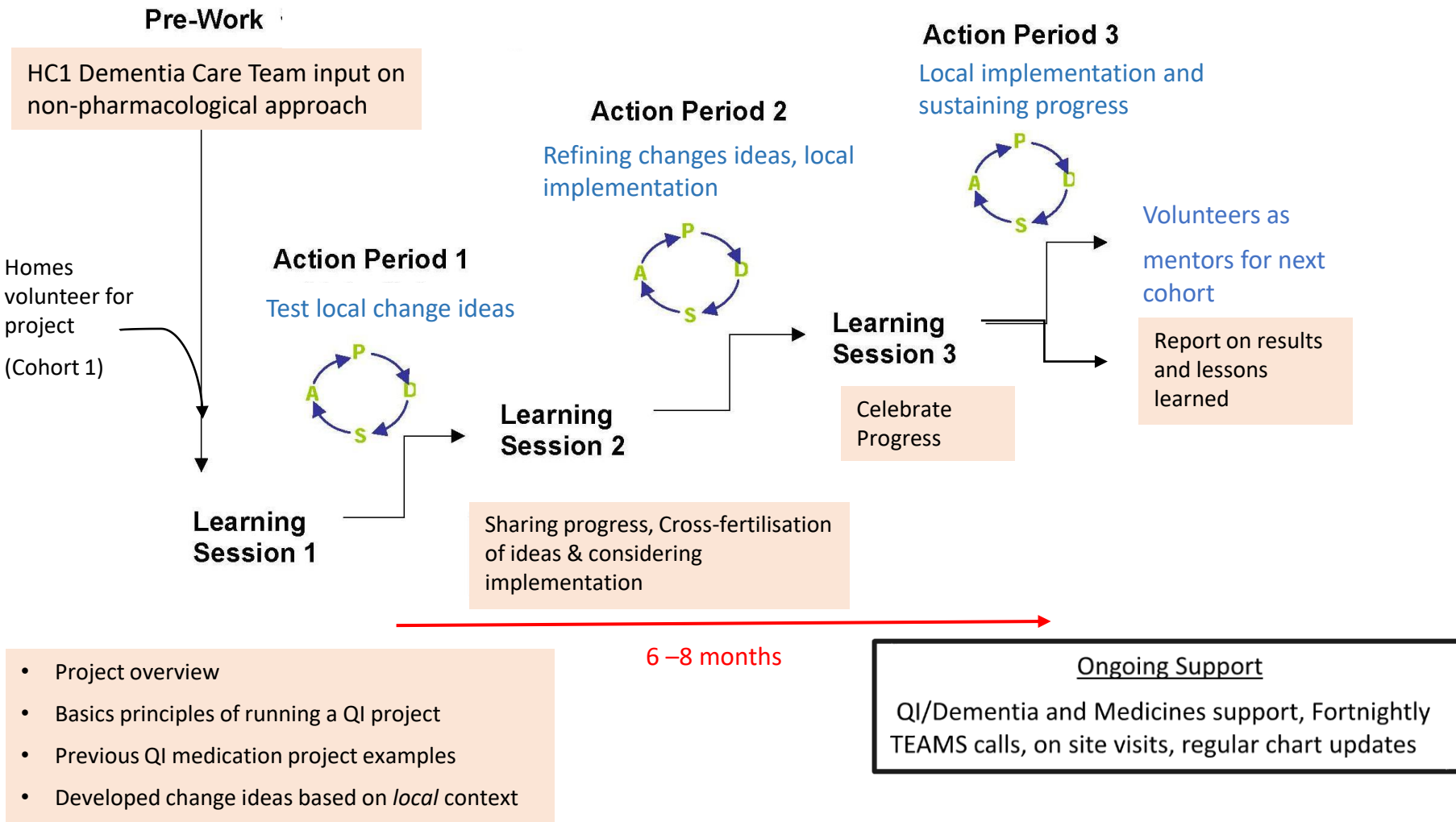
- To reduce by 40% the prescribing and use of select psychoactive medication for people living in our care homes by 30st November 2023

**Improve QoL outcomes for people in care homes**

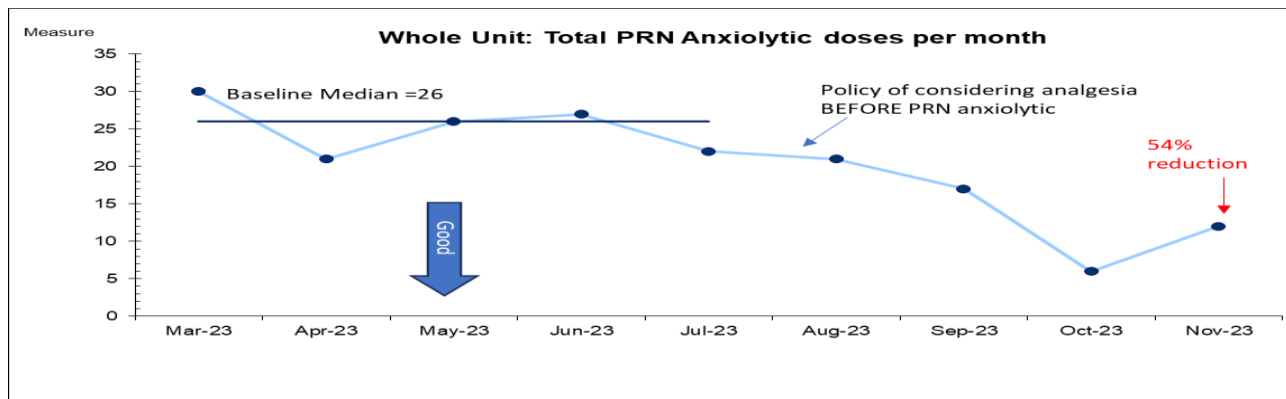
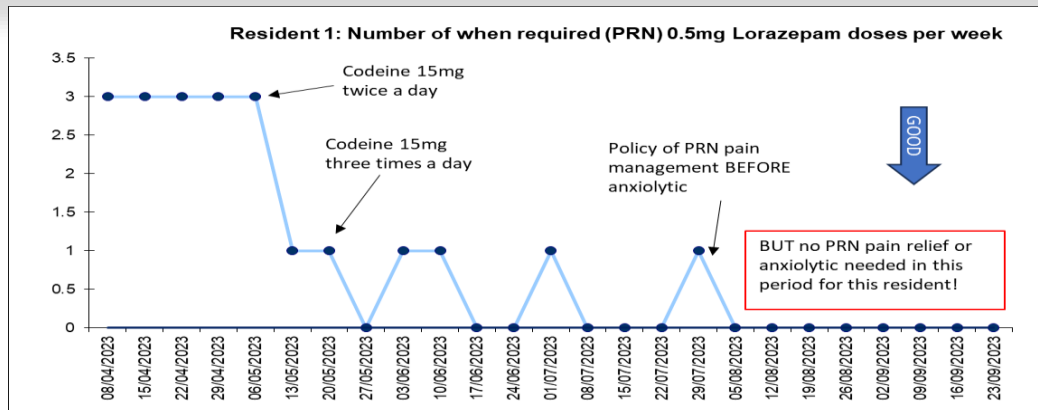
- Homes power to identify and say how to address system issues at **local level**
- Empowerment – **psychological safety** to challenge norm, test ideas and learn from what doesn't work

## Sustainability

- **Staff ownership of practice**
- Spread in QI way and not just put out mandate
- Early adopters in cohort 1 will support cohort 2

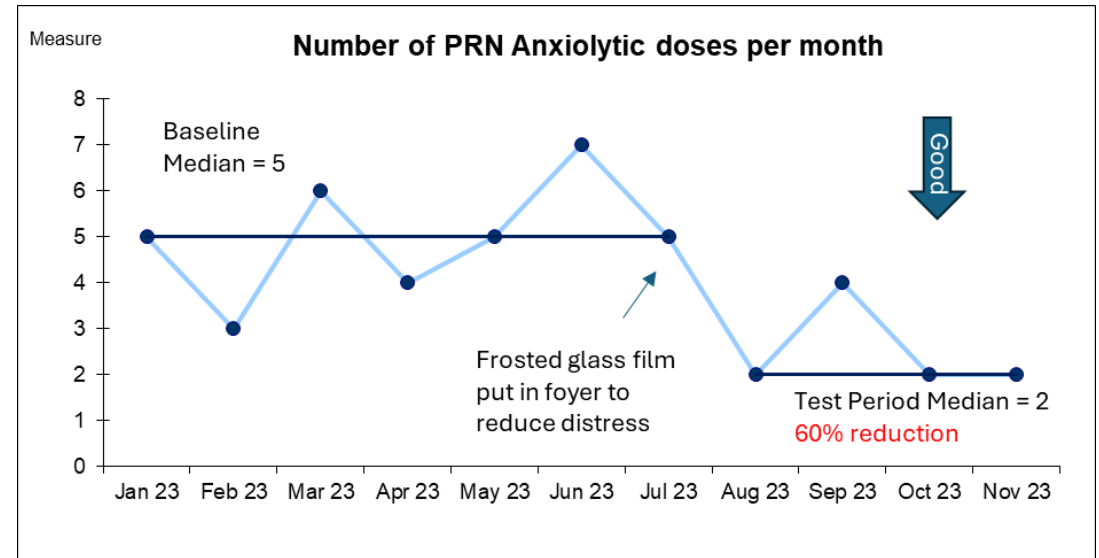


# Results: Pain Management



Staff now **think pain** when they see someone in distress and advocate effective pain management before moving on to other interventions and using psychoactive medications. We thought there was impact for one person but didn't expect the data to show an impact on the whole unit

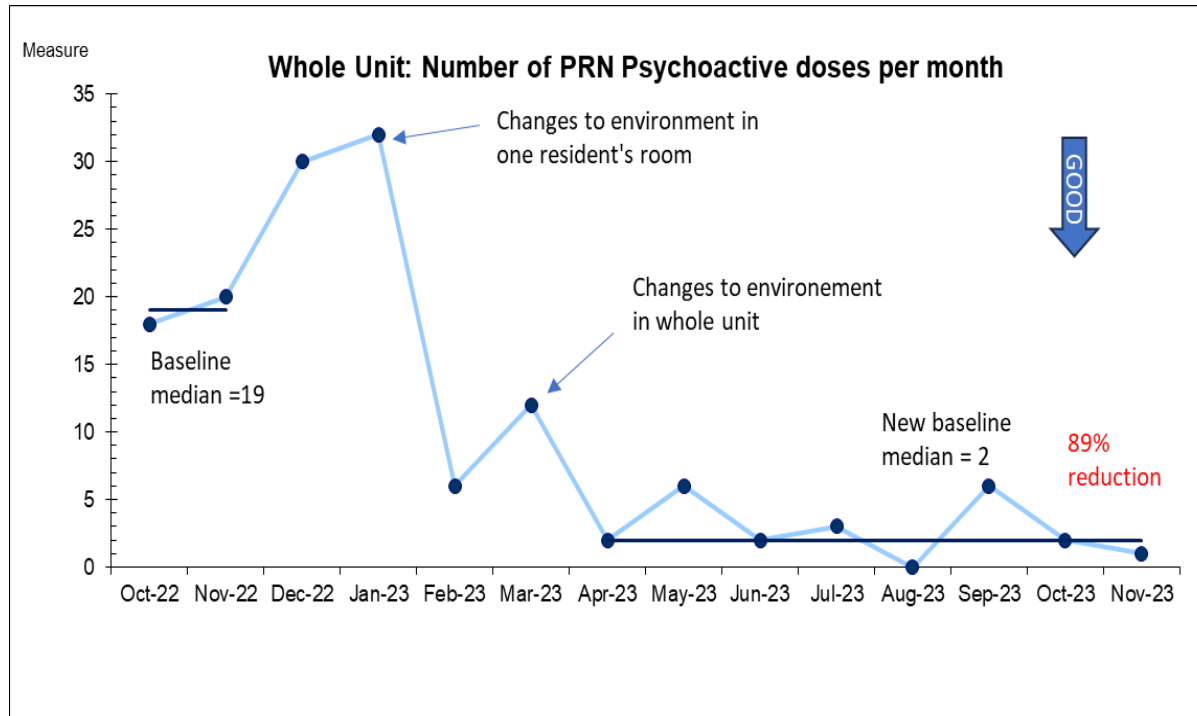
**Home Manager 2023**



## Results: Non-Pharmacological (Environment) 1

- **Test of change** –Window on doors to unit frosted out with frosted glass.
- Staff have more time for other clinical priorities
- This has resulted in an **60% reduction** in PRN administration

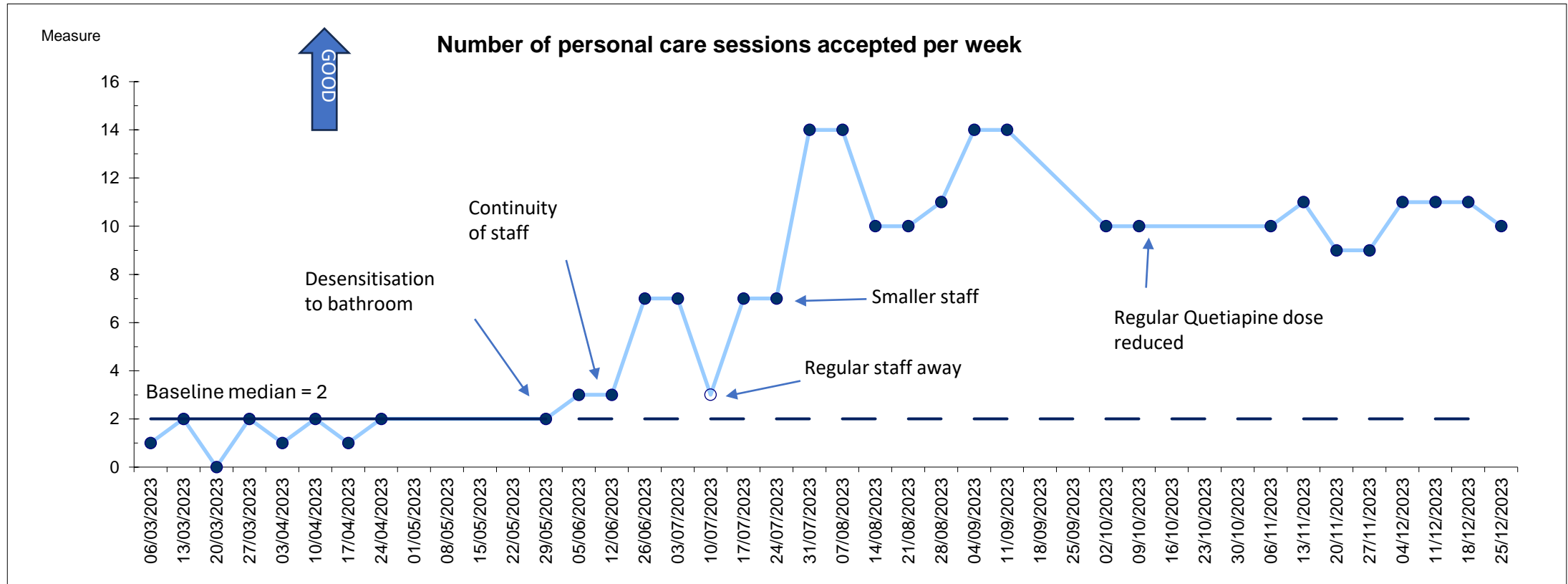
# Results: Non-Pharmacological (Environment) 2



Mum passed away peacefully not on any sedative medication. She was able to hold a conversation with us and share memories. I will never be able to thank the staff enough for never giving up and giving my mum a nice death

**Relative 2023**



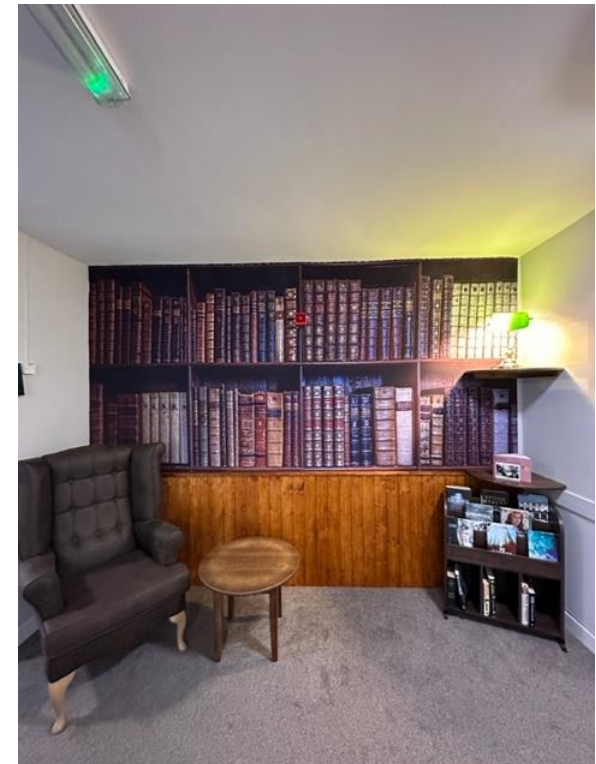


## Results: Non-Pharmacological (Personal care)

- Refusing all personal care and consideration as to if the care home could meet her needs or would an alternative placement need to be found. Staff identified there was trauma surrounding bathrooms and toilets, but the cause of the trauma was unknown
- **Test of change 1** – desensitisation
- **Test of change 2** – Allocated staff
- **Test of change 3** – Female only staff
- **Test of change 4** – height

# Results: Non-pharmacological (Activity & Wellbeing)

- Does Activity and wellbeing influence behaviours.
- **Test of change 1:** tailored activity plans for one resident
- **Test of change 2:** life stations to promote independent activity
  - **25% reduction in regular Risperidone dose**
  - **100% reduction in stress and distress incident**
  - **ZERO PRN Lorazepam administered in the last 4 months**



# Results: Medicines Review (SBAR)

Since implementation in August, 5 residents have had a review with reduction plan, and **2 residents have had psychotropic medication discontinued.**

CPN Communication Sheet		
Remember before use have you ruled out Delirium/Pain?		
Residents Details	Reason identified for distress	Evidence: Documentation behaviour charts, falls diary, weight loss & distraction e.g. diet, pet therapy
Name:	Situation: I want to discuss stress and discuss medication	
DOB:	Stress Distress: (short)	
Referring Nurse	Triggers: (short)	Outcome:
	Medical information: History Pain, delirium, GP assessments, medication	
	Care plan completed on	Family involved on

My wife has had her Risperidone and Trazadone medication stopped since moving into the care home and staff working closely with her. I feel my wife has a better quality of life and has reduced her risk of falls and she is now able to understand some of what is being said and is now managing to do things for herself that she couldn't do before when at home.

**Relative 2023**

As a new nurse this form gave me the confidence that I could have the discussion to reduce medication and prompted me to have all the information I needed ahead of time and ready to present and discuss with the prescribing practitioner.

**Staff Nurse 2023**

It encouraged the process and benefits is not using medication.

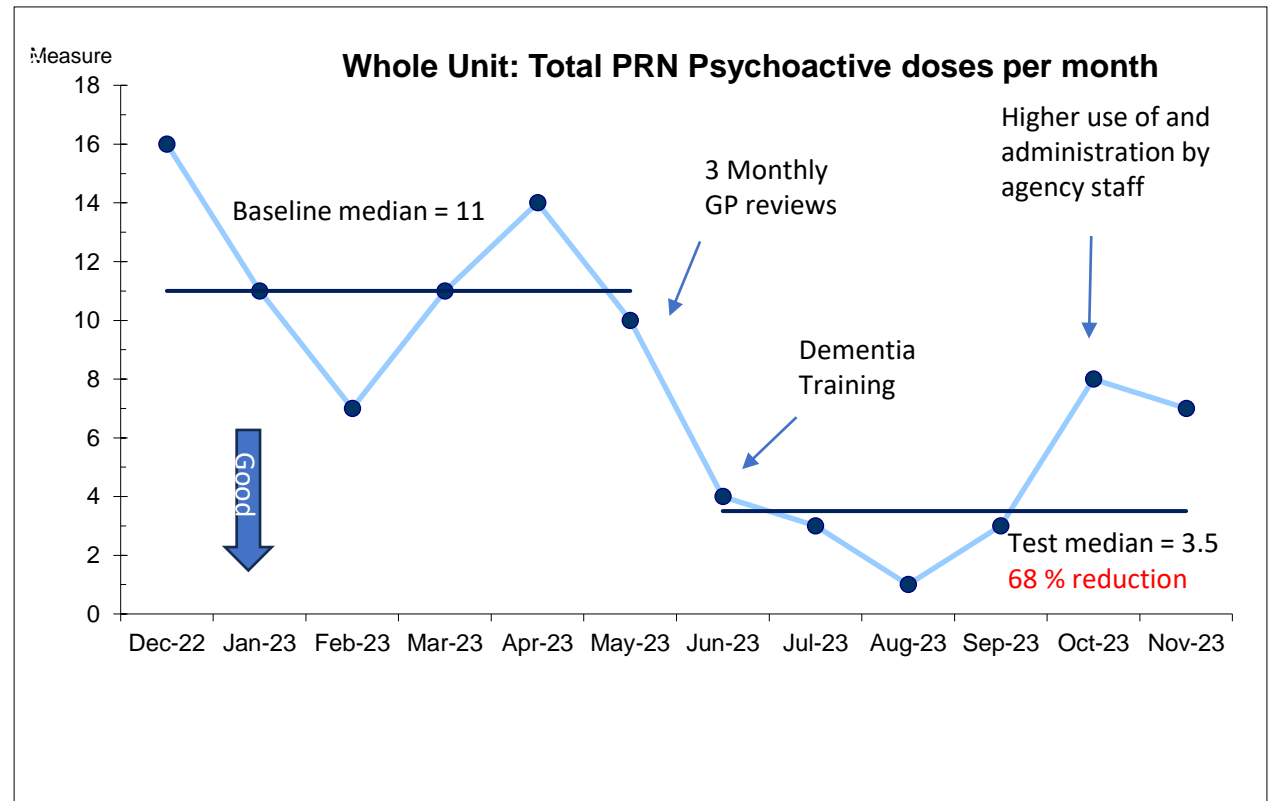
**Consultant Psychiatrist**

**2023**

# Results: Medicines Review 2

11 residents prescribed psychoactive medications at start of project in the unit. **8 have now had a psychoactive medication review.** Of these 8:

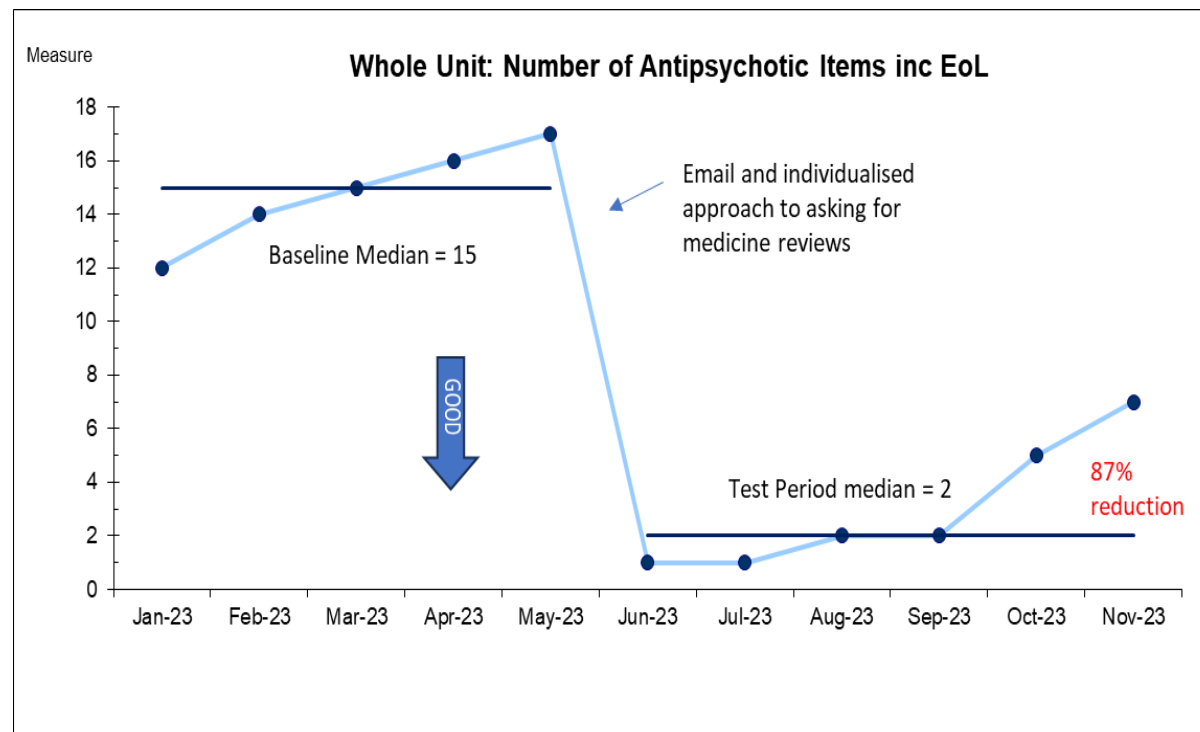
- **5 have an active reduction plan**
- **2 have had Risperidone discontinued**
- **1 has had Lorazepam discontinued**



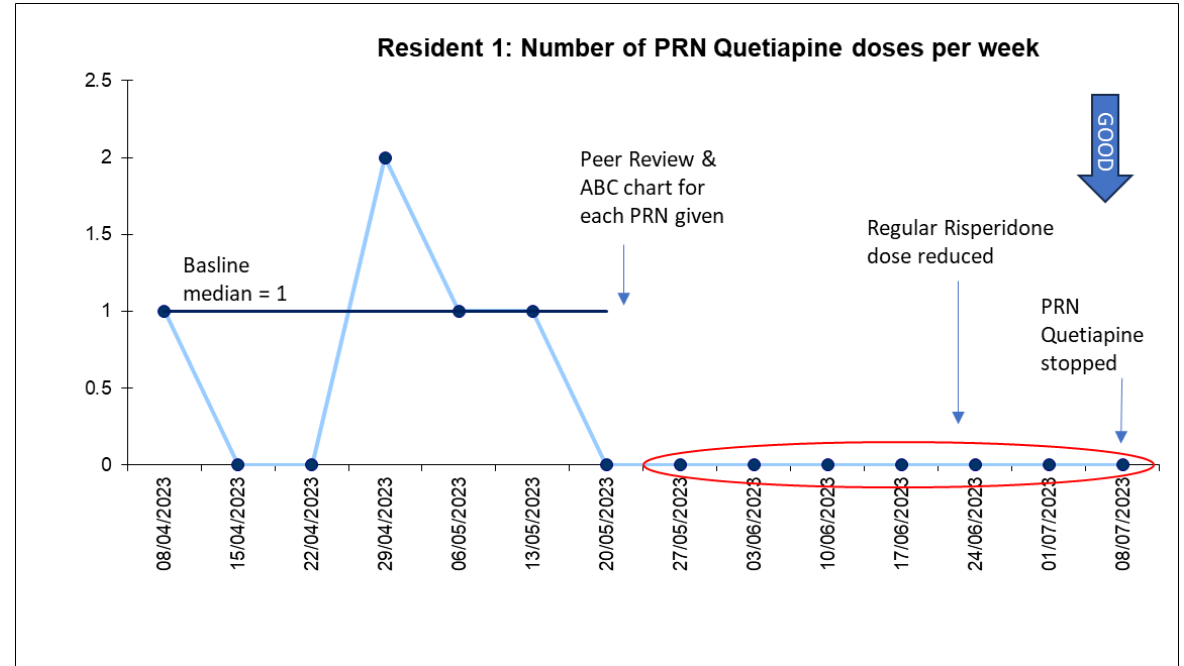
# Results: Medicines Review 3

“ The feisty wee woman I knew is back- every time we used to visit she was sleeping. That is no longer the case she is now running this unit”  
Relative 2023

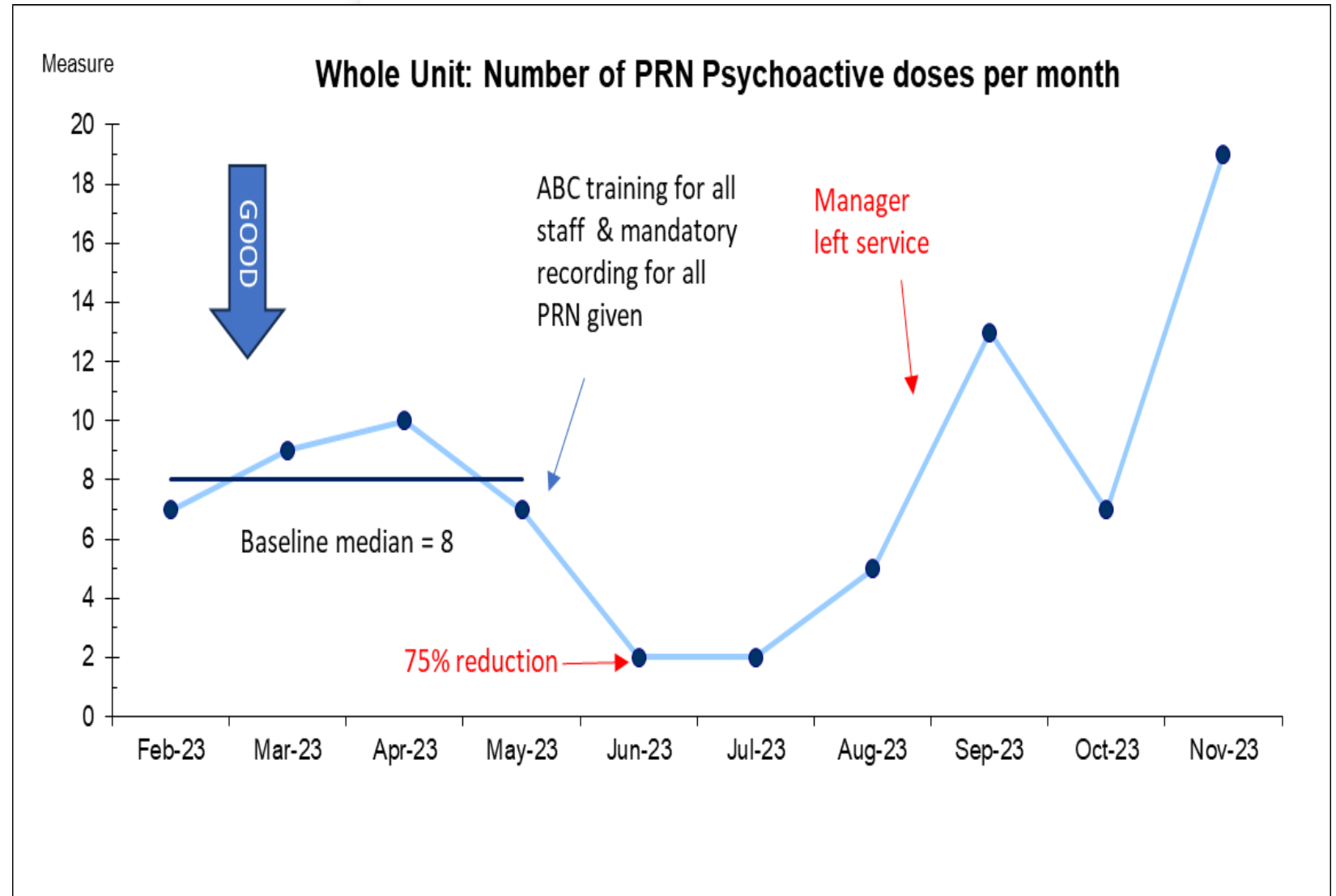
- **Test of change:** medication reviews for any resident who has a change in physical health or progression of dementia journey from when they were started on antipsychotic medication.
- This is an **87% reduction** of antipsychotic items in the unit



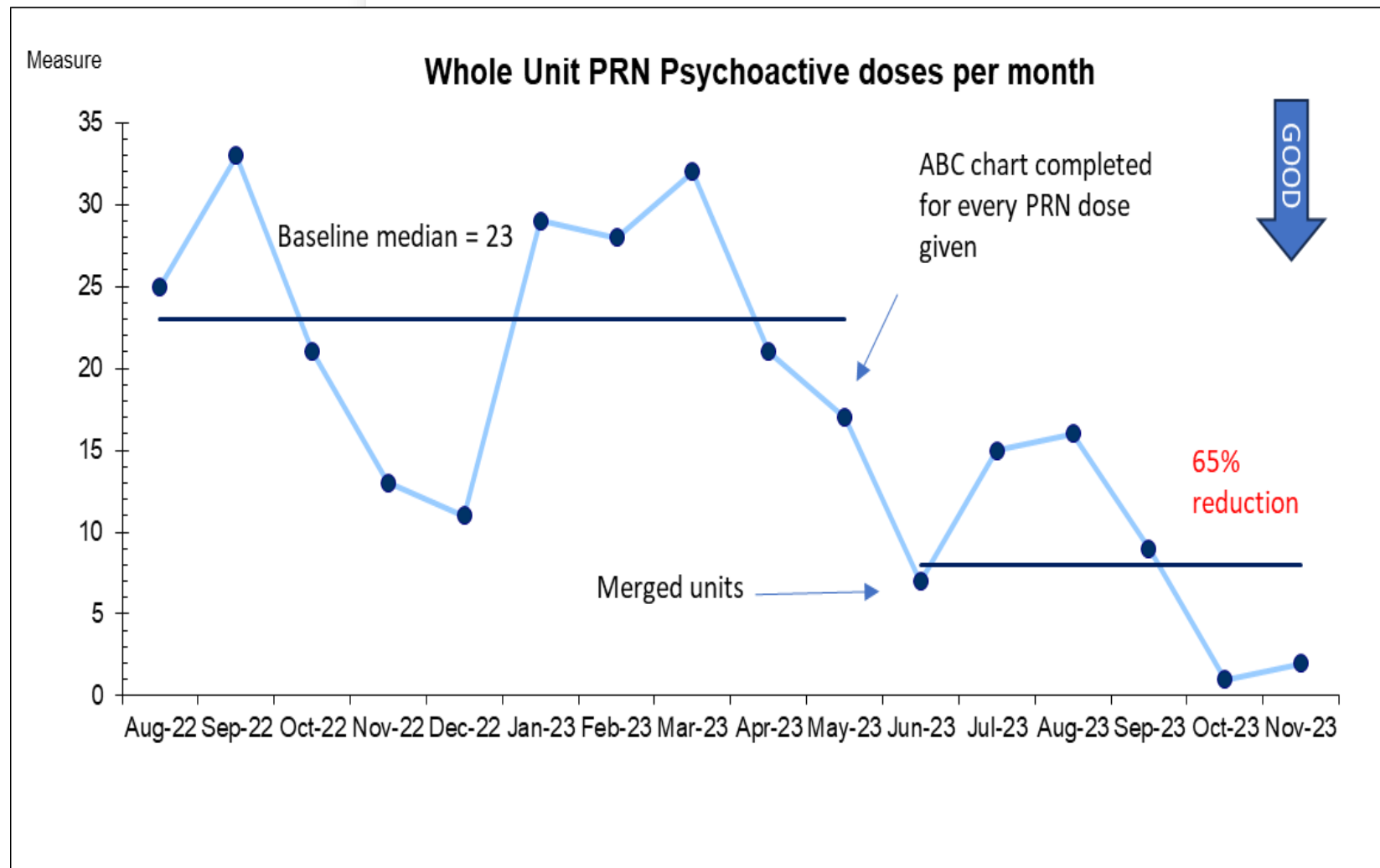
# Results: Staff practice



# Results: Staff practice



# Results: Staff practice





# Reflection and Learning in Cohort 1

Frontline Staff

Celebrating  
wins

Coproduction

Data over time

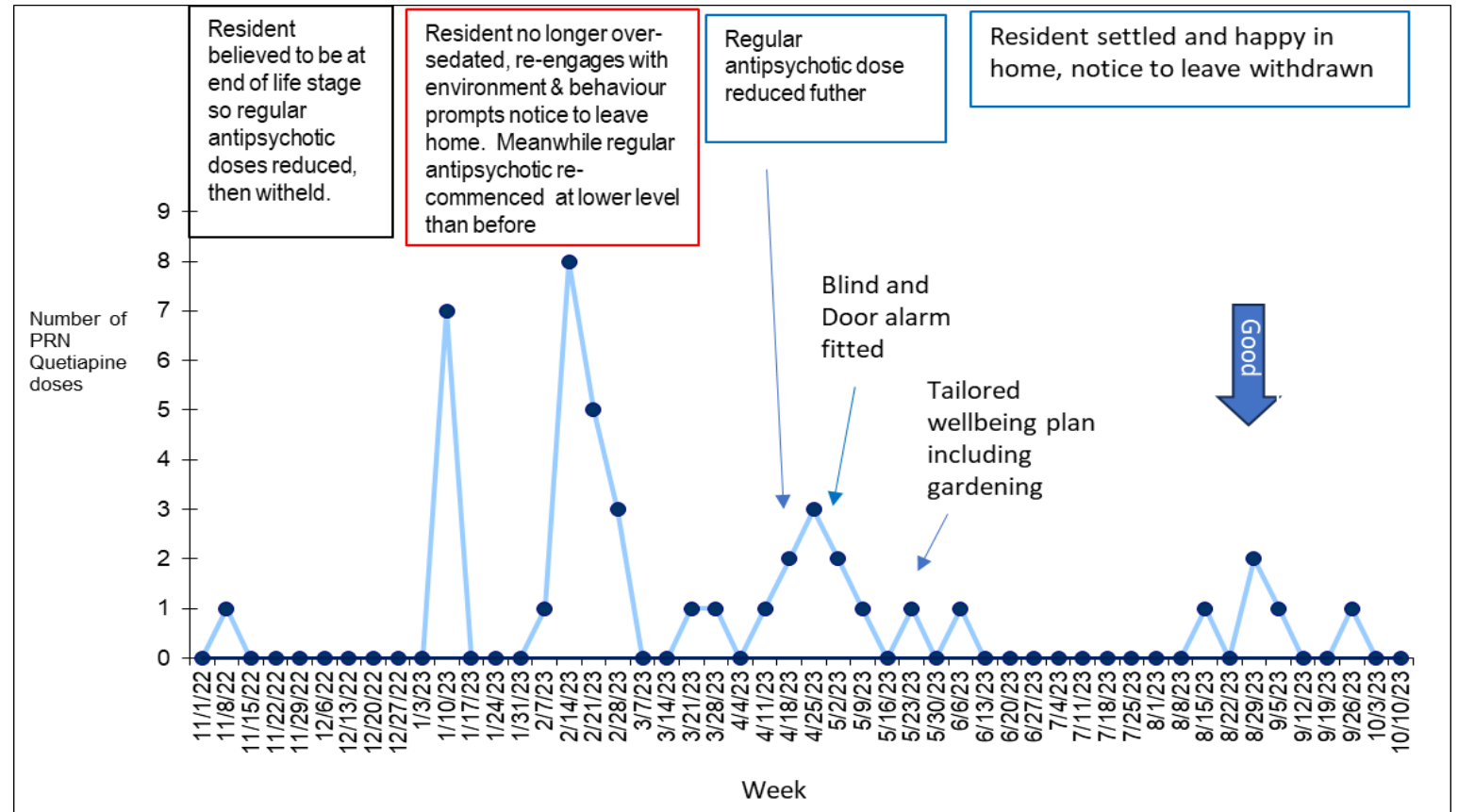
Never give up  
always seek  
the “why”

Data  
verification

Cohort 2

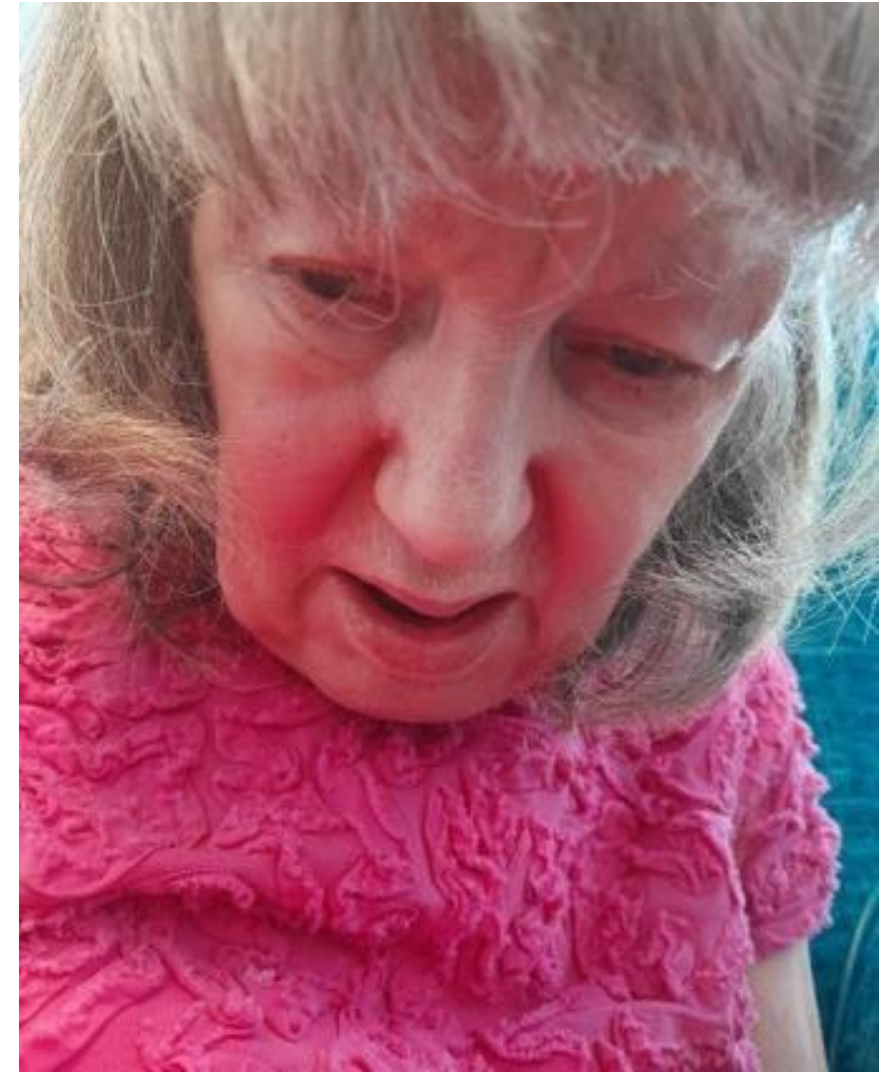
Publishing in  
Journal of  
dementia care

# So what.....



Joan is living with dementia and high use of psychoactive medications to manage her behaviours

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# I am Joan

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- 75% reduction in Risperidone
- 100% reduction in Venlafaxine
- 100% reduction in Lorazepam
- 100% reduction in Diazepam

**“Thank you for never giving up on mum we thought we lost her to dementia now she is back and living with her dementia”**