

## Scottish Government Communication - Dementia - psychoactive medication prescribing and review

September 2020

This communication summarises and reinforces current guidance on the prescribing and review of psychoactive medication for people with dementia across all care settings, including care homes.

The 2017 Care Inspectorate report [My Life, My Care Home](#) reinforced the standards set out in the Scottish Government's [Standards of Care for People with Dementia in Scotland](#) (2011) that for people with dementia if symptoms develop which cause distress or lead to behaviour that challenges, there should be an integrated assessment to establish the cause and a care plan developed.

When psychoactive medication, (including anti-depressants and tranquilisers) and particularly anti-psychotic medication, is prescribed for people with dementia the prescribing doctor needs to be satisfied there is a clear benefit for the person with dementia and that there is no reasonable alternative. The doctor must review the continued use of such medication and put in place a plan so carers and staff are aware of any potential side effects and where to report any concerns.

A range of non-drug based interventions are available including evidence-based therapies, such as group based or individual cognitive stimulation, individual reality orientation therapy, art therapy, therapeutic activities and physical exercise. Information and resources on therapeutic interventions for stress and distress were included in the second iteration of the COVID-19 [care homes guidance](#).

If behavioural or psychiatric symptoms are ongoing and distressing, referral is required to a psychologist or suitably qualified therapist for assessment and tailored intervention.

Care homes should -

- engage with NHS Education for Scotland and Scottish Social Services Council to develop staff understanding of stress and distress in people living with dementia
- build links and relationships with community mental health teams and/or care home liaison teams and practice formulation-led interventions
- monitor medication and the condition it is prescribed for, including knowledge of any side effects
- have in place good collaborative working with GPs and pharmacists. Strategies and methods to support people experiencing stress and distress must be clearly developed, noted in the personal plan and known to all staff.

Care Home staff should -

- to be knowledgeable and confident to ensure that medication prescribed is enhancing quality of life and doing what it is intended to do
- understand and know their residents well enough to use non-pharmacological interventions in the first instance thus reducing the need for "as required" medication. Where this is prescribed for stress and distress, we expect to see

this detailed in personal plans, with clear conditions for its use and expected outcomes, with a record of whether outcomes were actually met.

The aforementioned Scottish Government's [clinical and practice guidance for adult care homes](#), published in May 2020, should also be considered.

The 2018 [National Institute for Health and Care Excellence \(NICE\) dementia guidelines](#) include evidence-based assessment of the benefits and risks associated with prescribing antipsychotic medications to people with dementia. It recommends -

- Before starting non-pharmacological or pharmacological treatment for distress in people living with dementia, a structured assessment must be conducted to explore reasons for distress and check for and address clinical or environmental causes (e.g, pain, delirium or inappropriate care). Offer initial and ongoing management of psychosocial and environmental interventions to reduce distress.
- Before starting antipsychotics, discuss the benefits and harms with the person and their family/carers (as appropriate). Consider using a decision aid to support this conversation.
- Antipsychotics should only be offered for people living with dementia who are at risk of harming themselves, or others, or experiencing agitation, hallucinations or delusions that are causing them severe distress.
- When using antipsychotics, use the lowest effective dose over the shortest possible time. Reassess the person at least every 6 weeks, to check whether medication is still needed. It is particularly important that regular reviews continue during COVID-19 and be seen as an essential intervention in line with the guidance - [Implementing the staged approach to enhancing wellbeing activities and visits in care homes, including communal living Guidance for Clinical and Professional staff](#). Remote methods of reviewing medication should also be used wherever possible.
- Stop treatment with antipsychotics if the person is not getting a clear ongoing benefit and after discussion with the person taking them and their family/carers
- For people with Lewy bodies or Parkinson's disease dementia, antipsychotics can worsen the motor features of the conditions, causing severe antipsychotic sensitivity reactions.
- Ensure that people living with dementia can continue to access psychosocial and environmental interventions for distress while they are taking antipsychotics and after they have stopped taking them.
- For people living with dementia who experience agitation or aggression, offer personalised activities to promote engagement, pleasure and interest.