An Interventional Study To Promote Appropriate Use Of Psychotropic Drugs In Care Homes

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Around 90% of people with dementia present with stress and distress at some point during the course of their dementia—this is characterized by symptoms such as aggression, agitation or restlessness; screaming, anxiety, depression, psychosis (Robert et al, 2005).

NICE suggest that when a person with dementia presents with stress and distress, the first line of management should be detailed assessment to identify any treatable cause followed by non-pharmacological therapies. Pharmacological therapies should only be prescribed when there is a risk of harm to the people with dementia or others (NICE, 2006).

Psychotropic drugs are often used inappropriately to control these symptoms (Banerjee, 2009).

Side-effects of antipsychotics can be very harmful – sedation, dizziness, dysthymia, parkinsonian features and increased mortality (Burke et al, 2015).

It is a global problem, reducing the use of antipsychotic drugs for people with dementia is a national priority in Scotland (Scottish Government, 2013).
Study Aim

- To understand the prescribing dynamics and current practice in care homes in dementia in stress and distress

- To develop and test an educational intervention for care home staff to improve the prescribing dynamics in care homes
Study Objectives

- To investigate the number of regular and prn psychotropic drug prescriptions in participating care homes and explore reasons why staff ask for prescriptions of psychotropic drugs from GPs/psychiatrists and administer “as required” psychotropic drugs.

- To develop a staff training/education package emphasizing the above objectives.

- To implement the intervention working with the care home staff of participating care homes who are responsible for request of psychotropic drugs and administration of “as required” psychotropic medication.

- To evaluate the outcome of implementation of the above intervention.
Previous studies

Prescription Rate of Antipsychotics

Evidence shows that though numerous studies conducted aiming at reducing use of psychotropic drugs in care homes, the results have not been sustainable and the national statistics have remained the same.

However, none of the studies have looked at the thought process, belief and intention of nursing staff who are responsible for administering these drugs.

In this study I am exploring the thought process and behaviour and intention of care staff.
Theory of Planned Behaviour

- **Attitude**
  - Personal beliefs about value of behavior

- **Subjective norms**
  - Social environments value on behavior

- **Perceived behavioural control**
  - Beliefs about the presence of factors that may facilitate or hinder performance of the behaviour

- **Behavioral Intention**
  - Combination of above three, predicts behavior
Method of the study

- Multi site pre and post test, mixed methods study

- Study divided into 3 Phases – Pre-test phase, Intervention and Post test phase

- 3 private care homes in Ayrshire which provides nursing facility

- Explanatory sequential type of mixed methods (quan → QUAL) followed by interventional study
Phases of the study

- Pre-test phase – study carried out to explore the knowledge of staff about stress and distress, attitude of staff towards the use of regular and prn psychotropic drugs in care homes and also to determine the prescribing practice in the care home

- Intervention phase – staff training intervention developed and delivered based on the themes identified in the pre-test phase

- Post-test phase – will measure the outcome of effectiveness of this intervention by evaluating changes in staff behaviour and change in prescribing practice
Study Method

- Participants – Care home staff of participating care homes

- Quantitative data collected by
  - Questionnaire using scales to measure attitude and knowledge of staff towards use of psychotropic drugs
  - Anonymised prescription data looking at the prevalence of as required and regular prescription of psychotropic drugs

- Quantitative data analysed statistically – descriptive statistics
  SPSS used for statistical analysis
Study Method (continued)

- Qualitative data collected by
  - Theory of planned behaviour questionnaire
  - Face to face semi structured interviews (recorded) with nursing home staff to explore: staff knowledge about stress and distress in dementia, thought process behind the staff requesting for prescriptions and the rationale behind using the “as required” prescriptions

- Qualitative data analysed with help of Nvivo as data management software

- Thematic analysis of the qualitative data is conducted (Braun and Clarke, 2006)
Intervention

- Address three components of Theory of Planned Behaviour
  - Beliefs – PowerPoint presentation about pathophysiology of stress and distress and effective distraction techniques
  - Social norms – Verbal and written declaration from senior staff
  - Perceived behavioural control – Persuasive communication use of information cards and posters
UReACT model of care

Understand the Resident with Dementia

Assess the Resident

Communicate with the Resident

Avoid and manage the impact of Triggers that can cause stress and distress to the Resident

UReACT
Post test Phase

- Feasibility and effect of the intervention will be evaluated

- Comparative analysis will be done between the number of prescriptions and the difference in attitude and knowledge of care staff pre and post intervention
References


THANK YOU FOR LISTENING

Any questions ?????????????????