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Psychotropic Medication

Med 221 Medication

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1. Introduction
   1. Antipsychotic drugs may be prescribed for people with dementia who develop changes such as distressed behaviour. However, this is usually only after other non-clinical or clinical interventions, including alternative drugs, have been tried.
   2. For some people, psychotropic or antipsychotics can help to reduce the frequency or intensity of these changes. However, they also have serious risks and side effects, which the doctor must consider when deciding whether to prescribe them.
   3. The first prescription of any psychotropic drug should only be done by a specialist doctor. This is usually a psychiatrist, geriatrician, or GP/clinician with a special interest in dementia.
   4. The national initiative is to reduce or eliminate unnecessary prescribing of psychotropic medicines, particularly in care homes and especially for people living with dementia.
2. Scope and Purpose
   1. This policy document applies to colleagues in MHA all services who have a responsibility for administering, supporting, and monitoring individuals who have been prescribed psychotropic medication.
   2. Colleagues will work collaboratively with people we support, their representatives and relevant healthcare professionals to make sure that people are supported wherever possible in the reduction or elimination of psychotropic prescribing and administration.
   3. In care homes with nursing the role of the Psychotropic Lead Person has been removed; therefore, this policy and procedures apply to all MHA colleagues referred to in section 2.2.
3. Psychotropic Medication - General Information

There are several psychotropic drugs that may be used. Each one has slightly different effects on the brain and has its own potential risks and side effects.

* 1. Psychotropic medication refers to a group of drugs that doctors may prescribe to treat a variety of conditions. Psychotropic medicines work in the brain. They affect behaviour, mood, consciousness, thoughts, or perception. They are used to treat mental health conditions and only as a last resort, such as when the person, or those around them, are at immediate risk of harm.

Examples of psychotropic medicines include:

* + Antipsychotics
  + Antidepressants
  + Mood stabilisers
  + Anxiolytics (benzodiazepines)
  + Sedatives
  + Antiepileptics.
  1. Risperidone is the only antipsychotic medicine licensed in the UK for treating behavioural and psychological symptoms in dementia for up to six weeks. Risperidone may be used for longer than six weeks, or other antipsychotics may be prescribed for people with behavioural and psychological symptoms in dementia.
  2. 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 [General Medical Council](https://www.gmc-uk.org/).
  3. A doctor may choose to prescribe an off-label antipsychotic drug when it offers a better balance of benefits and risks for an individual patient. For example, risperidone may be effective in people with dementia, but it also increases the risk of having a stroke.
  4. If a person has already had a stroke, it might be safer to prescribe an off-label drug that doesn’t carry this risk, even though it might be less effective.
  5. An older antipsychotic called haloperidol is licensed for use in people with Alzheimer’s disease or [vascular dementia](https://www.alzheimers.org.uk/about-dementia/types-dementia/vascular-dementia). However, most doctors consider its risks and side effects in people with dementia to be too severe. It tends to be used only in emergencies as a last resort.

Off-label psychotropic or antipsychotics most often used for people living with dementia are as follows:

| Drug | Information |
| --- | --- |
| Aripiprazole | This is one of the newest antipsychotic drugs. Although it works well for people with schizophrenia, there is much less evidence that it reduces hallucinations and delusions in people with dementia, so it is not often used. |
| Olanzapine | This is not as effective as risperidone but may be prescribed if the doctor needs to sedate the person to stop them becoming agitated. However, it can make confusion worse, affect the person’s metabolism and increase the risk of them having a stroke. |
| **Quetiapine and Clozapine** | These drugs are mostly used if a person has [dementia with Lewy bodies](https://www.alzheimers.org.uk/about-dementia/types-dementia/dementia-with-lewy-bodies) or Parkinson’s disease dementia. This is because they interfere less with drugs that treat other symptoms of these conditions. However, there is very little evidence that they are effective. They may also cause the person to become drowsy or dizzy, which can increase the risk of falling. |

1. Psychotropic Medication - Side Effects
   1. Medical staff, pharmacists and care staff must monitor for (and implement strategies for the prevention and management of) side effects. Colleagues must follow the instruction of clinical teams or pharmacist involved in the person’s care and update any relevant support plans or risk assessments.
   2. Many symptoms of psychotropic medication can have an impact on mobility and subsequently falls, which should also be monitored
   3. Psychotropic medication has varying degrees of side effects such as:

| Side Effects | Symptoms |
| --- | --- |
| **Weight gain** | Increased weight gain, not attributed to any other reason and noted as a side effect of the medication |
| **Sedation** | Noted change in presentation not attributed to any other reason and noted as a side effect of the medication |
| **Extra Pyramidal** | * Akathisia: Feeling restless like you can't sit still * Dystonia: When your muscles contract involuntarily * Parkinsonism: Symptoms are similar to Parkinson's disease * Tardive dyskinesia: Facial movements happen involuntarily |
| **Postural Hypotension** | * Blurry vision * Dizziness * Light-headedness * Mental confusion * Nausea * Muscle tremors * Fainting |
| **Hyperglycaemia** | * Increased thirst and a dry mouth * Needing to urinate frequently * Tiredness * Blurred vision * Unintentional weight loss * Recurrent infections, such as thrush, bladder infections (cystitis) and skin infections |
| **Hyperlipidaemia** | * Chest pain or pressure (angina) * Blockage of blood vessels in brain and heart * High blood pressure * Heart attack * Stroke |
| **Hyperprolactinaemia** | * Lactation and breast discharge * Infertility * Low libido * Headaches * Visual disturbances. * Bone loss (osteoporosis) * Vision loss * Low levels of other pituitary hormones |

1. Psychotropic Medication Management
   1. Older people (with or without dementia) should only be prescribed psychotropic medication if a doctor or clinician believes that they are an essential clinical intervention and that not having them would cause severe distress or risk or harm to the person or others
   2. Psychotropic Medication Assessment must be completed weekly (use one assessment form) after the medication has been prescribed for the first 6 weeks gathering information from daily records and any additional information, monitoring any associated side effects or any additional factors which may affect the individual i.e., increased risk of falls. This assessment will be used to provide a report for the 6-week review by the prescribing clinician
   3. If there are any reported side effects which causing concern to the individual this must be referred to the responsible clinician. Colleagues must not make clinical decisions regarding the ongoing management of psychotropic medication
   4. Colleagues must continue to monitor, record, and report any side effects, behavioural and/or psychological symptoms and make sure that such observations, appropriate actions, and evaluations are recorded in the relevant support plans.
   5. After 6 weeks record any observations or concerns in daily records or interactions (Nourish) and update support plans. Refer to GP if any concerns related to the medication are reported, as with any prescribed medication. Record any contact and conversations in healthcare professional records or multidisciplinary interactions (Nourish) Where psychotropic medication has been reduced or stopped colleagues must remain vigilant in monitoring for any changes in presentation.
2. Psychotropic Medication Monitoring Procedures

|  |  |
| --- | --- |
| Frequency | Responsible Persons |
| **On prescribing and 6 weeks thereafter** | MHA colleagues - formally monitor, record and report findings to relevant clinician using Psychotropic Medication Assessment for **only** 6 weeks (refer to section 5.2)  Prescribing clinician or community team – formal review within 6 weeks to reduce or stop |
| **3 months** | MHA colleagues – continue to monitor adverse reactions or side effects and record in daily records and support plans, report to clinical team as required  The Psychotropic Medication Assessment can be used at this stage to provide a summary report, if required  Prescribing clinician or community team –  Review of effectiveness, side effects, weight, pulse, BP, and glucose; consider reduction where possible |
| **Annually** | As 3 months if no reported or recorded adverse effects and medication is providing benefits  Continue to report any adverse side effects or concerns to the GP or clinical prescriber |

1. Roles and Responsibilities

|  |  |
| --- | --- |
| Role | Responsibilities |
| **MHA Colleagues**  **(residential and nursing homes)** | Comply with this policy and relevant procedures in accordance with their role and responsibilities  Attend relevant training as advised |
| **Home Managers** | Ensure all MHA colleagues within the service or scheme have undertaken relevant training and competency assessments related to this policy  Must conduct audits to assess the home’s compliance with this policy, take appropriate action and refer any concerns to their Area Manager  Sign off any Psychotropic Medication Assessments |

1. Training and Monitoring
   1. All colleagues involved in the administration of psychotropic medication must have -
   * Successfully undertaken MHA’s medication training
   * Successfully completed MHA’s medication competency assessments
   * Read and understood the MHA psychotropic medication policy
   1. MHA’s medication audits provide the governance process for monitoring compliance with this policy.
2. Communication and Dissemination
   1. This policy is disseminated and implemented within all MHA services through MHA’s channels of communication.
   2. Each colleague’s line manager must ensure that all teams are aware of their roles, responsibilities.
   3. Queries and issues relating to this policy should be referred to the Standards and Policy Team [policies@mha.org.uk](mailto:policies@mha.org.uk)
3. Resources
   1. Additional policy documents related to medication can be located on MHA’s intranet:
   * Psychotropic Medication Assessment
   * Medication Policy
   * Preparation and Administration of Medication
   * Medication Full Audit
   1. External References, Resources, and Guidance used to develop this policy document
   * Dementia: Antipsychotic medicines for treating agitation, aggression and distress in people living with dementia: NICE 2018

<https://www.nice.org.uk/guidance/ng97/resources/patient-decision-aid-pdf-4852697005>

* + Antipsychotics: initiative to reduce prescribing to older people with dementia 2012

<https://www.gov.uk/drug-safety-update/antipsychotics-initiative-to-reduce-prescribing-to-older-people-with-dementia>

* + Appropriate use of psychotropic medicines in adult social care: CQC 2022 [https://www.cqc.org.uk/guidance-providers/adult-social-care/appropriate-use- psychotropic-medicines-adult-social-care](https://www.cqc.org.uk/guidance-providers/adult-social-care/appropriate-use-%09psychotropic-medicines-adult-social-care)
  + Antipsychotic medication Reviews and Monitoring in Primary care and Care Home Residents; NHS Dorset, 2022

[Antipsychotic Medication Reviews and Monitoring in Primary Care and Care Home Residents](https://nhsdorset.nhs.uk/Downloads/aboutus/medicines-management/Other%20Guidelines/Antipsychotic%20monitoring%20and%20reviews%20MOG%2022.pdf)

1. Version Control

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| --- | --- | --- | --- | --- |
| Version | Version Date | Revision Description / Summary of Changes | Author | Next Review Date |
| 3 | September 2023 | Review and rewrite of policy, procedural changes to monitoring in accordance with national guidance  Removed psychotropic lead person, all colleagues administering medication now responsible | Head of Standards and Policy  Senior Nurse  Clinical Nurses | September 2024 |
| 4 | July 2024 | Removed inaccurate coding of Psychotropic Medication Assessment and replaced with title of document | Head of Standards and Policy | February 2025 |