

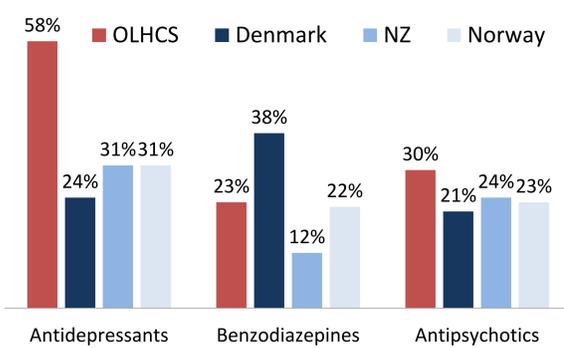
# An audit of use of psychotropic medicines in a residential care facility in Dublin, Ireland

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**Background:** The prescribing of psychotropic medicines in residential care is necessary in the treatment of behavioural and psychiatric symptoms of dementia, as well as treating anxiety and depression in the older person. However, when used excessively and inappropriately, psychotropic medicines contribute to adverse drug events, falls, delirium and hospitalisation.

**Method:** Our facility (OLHCS) is a residential care home with an interest in palliative care and chronic neuro-degenerative diseases. A point prevalence review of each clients medication prescription was carried out. Only regular psychotropic medicines were selected and categorised by the British National Formulary (BNF) classification.

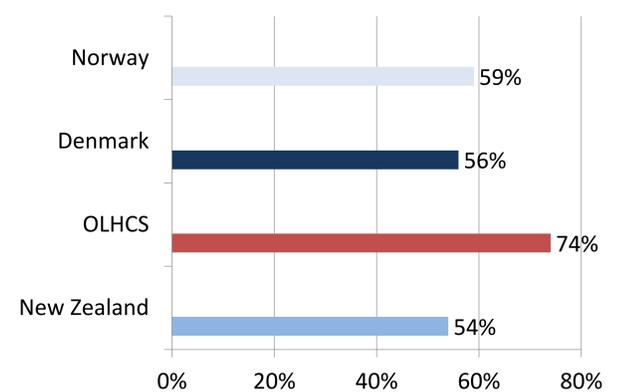
## The breakdown of psychotropic use in relation to other countries<sup>1</sup>



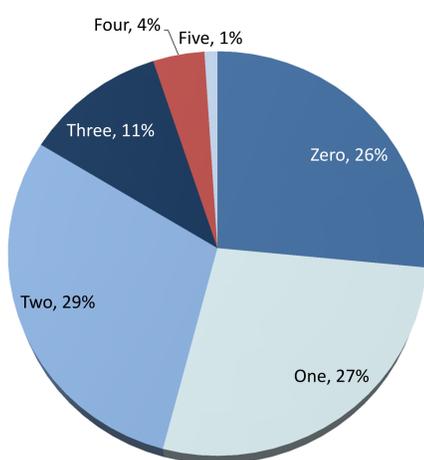
**Results:** A total of 87 medication prescriptions were reviewed. 42% were palliative care clients. The average age was 78 years, with 2:8 male:female ratio. Comparisons were made to similar audits in Norway, Denmark and New Zealand. These were published between 2001 and 2008. Although the use of benzodiazepines at our facility is comparable to other countries, we would consider our use of regular benzodiazepines still excessive.

58% of our clients were prescribed one or more anti-depressants. This is significantly higher than the other countries. 27% of these were SSRIs, 31% a tricyclic antidepressant and 39% were prescribed other antidepressants such as mirtazapine. The higher rate of antidepressant use may reflect the complexity of our residents as well as improved diagnosis and management of depression and anxiety in the older person.

## The use of one or more psychotropic: International comparison<sup>1</sup>



## The use of multiple psychotropics



Compared to community dwellers, clients in residential care are more likely to be on one or more psychotropic medications. The dispensing of psychotropic medication more than doubles within a month of admission into a residential care facility (8.2% vs 18.6%). This percentage continues to rise over time.<sup>2</sup> Therefore, increased caution and diligence is essential in the weeks and months following admission. At the time of audit, there was no active process at our centre whereby long term psychotropic medicines were reviewed.

**Conclusion:** This audit shows that our overall use of psychotropic medications is high. We feel the use of antidepressants and benzodiazepines, in particular are excessive and need to be addressed. A quarterly pharmacist-led review process has been set up to anticipate and prevent polypharmacy as well as promote the responsible use of psychotropic medicines. Our objective is to modify prescribing behaviour and look towards a more client-centred approach through regular and purposeful dialogue between the nursing staff, pharmacist and clinician.

## References

<sup>1</sup>Tucker, M. Use of psychotropic medicines in residential care facilities for older people in Hawkes Bay, New Zealand. J NZ Med. 2008 May;(121):18-25.

<sup>2</sup>Maguire, A, Hughes, C, Cardwell, C, et al. Psychotropic medications and the transition into care: A national data linkage study. Am Geriatr Soc. 2013;61:215-221.