

# STOMP pilot study

**Bexhill-on-Sea**

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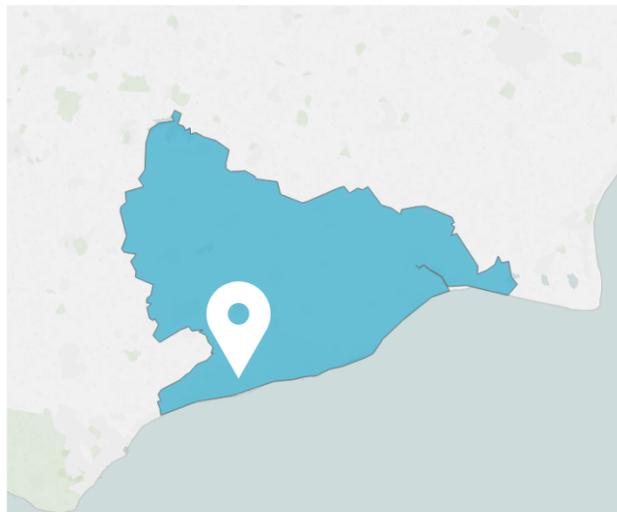
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# Implementation

In 2016, NHS England launched the national STOMP project with evidence suggesting 30,000-35,000 adults with learning disabilities are prescribed psychotropic medications without clinical justification.

This pilot seeks to review the medications of patients with learning disabilities, with particular focus on psychotropic medications.

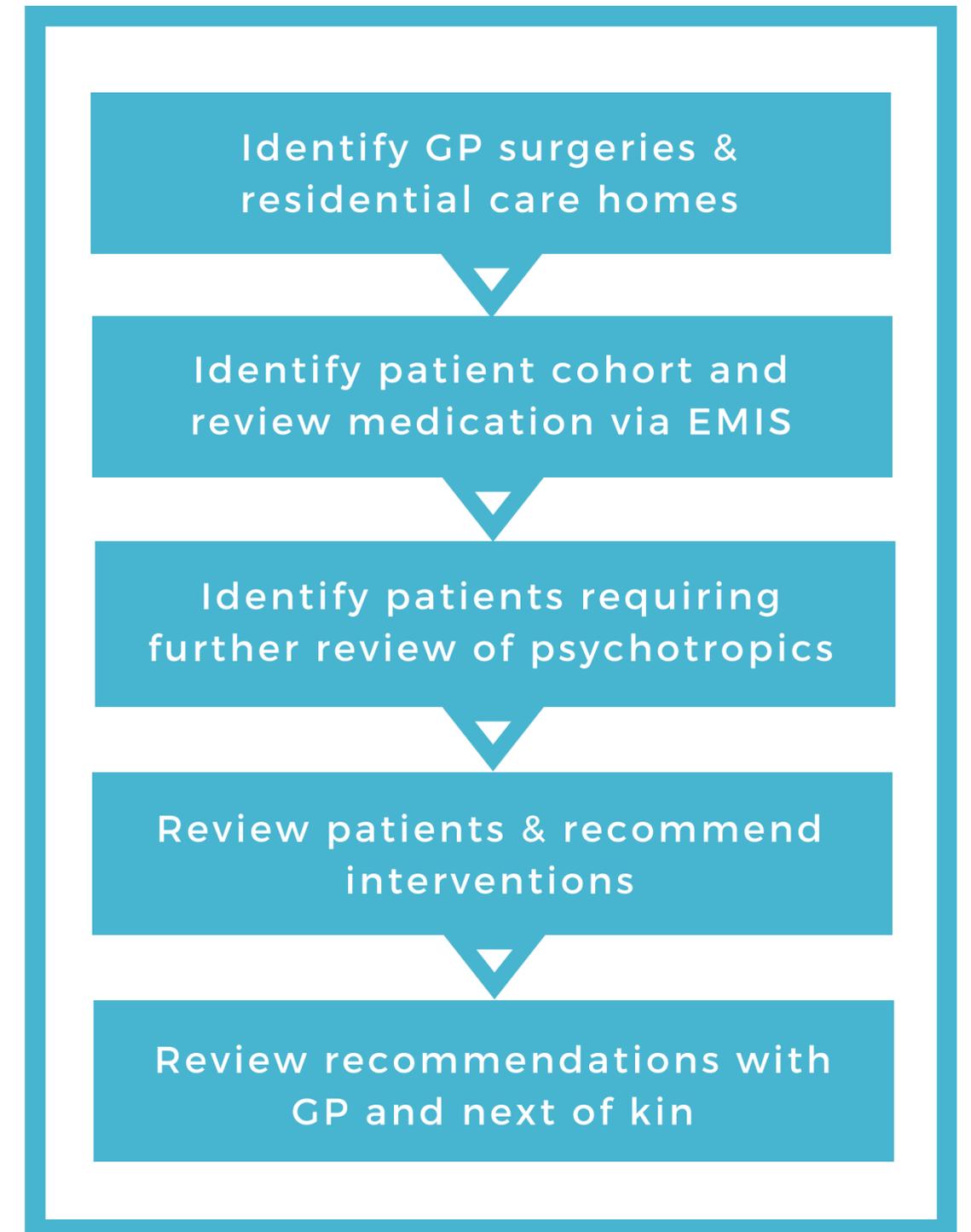


Bexhill-on-Sea, Hastings & Rother CCG

Within Bexhill, there are estimated to be over 300 patients with a learning disability (QOF, 2017). The existing relationships with GP surgeries and residential care homes in Bexhill was a key factor in the selection of the area.

From **January to October 2018**, a **0.4 WTE** pharmacist is reviewing patients registered at all five GP surgeries in Bexhill.

The process undertaken within this project can be seen in the flowchart.



# Initial key findings

## INITIAL AUDIT

Of **189** patients audited, **25% (47)** were **on** antipsychotics.

Of these **47** patients, **57%** did **not** have a mental health condition.

Patients lived in one of three settings:

- residential care home
- supported accommodation
- independently at home

Patients living in residential care homes were a priority for further review.

## FURTHER REVIEWS

Of the **53** patients reviewed further, **32** were **on** antipsychotics.

Of these **32** patients, **75%** did **not** have a mental health condition.

### Interventions on psychotropic and physical medications

Number of medications:

Reviewed	<b>127</b>
Changed	<b>35</b>
Stopped	<b>21</b>
Started	<b>1</b>

If all recommendations were implemented, the number of medications could be reduced by **37%** (from 127 to 80).

### Reduction schemes

Stopping psychotropic medication can be a slow process, requiring gradual reduction of dosage over time.

Reduction schemes were suggested for **47% (25)** of patients. Of the **32** patients on an antipsychotic, **56%** were placed on a reduction scheme.

**Two** patients were placed on either an antiepileptic or antidepressant reduction scheme.

Obtaining next of kin approval for this can be challenging.

# Initial key findings: further reviews

## CARE HOME/SUPPORTED ACCOMMODATION



Of the **53** patients who had a further review, **83%** lived in a care home or supported accommodation.

Of these **44** patients:

**59%** were **on** antipsychotic medication

**48%** were **on** antipsychotic medication and did **not** have a mental health diagnosis

## ANTIPSYCHOTICS PRESCRIBED

Of the 53 patients reviewed, 32 were on antipsychotics. Two of these patients were on two antipsychotics; the majority were on one.

The four antipsychotics most commonly identified:

Antipsychotic:	Number of patients:
Risperidone	<b>14</b>
Quetiapine	<b>7</b>
Olanzapine	<b>4</b>
Zuclopenthixol	<b>3</b>

## RISPERIDONE

**10%** of patients audited were prescribed risperidone, the most common antipsychotic. Of the 189 audited, **7%** were on risperidone & did not have a mental health diagnosis.

Risperidone is often prescribed to treat schizophrenia, autism and bipolar mania.

Side effects can include **anxiety, depression, insomnia, appetite changes, drowsiness, headaches, nausea, and constipation**, as well as **movement disorders and symptoms associated with raised prolactin**.

Tyrer et al (2008) showed that antipsychotics such as risperidone were **no more effective** than a placebo at controlling challenging behaviour in patients with learning disabilities and no mental health diagnosis.

# Case studies

## CASE STUDY 1

- Male
- 61 years
- Cerebral Palsy, no verbal communication

### Medication

Risperidone (14mg) in 2012 for challenging behaviour.

### Identified problems

- Gynaecomastia
- Severe hypersalivation
- Recurrent chest infections
- Over sedated

### Intervention

Reduce risperidone fortnightly as no challenging behaviour.

### Outcome to date

- Hypersalivation improved dramatically, less chest infections
- No increase in challenging behaviour

## CASE STUDY 2

- Male
- 56 years
- Down's syndrome

### Medication

Zuclopenthixol (6mg) in 2015 for aggressive behaviour.

### Identified problems

- Extrapyrasidal symptoms: eye blinking, lip smacking, tongue movements
- Deep vein thrombosis Feb 2018

### Intervention

Reduce zuclopenthixol as no challenging behaviour.

### Outcome to date

- Patient doing well
- No issues or change in behaviour reported
- Plan to reduce to stop

## CASE STUDY 3

- Female
- 50 years
- Mild learning disability - lives in a flat

### Medication

Mirtazapine (60mg) in 2004 for mental health diagnosis.

### Identified problems

- Error in dose, patient should be on 30mg of mirtazapine
- 60mg is over BNF max
- Dependent on zopiclone

### Intervention

Reduce mirtazapine to 45mg.

### Outcome to date

- Patient refused to trial reduction of zopiclone, to review in future
- Aim to reduce mirtazapine further

# Estimating the scope



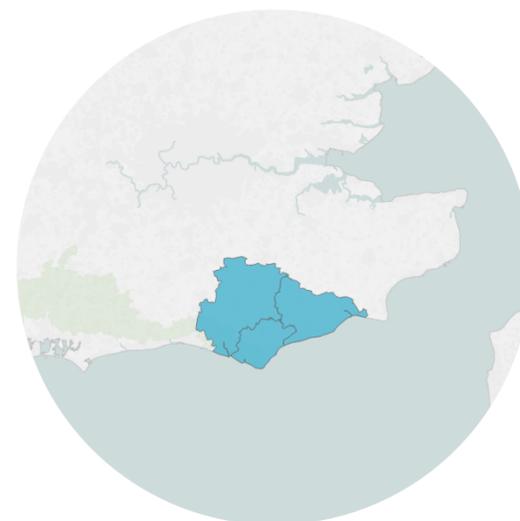
## HASTINGS & ROTHER CCG

Patients with a learning disability: **988**

Estimated number of patients:

**On** antipsychotic medication: **246**

**On** antipsychotic medication **without** a mental health diagnosis **142**



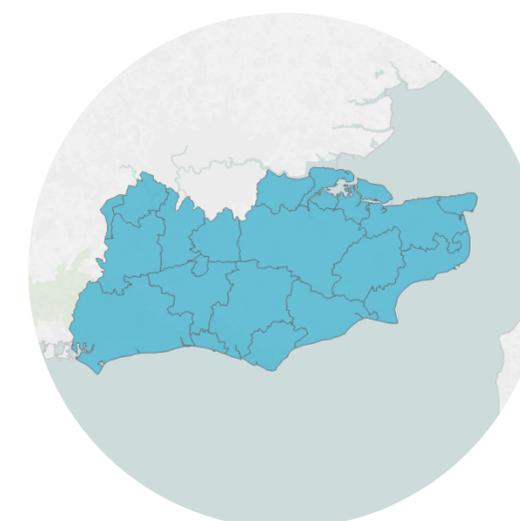
## EAST SUSSEX

Patients with a learning disability: **2718**

Estimated number of patients:

**On** antipsychotic medication: **676**

**On** antipsychotic medication **without** a mental health diagnosis **391**



## KENT, SURREY & SUSSEX

Patients with a learning disability: **21800**

Estimated number of patients:

**On** antipsychotic medication: **5421**

**On** antipsychotic medication **without** a mental health diagnosis **3132**

# Pharmacist requirements

## Estimated time per review

Figures based on:

- One pharmacist at 0.4 WTE
- 6 months
- 53 reviews



This roughly equates to **7.4 hours per patient** for a further medication review.

Note: this figure includes the time taken to identify the cohort and initial audit, as well as time to travel to patients, and discussions with GP or next of kin.

Using the estimated figures from each locality of those on an antipsychotic with no mental health diagnosis, how much pharmacist time could be required to review these patients?

Locality	Estimated cohort	Estimated pharmacist time
Hastings & Rother CCG	142	1 FTE over 6.5 months
East Sussex	391	1.5 FTE over 12 months
Kent, Surrey & Sussex	3132	12 FTE over 12 months

# Next steps

- Complete reviews of identified caseload
- Produce deprescribing plans for staff within care homes and GP surgeries
- Capture deprescribing outcomes
- Establish methods to capture potential financial benefit
- Consider how to address next of kin concerns around deprescribing
- Spread of learning for potential adoption across Kent, Surrey & Sussex, with support and endorsement from **Kent Surrey Sussex Academic Health Science Network** (KSS AHSN)

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# References

Quality and Outcomes Framework (QOF) - 2016-17. Retrieved from NHS Digital.

Tyrer et al. (2008). Risperidone, haloperidol, and placebo in the treatment of aggressive challenging behaviour in patients with intellectual disability: a randomised controlled trial. *Lancet* (London, England), 371(9606), 57-63.

## Additional comments

Figures from the QOF 2016-17 data set were used to estimate the potential cohorts of patients with a learning disability who were on antipsychotic medication, with no mental health diagnosis. As a small sample size (189) was used to extrapolate to the larger populations (e.g. East Sussex), it is important to note that there is an estimated range for cohort size.

The mid-points of these have been used within this presentation.

## Acknowledgements

This work was made possible by **Hastings and Rother CCG**, with engagement from the **GP surgeries** and **care homes** within Bexhill-on-Sea.



Thank  
you!