

2023

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Axe, P. (2023). 'Changing ward practice and culture in the use of sedating medication in acute older peoples' wards', South West Clinical School Journal, 3 (1).

<https://pearl.plymouth.ac.uk/handle/10026.1/20685>

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<https://doi.org/10.24382/gj76-c840>

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Special Edition

#400WORDS: CHIEF NURSE RESEARCH FELLOWSHIP EVIDENCE IMPLEMENTATION PROJECTS

## Changing ward practice and culture in the use of sedating medication in acute older peoples' wards

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Submitted for publication: 01 March 2023

Accepted for publication: 17 March 2023

Published: 31 March 2023

### Background

Concerns regarding the risks of prescribing of sedating medication in older people with dementia is well documented (Alzheimer's Society, 2018). In hospital such medications are often not used for primary psychiatric disorders but to manage the symptoms of delirium and behavioural and psychological symptoms of dementia (BPSD); such as aggression, agitation, hallucinations and disorientation (Alzheimer's Society, 2018, Tayside Mental Health Sub Group for Older People, 2020). With 25% of hospital beds occupied by people with dementia (Alzheimer's Society, 2016), their use can increase adverse events and harms, including cerebrovascular events, falls and increased mortality (Anderson *et al.*, 2022). There is a recognised place for such medications, but alternatives must be explored, and treatment reviewed before any prescription is made (Royal College of Psychiatrists, 2020).

### Review of the evidence

A literature review was conducted in PubMed and CINAHL to identify full text articles that explored anti-psychotic prescription rates. A further grey literature search identified audits and surveys of antipsychotic and benzodiazepines use in acute settings and interventions undertaken to reduce usage. There is currently little published research, with only six articles found. The evidence of prescribing rates is lacking; however, it was clear that a significant proportion of people with dementia receive a new sedating medicine prescription in hospital (Royal College of Psychiatrists, 2020). Duerden (2010) notes, antipsychotics are of limited benefit and should be used with caution. Evidence was found highlighting appropriate care and treatment pathways exist to support older people with dementia in hospital with symptoms and delirium and BPSD (Alzheimer's Society, 2018)

The need for patient safety first behaviours and guidelines for prescribing and recording targeted symptoms are also apparent (Alzheimer's Society, 2018). Local NHS Trust delirium management guidelines preclude the use of Benzodiazepines, preferencing non-pharmacological measures in the first instance (Cornwall Partnership NHS Foundation Trust, 2023)

The evidence is helpful in identifying areas of concern but does not give solutions to changing the practice and culture on wards.

## Project plan

This project will look for practical and potentially digital solutions to change practice and culture in order to improve the experience and care of older people with dementia in acute older people wards when symptoms of delirium and BPSD are present. Utilising the JBI evidence implementation model (Porritt et al., 2020), the project will engage a stakeholder group to explore current practice and identify ways behaviour education and dissemination of current policy and best practice in wards along with prescribers can influence outcomes for older people.

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