

# Psychotropics use: GP Perspective

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# Background

- People with an intellectual disability are prone to developing certain physical illnesses
- Emotional distress (change in/challenging behaviour) may be a presenting feature of a physical illness
- Multi-morbidity burden is greater and at an earlier age
  - Increased with age but highly prevalent at all ages
  - Similar at 20-24y to 50-54y in the general population



# Psychotropics and Intellectual disability

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People with an Intellectual disability are more likely to be diagnosed with mental health problems and disproportionately prescribed psychotropic medications including

- antipsychotics;
- antidepressants;
- anxiolytics;
- antiepileptics





# Statistics

More likely than other people to be diagnosed with

**depression** (14.6% for people with intellectual disabilities vs 13.6% for other groups in 2020-21)

and **severe mental illness** (7.5% vs 0.9%), with rates increasing over time (NHS Digital, 2021).

More likely than other people to be prescribed

**antipsychotics** (14.8% vs 0.9%), including antipsychotics in the absence of a severe mental illness diagnosis (9.3% vs 0.4%);

**antidepressants** (20.7% vs 10.3%), including antidepressants in the absence of a diagnosis of depression (11.6% vs 4.3%);



**benzodiazepines** (7.3% vs 1.9%) and epilepsy medication in the absence of an epilepsy diagnosis (4.9% vs 2.3%) (see also Sheehan et al 2015).

Between **22%-40%** of people with an intellectual disability are prescribed multiple psychoactive medications

**82%** of people with an intellectual disability who died in 2020 were prescribed at least one central nervous system medication (Heslop et al 2021).

# Multimorbidity and polypharmacy

- People with an intellectual disability are **more likely to have multimorbidity**, defined as two or more chronic conditions in addition to learning disability (Cooper et al., 2015)
- Cooper et al. 2015 estimate prevalence of multimorbidity in adults with an intellectual disability to be **40.6%**
- Unsurprisingly, in addition to high rates of multimorbidity, **high rates of polypharmacy** are common in people with an intellectual disability (Emerson et al., 2016)
- Concurrent use of many drugs, particularly psychotropic drugs, increases the risk of individuals developing adverse effects (O'Dwyer et al., 2016)

THE BRISTOL STOOL FORM SCALE (for children)		
type 1		looks like: <b>rabbit droppings</b> Separate hard lumps, like nuts (hard to pass)
type 2		looks like: <b>bunch of grapes</b> Sausage-shaped but lumpy
type 3		looks like: <b>corn on the cob</b> Like a sausage, but with cracks on the surface
type 4		looks like: <b>sausage</b> Like a sausage or snake, smooth and soft
type 5		looks like: <b>chicken nuggets</b> Soft blobs with clear-cut edges (passed easily)
type 6		looks like: <b>porridge</b> Soft blobs with clear-cut edges (passed easily)
type 7		looks like: <b>gravy</b> Watery, no solid pieces ENTIRELY LIQUID

# An example: Constipation

- Constipation is one example of a long-term health condition that is **highly prevalent** in people with an intellectual disability (between 25-50%, Robertson et al., 2018)
- Psychotropics often have constipation as a ‘very common’ side effect (Ueki & Nakashima, 2019)
- Roberts & Ding (in press) quantified the risk of developing constipation as a side effect by scoring the prescribed medications of 96 people with an intellectual disability who had died for their risk of causing constipation
- **Over 50%** of people in the sample obtained a risk score equivalent to **taking 2 or more medications which very commonly cause constipation**, and 47% had a clinical diagnosis of constipation

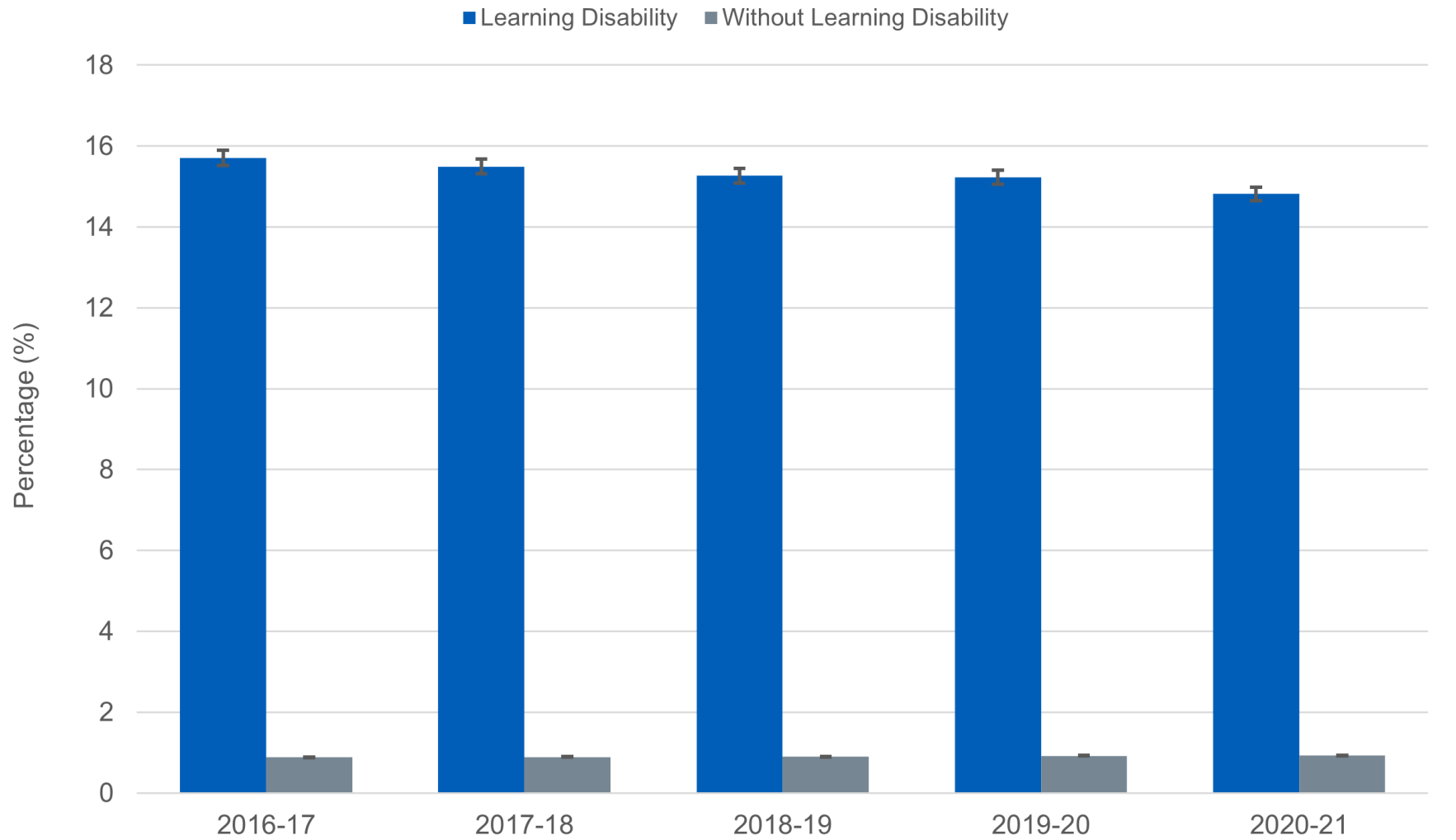


# STOMP

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- NHS England 'stopping over-medication of people with a learning disability autism or both' (STOMP) programme aims to reduce over-medication
- <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

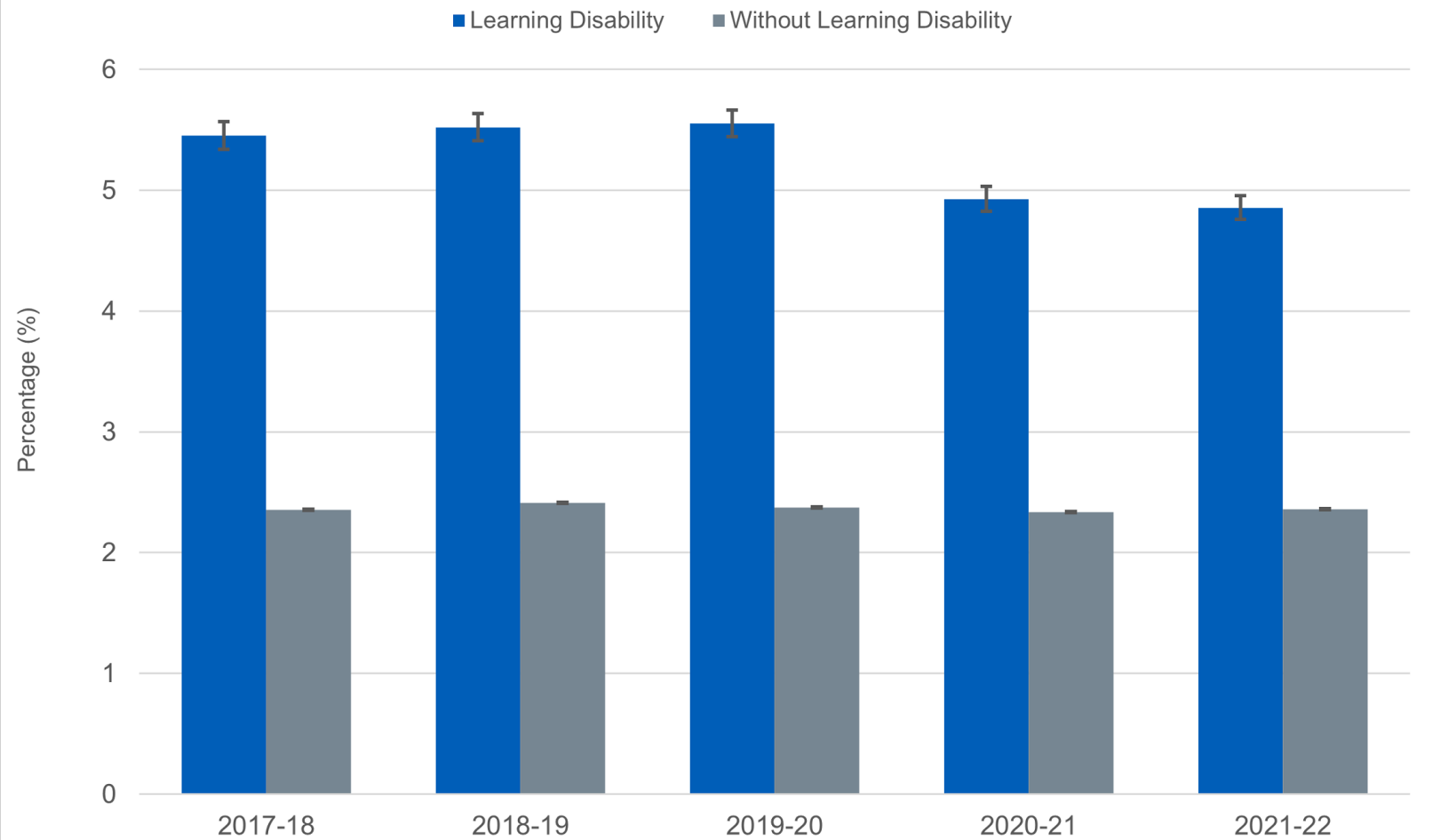
**Fig 1: Percentage of patients currently treated with antipsychotics, by year**



\* The error bars represent 95% confidence intervals



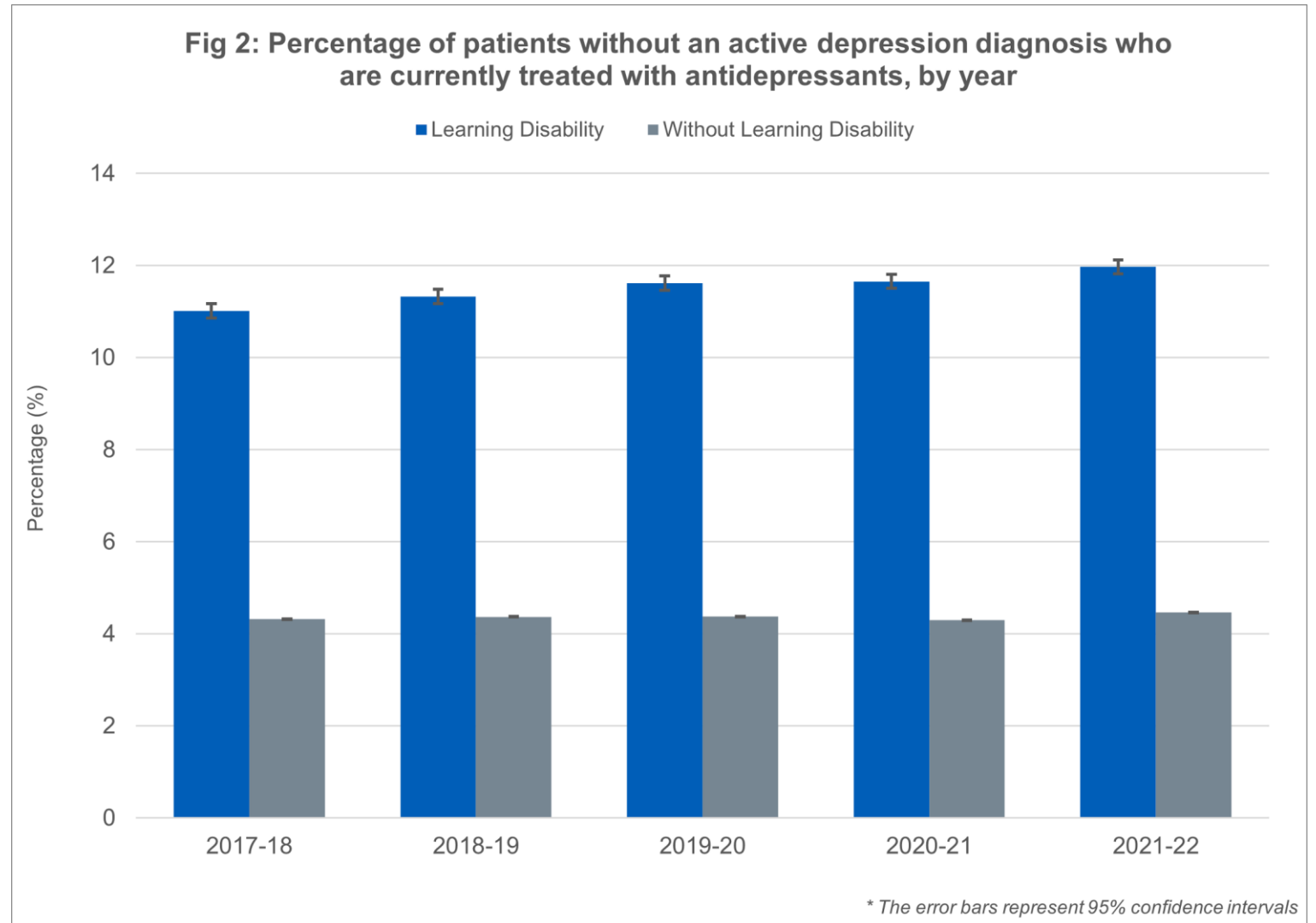
**Fig 1: Percentage of patients without an active epilepsy diagnosis who are currently treated with epilepsy drugs, by year**



\* The error bars represent 95% confidence intervals

Antidepressants  
are becoming  
the most widely  
prescribed  
psychotropics

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# Practical Quality Improvement

- **Practice standard 1:** The indication for treatment with antipsychotic medication should be documented in the clinical records.
- **Practice standard 2:** The continuing need for antipsychotic medication should be reviewed at least once a year .
- **Practice standard 3:** Side effects of antipsychotic medication should be reviewed at least once a year. This review should include assessment for the presence of extrapyramidal side effects (EPS), and screening for the 4 aspects of the metabolic syndrome: obesity, hypertension, impaired glucose tolerance and dyslipidaemia (NICE schizophrenia guideline update CG82, 2009).

# Facilitators and Levers

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- Primary care pharmacists
- IT systems and quality improvement programmes
- Tracking and progress monitoring
- Annual Health Checks
- Leadership





They are not always able to read labels on their medication



They may struggle to remember verbal information given to them



Health professionals often talk to carers rather than the patient (Fish et al, 2017).



Are highly compliant with psychotropic medications (Sheehan et al, 2019)



Do not always know why they are taking medications (Strydom et al, 2001)



Are not being made aware of any contraindications (Strydom et al, 2001) or alternatives to medication (Arscott et al, 2020).

# Challenges faced by people with an intellectual disability



# Ongoing Research

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What experience do people with intellectual disabilities have of services designed to prevent and treat mental health problems and how does this relate to clinical outcomes?

<https://medmentalhealth.wixsite.com/medmentalhealth>

*Medications  
And My Mental Health*



# Thank you

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