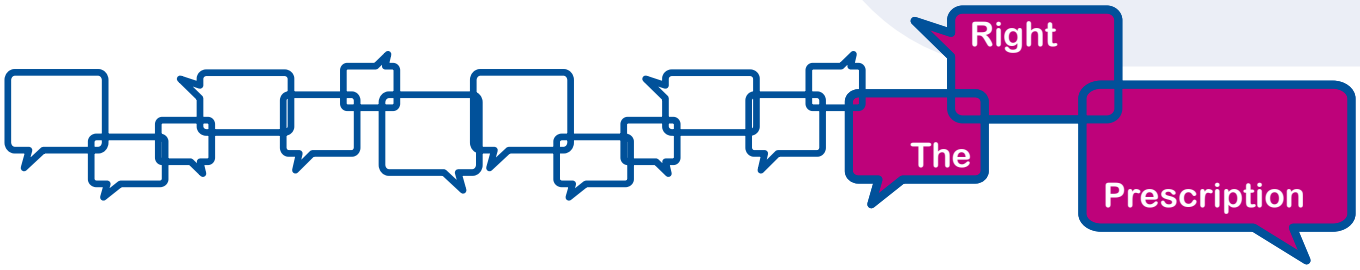
The Right Prescription: A Call to Action

Reducing the inappropriate use of antipsychotic drugs for people with dementia



A resource pack to support pharmacists to take action, containing:

1. Essential information about dementia and how it affects people
2. A list of the drugs that are covered as part of this call to action
3. Steps to take to query prescriptions either reactively or proactively
4. Information about alternative therapies for these people with dementia including evidence of the benefits of non-pharmacological approaches and how to find them locally
5. Clarity about what to track and report to help us understand progress over time
6. Information on how this fits into your continuing professional development

ROYAL PHARMACEUTICAL SOCIETY

DAA Dementia Action Alliance

NHS Institute for Innovation and Improvement

Executive summary

Every day people living with dementia are dying and suffering significant avoidable complications because of the **inappropriate** prescribing of antipsychotic medication to people with dementia. Pharmacists, who play a crucial role in medicines optimisation, are well placed to help tackle this issue.

Joint research undertaken recently by the Royal Pharmaceutical Society (RPS) and the NHS Institute for Innovation and Improvement (NHS Institute) with pharmacists and GPs has shown that conversations about the prescription of antipsychotics for dementia are most effective when pharmacists are equipped with the right facts and information.

This document contains a digest of information, guidance and tools to support pharmacists and other healthcare professionals.

These tools and materials are the result of a collaborative process of co-design and co-development involving a group of pharmacists and GPs from across England. Their aim is to mobilise the role that pharmacists can and do play in having critical conversations about the prescription of antipsychotics in dementia.

These resources are part of a national call to action on this topic. More information can be found at: www.institute.nhs.uk/dementiac2a

To sign up to this call to action, please go to www.acalltoaction.co.uk/therightprescription

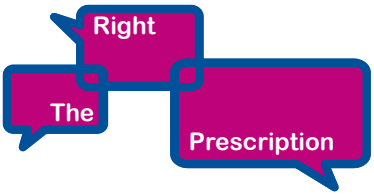
The Royal Pharmaceutical Society and the Royal College of General Practitioners (RCGP) support the safe practice outlined in this resource pack. Electronic versions of this material and more information can be found at: http://www.rpharms.com/dementia/dementia-pharmacy-and-call-to-action.asp

What pharmacists and GPs told us through this research

Pharmacists can, and already do, play an important role in addressing this situation as they have specific expertise in the safety and medicines optimisation agenda. For example, pharmacists have told us that they are able to:

- Provide advice to prescribers, people with dementia and carers about the appropriate use of antipsychotics, *but only if they have access to some basic medical history, such as diagnosis, previous treatment and review plans*
- Identify people who may be taking these drugs unnecessarily, *but only if they have the latest information about dementia and the drugs that are sometimes being inappropriately prescribed to manage behavioural and psychological symptoms of dementia (BPSD)*
- Have a conversation with the person with dementia, bring this to the attention of their prescribing doctor and recommend a medicines review, *but only if they are provided with best practice guidance on the steps to take*
- Offer any relevant suggestions of alternative therapies to address BPSD and where they can be found in the local area, *but only if they have access to the latest evidence on the options that work*
- Measure progress over time by tracking antipsychotic prescriptions as part of existing community pharmacy medication records, *but only if they know what to measure and have the tools to do it*

Background



A serious problem…

Across England there is an unacceptable situation facing thousands of people living with dementia today. Too many of these people are taking antipsychotic medication that they may not need, and that could harm them. Every day it is estimated up to 5 people needlessly die and 4 people suffer significant avoidable complications as a result of taking medication that may add limited or no value to their quality of life. There is also the additional problem that only 40% of people with dementia have a formal diagnosis (source: DH Dementia Awareness Campaign).

Only 20% of the 180,000 people with dementia who are treated by antipsychotic medication derive some benefit from the treatment. (Banerjee report, 2009)

There are estimated to be 750,000 people with dementia in the UK, and one in three people over the age of 65 will die with dementia (Banerjee report, 2009). With the right care and support, people with dementia can enjoy a good quality of life at every stage of their illness; however, as their condition progresses, people with dementia will find it increasingly difficult to carry out day to day tasks and in the latter stages are likely to require care in a care home.

Most people with dementia will manifest behavioural and psychological symptoms of dementia (BPSD) at some point in their illness. These symptoms include hallucinations, delusions, anxiety and behaviours such as wandering, aggression, etc.

For the full Banerjee report - http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108302.pdf

A complex problem…

BPSD are the result of a complex interaction between the illness, the environment, physical health, medication and interactions with other people. **These can be exacerbated if the person suffers from acute illness**. The symptoms are a major source of distress to people with dementia and carers, and significantly impair quality of life for both. Whilst BPSD can often remit spontaneously, they can also be persistent and severe. Each symptom needs to be treated specifically, and more than one symptom can occur at the same time. Management of BPSD requires a range of approaches, which may include medicines, and behavioural and environmental interventions. The initial management of BPSD depends on the symptom, its severity, frequency and impact of the symptom and the situation in which it occurs (Royal College of Psychiatrists, 2011 - http://www.rcpsych.ac.uk/pdf/NATIONAL%20REPORT%20-%20Full%20Report%200512.pdf).

Excessive use of antipsychotics in this patient group is estimated to cause 1,800 excess deaths and 1,500 strokes each year (Banerjee report, 2009)

A range of psychotropic medicines has been used to manage BPSD, with antipsychotics being frequently used to manage the behavioural symptoms. Of these medicines, Risperidone is the **only** agent that has been granted a licence for the management of BPSD. It is licensed for the **short-term** management of persistent aggression in moderate to severe Alzheimer's Disease: **its use is recommended for no longer than 6 weeks**. The fact that antipsychotics are all too frequently used as first-line treatment for a range of BPSDs, and are often used without a clinical review, present a major safety issue: an issue that would benefit from the medication expertise of pharmacists.

The British National Formulary* states:

In elderly patients with dementia, antipsychotic drugs are associated with a small increased risk of mortality and an increased risk of stroke or transient ischaemic attack. Furthermore, elderly patients are particularly susceptible to postural hypotension and to hyper- and hypothermia in hot or cold weather.

It is recommended that:

- Antipsychotic drugs should not be used in elderly patients to treat mild to moderate psychotic symptoms.
- Initial doses of antipsychotic drugs in elderly patients should be reduced (to half the adult dose or less), taking into account factors such as the patient's weight, co-morbidity, and concomitant medication.
- Treatment should be reviewed regularly.

*** Number 62, September 2011**

Due to the significant concern about the over-prescribing of in many circumstances unlicensed antipsychotic drugs, coupled with a priority to improve care for people with dementia, the Department of Health published '**Living Well with Dementia - A National Dementia Strategy**' in 2009. As a result of widespread concern about the over-prescription of antipsychotic drugs, the government commissioned the Banerjee report to look into antipsychotic prescribing practice. In June 2010 the Dementia Action Alliance launched a national call to action - 'The Right Prescription' - to implement the recommendations of the report. The aim of the call to action is to ensure that all people with dementia who are receiving antipsychotic drugs will have undergone a clinical review to ensure that their care is compliant with current best practice and guidelines, that alternatives to their prescription have been considered and a shared decision has been agreed regarding their future care.

Actions that pharmacists can take

Pharmacists play a crucial role in tackling the problem of over-prescription of antipsychotics in dementia. They routinely have conversations with prescribing physicians to raise questions and concerns or provide advice on things such as dose, quantity, frequency and drug interaction. These critical conversations are vital to the safety of a person with dementia, and are welcomed by people with dementia, their carers and other healthcare professionals involved in prescribing.

How this document enables you to take action

This document is intended to act as a resource pack to support pharmacists who want to take action. It has been produced to equip pharmacists with a digest of the information and resources they need to provide the right level of challenge to the inappropriate prescription of antipsychotics. This pack contains:

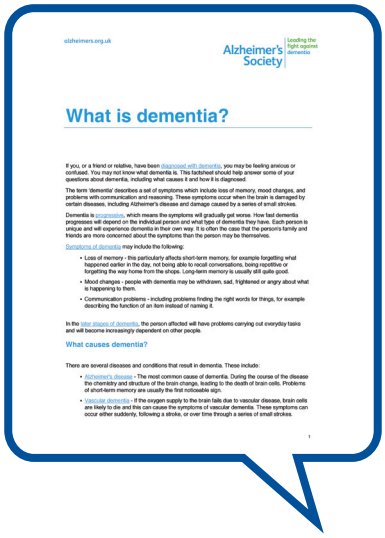
1. Essential information about dementia and how it affects people
2. A list of the drugs that are covered as part of this call to action
3. Steps to take to query prescriptions either reactively or proactively
4. Information about alternative therapies for these people with dementia including evidence of the benefits of non-pharmacological approaches and how to find them locally
5. Clarity about what to track and report to help us understand progress over time
6. Information on how this fits into your continuing professional development

Section 1 Essential information about dementia

Useful links

From our research we have found that it is easier for pharmacists to provide challenge if they are armed with good quality information about a prescribing area.

Dementia is a complex condition: there are 8 types of dementia and a number of rarer sub-types. Antipsychotics should not be prescribed for **lewy body dementia** (for further information please visit the Alzheimer Society fact sheet on types of dementia below). The following links have been recommended by an expert group of pharmacists and GPs to provide useful background information on the condition.



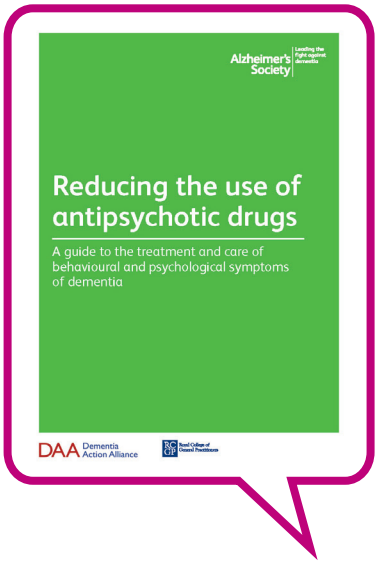
Essential facts about dementia
From the Alzheimer's Society –
http://alzheimers.org.uk/site/scripts/document_pdf.php?documentID=106

Types of dementia
A list of both the common and rarer types of dementia that people can suffer from.
From the Alzheimer's Society -
http://alzheimers.org.uk/site/scripts/documents.php?categoryID=200362

Optimising treatment and care for people with behavioural and psychological symptoms of dementia: A best practice guide for health and social care professionals

Information that provides support, advice and resources to a wide range of health and social care professionals caring for people with dementia, with an emphasis on alternatives to drug treatment.

From the Alzheimer's Society - http://alzheimers.org.uk/site/scripts/download.php?fileID=1163



Reducing the use of antipsychotic drugs: A guide to the treatment and care of behavioural and care of behavioural and psychological symptoms of dementia

Information for people with dementia and their carers who want to know more about behavioural and psychological symptoms of dementia and how they can be prevented and treated. This is particularly useful for community pharmacists and care home operators.

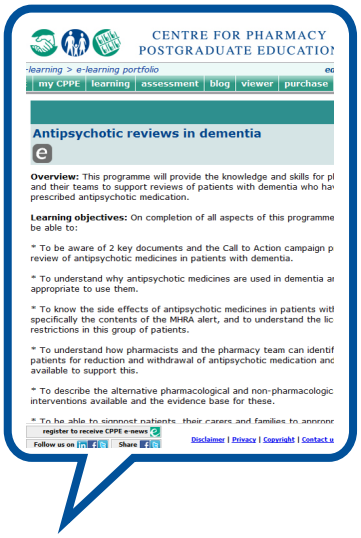
From the Alzheimer's Society - http://www.alzheimers.org.uk/site/scripts/download.php?fileID=1133

Dementia: Supporting people with dementia and their carers in health and social care

Guidance based on the best available evidence for the treatment and care of people with dementia.

From the National Institute for Health and Clinical Excellence - http://www.nice.org.uk/nicemedia/live/10998/30318/30318.pdf

Published November 2006 (amended March 2011)



Antipsychotic reviews in dementia

A programme that provides the knowledge and skills for pharmacists and their teams to support reviews of patients with dementia who have been prescribed antipsychotic medication.

From the Centre for Pharmacy Postgraduate Education - http://www.cppe.ac.uk/learning/Details.asp?TemplateID=Antipsych-E-01&Format=E&ID=29&EventID=41200

Mental Health Toolkit - A toolkit to support the integration of pharmacy into care pathways for Mental Health in primary care

A toolkit to demonstrate how pharmacy can integrate into and contribute to the care of patients with a mental illness as part of the wider healthcare team.

From the Royal Pharmaceutical Society (published November 2010) - http://rpharms.com/support-pdfs/rps-mental-health-toolkit-final.pdf

Dementia Gateway: Free training programmes

e-learning resources to support healthcare professionals in their work with people who have dementia.

From the Social Care Institute for Excellence - http://www.scie.org.uk/publications/dementia/elearning.asp

Section 2

A list of medicines that are covered as part of this call to action

Identifying the right people

To be able to identify the right people to target in this effort, pharmacists told us they needed a list of the drugs that are being inappropriately prescribed. Antipsychotics are powerful drugs used to help and calm disturbed patients of all ages including elderly people with schizophrenia, mania or agitated depression. It is these same drugs which are commonly prescribed in low doses to patients with BPSD. We have identified those antipsychotics which, if used for a person with dementia, could raise a concern about safety.

Identifying the drugs

The drugs identified have been broken into two categories: commonly prescribed drugs and other prescribed drugs. This is intended to be an essential guide that allows you to have the information at your fingertips.

A range of antipsychotic drugs are used for managing BPSD. Of these, Risperidone is the only drug available on-licence. Antipsychotics should not be prescribed for people with **lewy body dementia**.

For further information, consult the British National Formulary.

Commonly prescribed drugs

DRUG	SEDATION	WEIGHT GAIN	EXTRA PYRAMIDAL SIDE EFFECTS	ANTI CHOLINERGIC	HYPOTENSION	PROLACTIN ELEVATION
Amisulpride	-	+	+	-	-	+++
Aripiprazole	-	+/-	+/-	-	-	-
Haloperidol	+	+	+++	+	+	+++
Olanzapine	++	+++	+/-	+	+	+
Quetiapine	++	++	-	+	++	-
Risperidone	+	++	+	+	++	+++

Side effects incidence / severity:

+++	High
++	Moderate
+	Low
-	Very low

(Reproduced with permission from Professor David Taylor, The Maudsley, Prescribing Guidelines 10th Edition, page 122)

Other drugs

In addition to the commonly prescribed drugs listed above, there are a number of other drugs that should be included in this call to action. Any of the drugs from this list could trigger the need for a review. These include, but are not limited to:

Typical antipsychotics:	Atypical antipsychotics:
• Benperidol • Chlorpromazine • Flupentixol • Fluphenazine • Levomepromazine • Pericyazine • Perphenazine • Pimozide • Pipotiazine • Prochlorperazine • Promazine • Sulpiride • Trifluoperazine • Zuclopenthixol	• Asenapine • Clozapine • Paliperidone

Section 3 A suggested approach

Improving patient safety

If a person is being prescribed antipsychotics for behaviours that challenge us in dementia it is likely that, in order to ensure the safety of the patient, the pharmacist will want to have a conversation with the prescriber. Pharmacists are well placed to have these conversations with prescribers, and often already have them as a normal part of their work, because they are trusted partners working closely with the patient and their family in answering questions and providing advice. Pharmacists bring knowledge, expertise and, often, an understanding of the person as a member of the community, to the discussion.

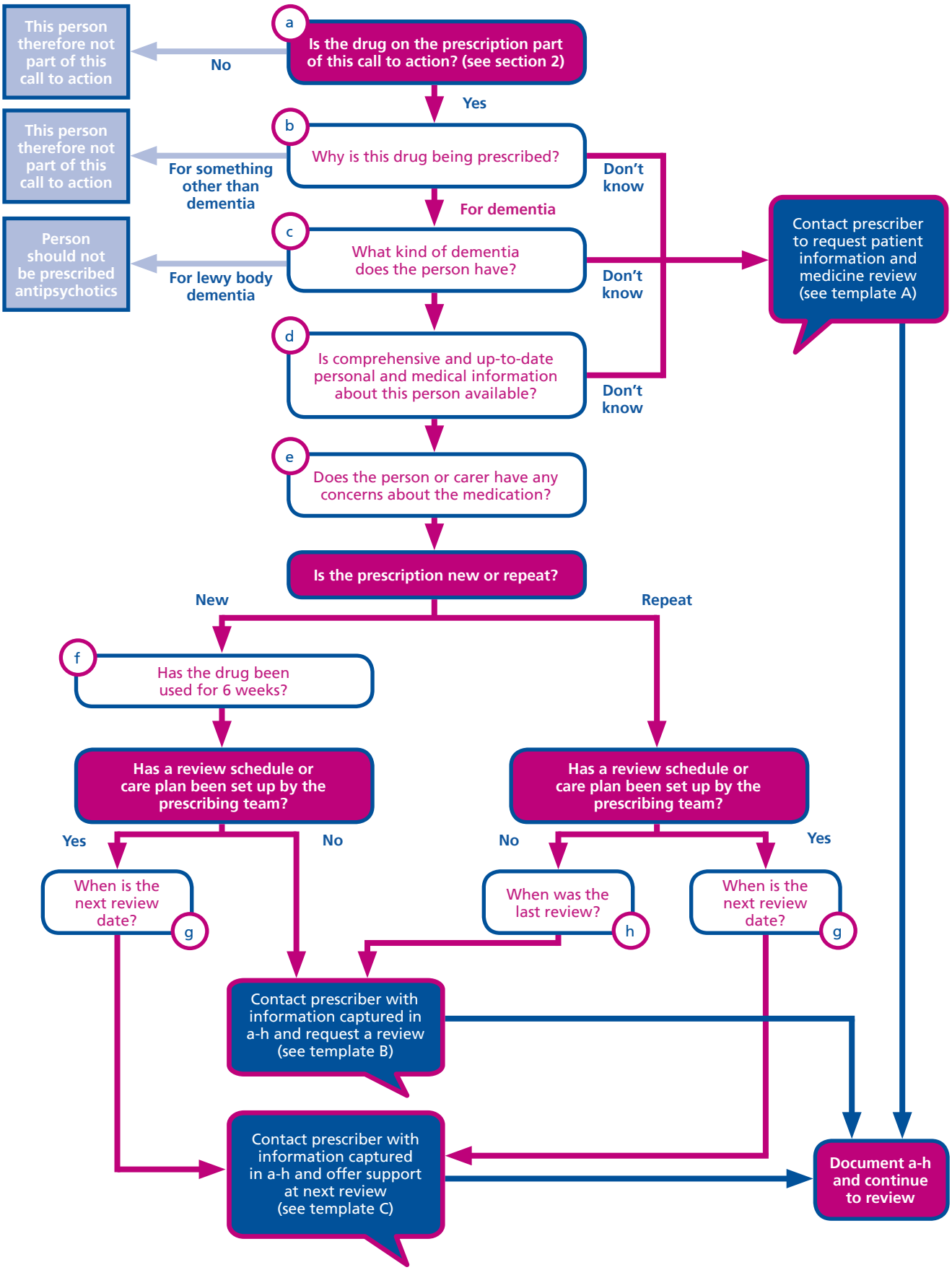
Clinical reviews are already taking place in many communities. In order to build on good work that has already started, a useful first step might be to find out what is already going on in the local area.

Whilst the number of walk-in prescriptions at the community pharmacy may be relatively small, pharmacies that dispense through dedicated units to care homes may have a much larger volume of prescriptions dealing with the in-scope drugs, and this cohort of patients is more likely to be on the medication long term. In such cases, the need for an intervention to break the chain of request and prescribing is even more urgent.

In order to create the right context for these conversations, whether in a community pharmacy or care home setting, pharmacists can recommend, and participate in, a review with the prescriber.

The flowchart on the next page is intended to act as a form of guidance for these conversations: we understand pharmacists may have other, equally effective ways of dealing with these situations.

An approach you might take



Using the flowchart

By working through the steps in the flowchart on the previous page, the pharmacist will gather a variety of information (a-h) about the person and the prescription which can then be used to frame the request for a review for the person, or be included in an offer of support at a scheduled review. Questions to consider when asking for a review or offering support are listed in the table below. If little is known about the person, pharmacists may wish to consider sending an information request to the presriber.

a Drug prescribed	What are the side effects of this drug? Has the appropriateness of the prescribing decision been documented? (Note that only Rispiridone is licensed for use in BPSD)
b Reason	Is the drug being prescribed for dementia?
c Type of dementia	Does the person have lewy body dementia? (In which case they should not be taking antipsychotics)
d Person context	What aspects of the person's medical or personal history may be relevant? How have they been recently? What other medication are they on currently?
e Concerns	Does the person or their carer have any concerns about the person's medication? If so, you should give appropriate advice, using the information provided in this resource pack.
f Treatment term	After 6 weeks the patient should have a thorough review of the risks and benefits of continuing the antipsychotic medication with the prescriber.
g Next review date	A patient should be reviewed at least every 6 weeks to assess the risks/benefits of continuing the antipsychotic medication and to consider a gradual reduction in dose.
h Last review date	Is the person due a review of the appropriateness of the prescribing decision?

Engaging with the care home provider or prescriber as part of the conversation

To make communication with the prescriber more straightforward, we have put together three communication templates to use corresponding to the three end points in the flow chart on page 15. You can use these templates as a way to record information that you gather in the conversation with the patient or carer, and also to support your conversations with the prescribing team.

These template are provided as guidance and help; you can adapt them as you see fit.

Template A: Where antipsychotics have been prescribed and very little is known about the person, to request information and offer support.
(see page 29)

Template B: Where a review hasn't been scheduled, to request a review.
(see page 30)

Template C: Where a review has been scheduled, to offer participation and support.
(see page 31)

You can also find a MS Word version of these Templates by clicking on the following links:

Template A: http://www.rpharms.com/support-pdfs/template-a---information-request.doc

Template B: http://www.rpharms.com/support-pdfs/template-b---request-for-review.doc

Template C: http://www.rpharms.com/support-pdfs/template-c---offer-to-support-review.doc

Section 4 Alternative therapies and approaches

A growing body of evidence

Pharmacists are able to provide a more effective challenge to the prescription of antipsychotics if they are in a position to recommend alternatives. It is important to be aware that an early formal diagnosis is needed to ensure that the person is then able to access the relevant alternative therapies that are on offer in their local community. There is a growing body of evidence that suggests alternative therapies may often be a better and safer option for the management of BPSD. The material below provides a rationale for the use of alternative therapies in the management of BPSD, as well some case studies to help you have the right conversation regarding options.

Alternative therapies

Alternative therapies may include behavioural management techniques, improvement to the environment and the use of assistive technologies. Alternative therapies typically involve engaging the individuals' interests, meaning that there is no one-size-fits-all therapy. Being able to support people exhibiting behaviour that challenges us requires being able to understand their personality, what their life has been like, and access what their interests are. Building this picture helps to form an understanding of what interests could be discussed as part of their ongoing treatment options.

By building this picture an opinion can be formed about what alternative therapies could be of benefit to them. These therapies can then be discussed as part of the ongoing treatment options.

Watchful waiting

In the early days of managing BPSD, watchful waiting is considered an acceptable alternative. Watchful waiting is a process over 4 weeks that involves ongoing assesment of contributing factors and non-medicine treatments. A large number of people with dementia who have BPSD experience significant improvements over 4 weeks with no specific treatment. In this case watchful waiting is the safest and most effective therapeutic approach.

To support you in your conversation with prescribing teams, we have provided some case studies of alternative therapies that have had a positive impact on managing BPSD for people with dementia.

Case study 1

Barchester Healthcare use of Dementia Life's Digital Reminiscence Therapy Software

By using digital reminiscence therapy software units, Barchester Healthcare have been able to engage patients' interests through the use of digital media content (photos, videos and music) from an extensive library of archives. The use of the reminiscence software has led to improvements in both the patients' conversations and interactions. Staff reported improvements in behaviour when patients watched comedy videos from their youth.

For the full story – http://www.rpharms.com/support-pdfs/dementia-case-study-barchester-mkvii.pdf

Case study 2

Scottish dementia patients benefit from innovative interactive therapy units

Through the use of interactive therapy units a Scottish hospital has been able to help patients maintain their independence. The therapy software contains over 1200 music tracks dating from the 1940s up to the 1980s; the hospital staff said "music is brilliant for people with dementia as they often remember the words to songs." Use of the software has led to stimulated conversation and concentration building up self esteem as the patients are taking part in purposeful activity.

For the full story – http://www.rpharms.com/support-pdfs/scottish-dementia-patients-benefit-from-innovative-interactive-therapy-units.pdf

Case study 3

Aromatherapy to treat agitation in dementia

Agitation is the most common and persistent of the BPSD symptoms in dementia. It is often treated through the administration of antipsychotics which have serious side effects. A study by Professor Alistair Burns and Professor Elaine Perry (Universities of Manchester and Newcastle) found that use of essential plant oils that are commonly applied in aromatherapy to be a safer and more effective treatment for the agitation of dementia patients.

For the full story - http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=1486

More information

For further information, the Alzheimer's Society's Journal of Quality Research in Dementia contains a body of research from Jane Fossey (Department of Psychiatry, University of Oxford) on the use of alterative therapies. This research documents a variety of topics including a case study of the enhanced psychosocial care as an alternative to use of antipsychotics in nursing homes for residents with severe dementia and how training for staff can reduce use of sedatives in care homes.

Research on how training for staff can reduce use of sedatives in care homes: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=383&pageNumber=7

Research on enhanced psychosocial care as an alternative to use of antipsychotics in nursing homes: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=382&pageNumber=7

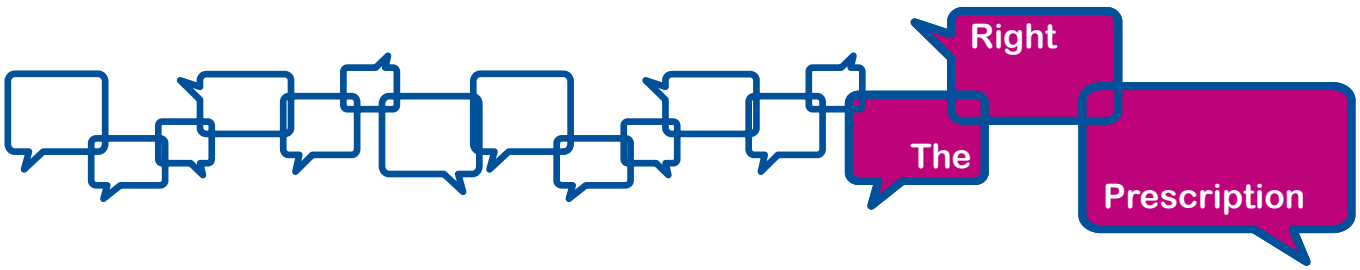
Accessing these services in your local area

At present, further details on what services are available in your area can be accessed through your local Primary Care Organisation. In the future in England, this information will be held on local authority and health and well-being board websites.

To access the national directory of Primary Care Organisations please go to:
http://www.pctdirectory.com/

For information on local NHS services to support dementia please go to:
http://www.nhs.uk/ServiceDirectories/Pages/ServiceSearchAdditional.aspx?ServiceType=Dementia

For information on local services and support provided by the Alzheimer's Society please go to:
http://alzheimers.org.uk/localinfo



Section 5 Know what to track and report to help us understand progress over time

Overview

As part of the national effort to reduce the overuse of antipsychotics in people with dementia it is important for community pharmacy teams to track progress as part of this call to action and as part of the PCT operating framework. This is in order to recognise the value and the progress pharmacy teams can bring to tackling this challenge. To enable this, we have provided a simple tracking process that should take no longer than 15 minutes per month to complete.

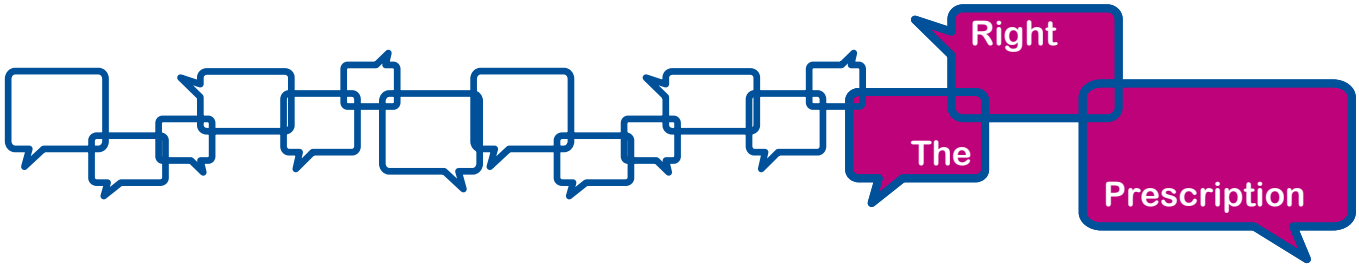
Using the tool on page 25 please record and share on a monthly basis:

- Total number of patients seen in your pharmacy on low-dose antipsychotics this month
- The number of people who you have recommended for a medicines review with their prescriber in the past month
- The number of people who have received a medicines review from their prescriber in the past month.

We suggest putting the tracking tool up on a wall in your pharmacy and recording activity during the course of the month. At the end of each month add up the total number of patients on low-dose antipsychotics, total number of patients recommended for a review in that month, and the total number of reviews carried out that month.

At the end of each month, log on to the Royal Pharmaceutical Society's tracking site at: **www.rpharms.com/qi4pd** and input your figures. These will be collated into a national database to track progress over time. If you have not previously registered on this site, please click on 'Create an Account' under the login section. If you have any problems creating an account, click on the 'Quick Start Guide' on the front page of the web site. Once registered, log on using your user name and password, and then click on the 'Clinical Audit' tab along the top screen. Then click on the 'Dementia Audit' tab on the left hand side of the screen in order to start entering data.

As more pharmacists enter their audit information, the larger our evidence base for demonstrating the critical role that pharmacists play will become.



Reducing the inappropriate use of antipsychotic drugs for people with dementia

Month:

Pharmacy ID number - this is the PPD (formerly PPA) code, a 5 digit code made up of letters and numbers:

PCT:

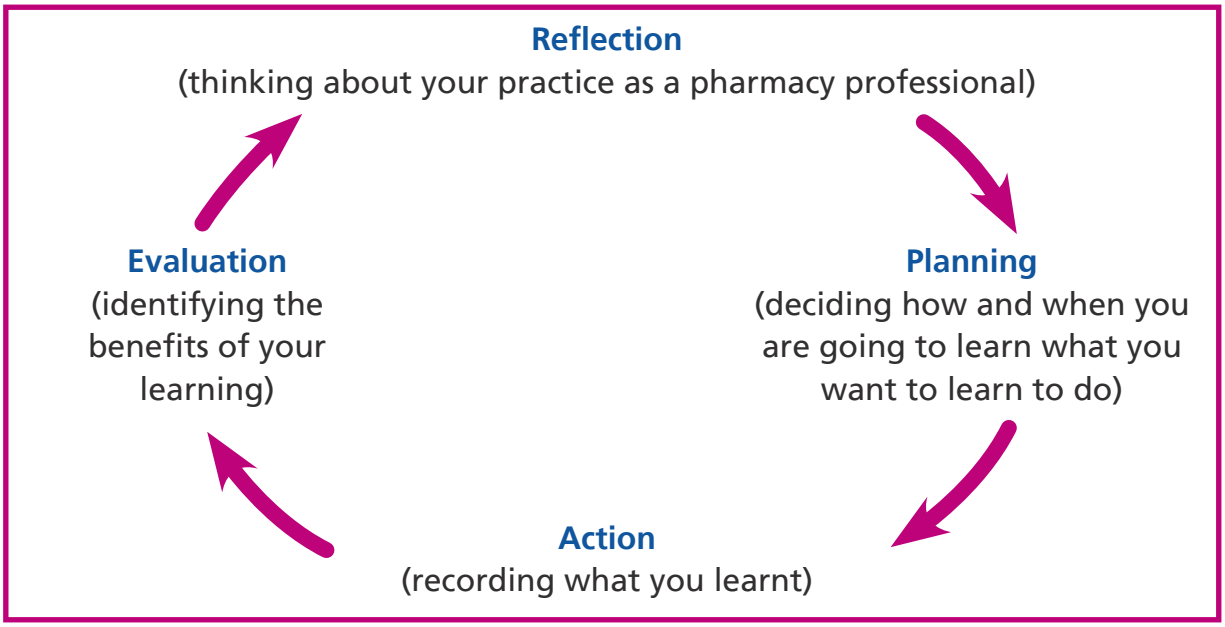
Patient name	A. Date seen	B. Review recomended (date)	C. Review carried out (date)

Total number of patients seen in your pharmacy on low-dose antipsychotics this month (Column A)

Total number of people who have been recommended for a review from their prescriber in the past month (Column B)

Total number of people who have received a review from their prescriber in the past month (Column C)

Section 6 Continuing Professional Development



Introduction

Continuing professional development (CPD) demonstrates your commitment to a structured approach to learning and development and enhances your professional competence. Here are some tips to help you record a CPD entry based on this resource pack. This is an ideal area for CPD irrespective of the level of commitment you will make to the call to action.

Reflection

Reflection means thinking about your learning needs around antipsychotic drugs and their use in dementia, along with alternative therapies and approaches in improving patient safety and identifying what your learning objective(s) are. Apart from the background knowledge that you may wish to acquire it may be beneficial to consider how you may wish to work with other healthcare professionals and carers.

Many others will have some knowledge of the Dementia Action Alliance call to action, patients and their carers may be worried about their medication and prescribers may be at varying stages of taking action themselves.

- Has this resource made you want to change your practice in relation to antipsychotic medication?
- What outcomes would you like to achieve?
- Who else will you need to involve in order to improve your own practice?

Planning

This resource pack is designed to provide you with information that you may need either directly or through signposting to other sources. Apart from the gaining of knowledge you should plan how to involve others in your action, both members of your team and those outside of your direct team. This step in the CPD cycle helps you decide how you intend to meet the learning objectives which you have identified during reflection. You would also need to consider other options of learning that are available to you and state their importance.

- What other learning resources will help you?
- What other local resources will you need to access?
- How will you know that you have achieved the outcomes that you reflected upon?
- What is it that you will do differently as a result of this piece of CPD?

Action

By reading through and assimilating information on dementia, the appropriate use of antipsychotics as well as accessing other signposted materials in this pack, you will be able to fulfill some or all of the learning you have identified and planned.

- What have you learned?
- How have you involved others?

Sometimes you may find yourself using this resource pack without any prior reflection or planning, in this case you may start your CPD entry at action.

Evaluation

Once you have come to the end of the learning you will be able to assess whether or not you have achieved your learning objectives. You may decide you need to undertake additional learning to meet your objectives. If this happens, you can re-visit this resource pack and other materials before you complete your CPD cycle.

If, on the other hand, you have fully or partly completed your learning objectives, you will have the opportunity to relate this learning to your practice and development. If you have partially met your learning requirements you would need to think about what it is that you still need to do and what your next steps will be. You can then continue through the CPD cycle to meet these objectives.

- This resource provides you with an audit tool which you may find useful in evaluating this piece of CPD. It will be an ideal method of future evaluation of your practice.
- This could lead to other CPD cycles by the application of new approaches learnt in relation to dementia and applying it to other conditions.

Template A: Information Request

Dear _____

Re: [insert patients' name]

As you will be aware from the Department of Health report "The use of antipsychotic medication for people with dementia: time for action" there are current general concerns regarding the prescribing of anti-psychotic drugs - and I note that this patient has been prescribed - [insert drug name]

I would be grateful if you would review the prescribing of this drug in line with the report which can be found here:
http://psychrights.org/research/Digest/NLPs/BanerjeeReportOnGeriatricNeurolepticUse.pdf

In particular, it would help my understanding of the use of this medicine for this patient if you could provide some of the following information for our records. Thank you for filling in the form below and returning it to us. I'd be grateful if you would fax or email this form back to [insert your fax number or email address]

I am very happy to help provide any support to the patient or carer where possible, including support to the primary care team with co-ordination when reducing medication doses is being planned and would be happy to discuss this further at any time.

Does this patient have a diagnosis of dementia?

If so which type?

Does this patient have a care plan?

Date of last review of antipsychotic medication?

Date of next review of antipsychotic medication?

Name of key worker to contact if any concerns:

Other comments:

Template B: Request for Review

Dear _____

Re: [insert patients' name]

As you will be aware from the Department of Health report "The use of antipsychotic medication for people with dementia: time for action" there are current general concerns regarding the prescribing of anti-psychotic drugs.

From my conversation with the patient / their carer, I note that:

They have a diagnosis of dementia [insert type here]

They have been prescribed [insert name of antipsychotic] for [x weeks]

I also note the following (*delete / complete as appropriate*)

[**If repeat prescription**] They have been on the medication for [x weeks]

[**If repeat prescription**] They or their carer have said the following about their medication:

According to my records, the patient is on the following additional medication:

A review date for the antipsychotic medication has **not** been set up

In light of this, I would be grateful if you would review the prescribing of this drug in line with the report which can be found here:
http://psychrights.org/research/Digest/NLPs/BanerjeeReportOnGeriatricNeurolepticUse.pdf

I am very happy to participate in this review and provide any support to the patient or carer where possible, including support to the primary care team with co-ordination when reducing medication doses is being planned and would be happy to discuss this further at any time.

Template C: Offer to support review

Dear _____

Re: [insert patients' name]

As you will be aware from the Department of Health report "The use of antipsychotic medication for people with dementia: time for action" there are current general concerns regarding the prescribing of anti-psychotic drugs.

From my conversation with the patient / their carer, I note that:

They have a diagnosis of dementia [insert type here]

They have been prescribed [insert name of antipsychotic] for [x weeks]

I also note the following (*delete / complete as appropriate*)

[**If repeat prescription**] They have been on the medication for [x weeks]

[**If repeat prescription**] They or their carer have said the following about their medication:

According to my records, the patient is on the following additional medication:

A review date for the antipsychotic medication has been set up [insert date here]

I am very happy to participate in this review and provide any support to the patient or carer where possible, including support to the primary care team with co-ordination when reducing medication doses is being planned and would be happy to discuss this further at any time.

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