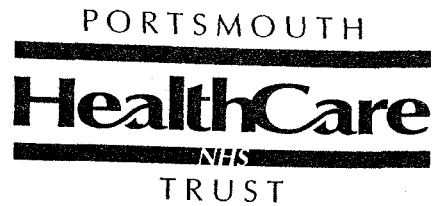


80 b
Ref: 22/98-9

MUD 17 DEB 98

**Audit
of
Neuroleptic Prescribing
in
Elderly Medicine**

Authors:

Clinical Leader: Dr Robert Logan (Consultant Geriatrician)
Elderly Medicine
Queen Alexandra Hospital
Cosham

Clinical Auditor: Jonathan Bunday
Clinical Audit Department
St. James' Hospital
Portsmouth

Nov 98 - July 99

Contents

AUDIT SUMMARY.....	1
INTRODUCTION.....	1
METHODOLOGY.....	2
RESULTS, DISCUSSION AND ACTION PLANS.....	3
ACTION PLAN.....	3
ACTION PLAN.....	4
CONCLUSION.....	5
RESULTS SYNOPSIS.....	6
REFERENCES.....	7
APPENDIX 1 - AUDIT TOOL.....	8
APPENDIX 2 - DATA COLLECTION FORM].....	9
APPENDIX 3 LETTER TO STAFF CONCERNING THE ACTION PLAN.....	10
APPENDIX 4 - LIST OF NEUROLEPTIC DRUGS.....	11
HEALTH AUTHORITY RESPONSE.....	12
DISTRIBUTION LIST.....	13

AUDIT SUMMARY

This audit examined the use of neuroleptic drugs within the Trust Elderly Medicine continuing care wards. It specifically looked at whether the overall level of neuroleptic prescription is appropriate in this patient population, and also whether such prescriptions were reviewed regularly. Analysis of the prescription charts and medical notes of all 148 continuing care patients revealed that 24/148 (16%) were receiving neuroleptic drugs at the time of the audit (the target was 15% or less). 19 of the 24 patients were still receiving neuroleptics at the end of 6 weeks, of which 8/19 (42%) had had their neuroleptic medically reviewed in that time. Action plans focused on the need for physicians to complete the Review Date box on the prescription chart, with an additional reminder kept elsewhere (e.g. ward diary). Reaudit is recommended within a few months.

INTRODUCTION

Objectives

The objectives of this audit were to detect whether neuroleptic drugs were being used inappropriately in Elderly Medicine continuing care wards within the Trust.

Rationale

The adverse effects of neuroleptics are multiple and well-known. There is evidence that they are overused in nursing homes. Continuing care patients within the Trust are a similar, if not even more vulnerable, population.

Standard source

A survey of nursing homes in Glasgow (McGrath, 1996) found that about 24% of the patients were on major tranquillisers. A similarly high figure had been found in American studies, prompting the production of guidelines. Application of the American guidelines to the Scottish patients would have qualified only 12% of the patients. The Americans have found that the prescription of major tranquillisers could be safely halved in those with dementia and cut by a quarter in those with psychiatric problems. An initial survey of prescribing at St Christopher's Hospital, Fareham, suggested that rates of usage were similar, and an initial target of no more than 15% of continuing care patients within the Trust was therefore proposed for this audit.

The second standard relating to the review of neuroleptics every 6 weeks was based on local consensus within the consultant body. 6 weeks seems a reasonable figure based on the natural history of the average continuing care patient. The consultant body also took into account what would be recognised as a reasonable workload for medical officers.

METHODOLOGY

Data collection method

Stage 1

Stage one of data collection involved an initial visit by the clinical auditor to every continuing care facility within the Trust in the spring of 1999. The auditor identified and noted details of every patient currently on neuroleptic medication. Depot neuroleptic drugs were included, but PRN medication was not (except in one case where a patient was being given their PRN Thioridazine regularly throughout the day, every day). Details of the type, dose and frequency of the neuroleptic prescribed were recorded, along with the reason for the patient being prescribed the drug in the first place (by questioning nursing staff).

Stage 2

6 weeks after the initial visit, the auditor re-examined the drug charts and medical notes of the patients previously identified as receiving neuroleptics to see whether the drug(s) had been medically reviewed within the past 6 weeks.

Sample size

Total number of continuing care patients at time of audit: **148**

RESULTS, DISCUSSION AND ACTION PLANS

STANDARD 1

Aspect: *No more than 15% of the total continuing care population should be on neuroleptics.*

Expected standard: 100%

Exceptions: None

Audit finding

Total number of continuing care patients: 148

Total number of continuing care patients on neuroleptics: 24

Percentage of total: 16%

ACTION PLAN

Action to be implemented. No action required.

STANDARD 2

Aspect: All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks.

Expected standard: 100%

Exceptions: None

Audit finding

Exclusions: 5
(4 patients died and 1 patient was transferred to a nursing home within the 6 week period).

New sample size: 19

Neuroleptics reviewed within 6 weeks: 11/19 (58%)
Neuroleptics not reviewed within 6 weeks: 8/19 (42%)

Discussion

These results may be unduly pessimistic for the following reasons:

- i. The auditor collected the data for this standard by examining the medical notes for any mention of a clinical review of the neuroleptic by the doctor. However, of the 8 failures, the prescription charts of 6 patients had actually been rewritten within the 6 week span of the audit. It was impossible to deduce from this whether the doctor rewriting the chart had consciously considered the appropriateness of the neuroleptic drug being rewritten.
- ii. It was subsequently discovered (after data collection had been completed) that, on wards in Gosport War Memorial Hospital, medical reviews of medication take place weekly that are not necessarily recorded in the medical notes.

ACTION PLAN**Action to be implemented**

1. All physicians who prescribe neuroleptic medication for any continuing care patient must complete the 'Review Date' box on the prescription chart. The date should be 6 weeks from initiation of treatment or last review.
2. An additional reminder should also be kept somewhere else (e.g. ward diary).
3. Ward managers to share this report with their ward pharmacist.

Steps 1, 2 and 3 above are to be communicated to the relevant staff via a letter (see Appendix 3, page 12).

4. Reaudit within a few months (possibly January 2000).

Person responsible
Dr R. Logan

Implementation date
September 1999.

CONCLUSION

The audit findings imply the following:

- That neuroleptics drugs are not being over-prescribed within the Trust continuing care wards.
- That neuroleptic drugs are not being reviewed as regularly as they should be.

Audit Title: Audit of Neuroleptic prescribing in continuing care

Audit Ref: 22/98-9

Contract Lead Group: Elderly Medicine

Audit Leader: Dr. R Logan

RESULTS SYNOPSIS

	STANDARD	Target	Result	ACTIONS	Responsibility	Completion Date	Risk/GP
1.	No more than 15% of the total continuing care population should be on neuroleptics	100%	16%	None required	n/a	n/a	n/a
2.	All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks	100%	53%	<p>1. All physicians who prescribe neuroleptic medication for any continuing care patient must complete the 'Review Date' box on the prescription chart. The date should be 6 weeks from initiation of treatment or last review.</p> <p>2. An additional reminder should also be kept somewhere else (e.g. ward diary).</p> <p>3. Ward managers to share this report with their ward pharmacist.</p> <p>Steps 1, 2 and 3 above are to be communicated to the relevant staff via a letter (see Appendix 3, page 12).</p> <p>4. Reaudit within a few months (possibly January 2000).</p>	Dr R. Logan	Sept 1999	Yes
					Possibly reaudit in Jan 2000		

REFERENCES

McGrath, BMJ, 1996, 312, 611-612.

APPENDIX 1 - AUDIT TOOL

Topic: Neuroleptic Prescribing in Continuing Care

Area: Elderly Medicine

Audit Reference: 22/98-9

Aspect	Expected Standard	Exceptions	Definitions / Instructions
1. No more than 15% of the total continuing care population should be on neuroleptics	100%	Nil	Neuroleptics are major tranquillisers. (Auditor can refer to BNF to check drug categories)
2. All neuroleptic prescriptions should be reviewed by a doctor at least every six weeks	100%	Nil	Check records for evidence

APPENDIX 3 LETTER TO STAFF CONCERNING THE ACTION PLAN

21 June 1999

Dear colleague,

Re: Action Plan from Audit of Neuroleptic Prescribing in Continuing Care

I enclose a copy of the results of our recent audit. You will see that our overall usage of neuroleptics in continuing care is probably appropriate. However, our current standard of review is not adequate. We may be missing opportunities to reduce inappropriate prescribing.

I would be grateful if you would carry out the following action plan.

Action Plan

Please ensure that the 'Review Date' box on the prescription chart is filled out. The date should be 6 weeks from (for neuroleptics) initiation of treatment or last review.

It is recommended that an additional reminder is kept somewhere else (e.g. ward diary). If you are a ward manager, we would be grateful if you could share this report with the ward pharmacist. At the time of writing it is likely that we will reaudit this early next year.

Well done so far, and thank you for your further efforts in maintaining, and if possible improving, our standards.

Yours sincerely

Dr Robert Logan

Distribution List

Dr Andy Cairns, GP, Cedar Ward, Petersfield Hospital.
 Dr Jane Barton, GP, Daedalus and Dryad Wards, GWMH.
 Dr Bob Bellenger, GP, Shannon Ward, St Christopher's Hospital.
 Dr Nick Lewkowicz, GP, Briarwood Ward, St Christopher's Hospital.
 Dr Nick O'Rourke, GP, Diana Ward, QAH (N.B. please also pass to Dr Richard Gill).
 Dr Ramesh Patel, GP, Jersey Ward, East Wing, SMH.
 Dr Julian Neal, GP, Jubilee House, Medina Road, Cosham.
 Ward Manager, Diana ward, QAH.
 Ward Manager, Shannon Ward, St Christopher's Hospital.
 Ward Manager, Briarwood Ward, St Christopher's Hospital.
 Ward Manager, Jersey House, East Wing, SMH.
 Ward Manager, Dryad Ward, GWMH.
 Ward Manager, Daedalus Ward, GWMH.
 Ward Manager, Jubilee House, Medina Road, Cosham.
 Ward Manager, Cedar Ward, Petersfield Hospital.

APPENDIX 4 - LIST OF NEUROLEPTIC DRUGS

APPROVED NAME	TRADE NAME
BENPERIDOL	Anquil
CHLORPROMAZINE	Largactil
CLOZAPINE	Clozaril
DROPERIDOL	Droleptan
FLUPENTHIXOL	Depixol
FLUPHENAZINE HYDROCHLORIDE	Moditen
HALOPERIDOL	Haldol/Serenace
LOXAPINE	Loxapac
METHOTRIMEPRAZINE	Nozinan
OXYPERTINE	-
PERICYAZINE	Neulactil
PERPHENAZINE	Fentazin
PIMOZIDE	Orap
PROCHLORPERAZINE	-
PROMAZINE	Sparine
REMOXIPRIDE	Roxiam
RISPERIDONE	Risperdal
SULPIRIDE	Dolmatil/Sulpitil
THIORIDAZINE	Melleril
TRIFLUOPERAZINE	Stelazine
TRIFLUOPERIDOL	Triperidol
ZUCLOPENTHIXOL ACETATE	Clopixol Acuphase
ZUCLOPENTHIXOL DIHYDROCHLORIDE	Clopixol

HEALTH AUTHORITY RESPONSE

DISTRIBUTION LIST

- Nicky Heyworth, Clinical Effectiveness Manager, Portsmouth & SE Hants Health Authority (x 2).
 Margaret Scott, Chairman, Portsmouth HealthCare NHS Trust, SJH.
 Tony Horne, Operational Director, SJH.
 Dr Ian Reid, Medical Director, Department of Medicine for Elderly, QAH.
 Eileen Thomas, Nursing Director, SJH.
 Lesley Humphrey, Quality Manager SJH.
- Dr Robert Logan, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr David Jarrett, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr John Grunstein, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr Althea Lord, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr Sue Poulton, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr Ann Dowd, Consultant Geriatrician, Elderly Medicine, QAH.
 Professor Martin Severs, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr Jane Tandy, Consultant Geriatrician, Elderly Medicine, QAH.
 Dr Val Vardon, locum Consultant Geriatrician, Elderly Medicine, QAH.
- Dr Arumugam Ravindrane, Specialist Registrar, Elderly Medicine, QAH.
 Dr Debashis Chatterjee, Specialist Registrar, Elderly Medicine, QAH.
 Dr James Croft-Baker, Specialist Registrar, Elderly Medicine, QAH.
 Dr Muhammad Ezad, Specialist Registrar, Elderly Medicine, QAH.
- Nicky Pendleton, General Manager, Elderly Medicine, QAH.
 Jan Peach, Operational Manager, Elderly Medicine, QAH.
 Fiona Cameron, Service Manager, Petersfield Community Hospital.
 Barbara Robinson, Elderly Services Manager, GWMH.
- Dr Carol Trotter, Consultant in Old Age Psychiatry, St James' Hospital.
- Dr Andy Cairns, GP, Cedar Ward, Petersfield Hospital.
 Dr Jane Barton, GP, Daedalus and Dryad Wards, GWMH.
 Dr Bob Bellenger, GP, Shannon Ward, St Christopher's Hospital.
 Dr Nick Lewkowicz, GP, Briarwood Ward, St Christopher's Hospital.
 Dr Nick O'Rourke, GP, Diana Ward, QAH (N.B. please also pass to Dr Richard Gill).
 Dr Ramesh Patel, GP, Jersey Ward, East Wing, SMH.
 Dr Julian Neal, GP, Jubilee House, Medina Road, Cosham.
- Ward Manager, Jubilee House, Cosham.
 Ward Manager, Daedalus Ward, Gosport War Memorial Hospital.
 Ward Manager, Dryad Ward, Gosport War Memorial Hospital.
 Ward Manager, Briarwood Ward, St Christopher's Hospital, Fareham.
 Ward Manager, Shannon Ward, St Christopher's Hospital, Fareham.
 Ward Manager, Cedar Ward, St Christopher's Hospital, Fareham.
 Ward Manager, Jersey House, East Wing, SMH.
 Ward Manager, George Ward, Elderly Medicine, QAH.
- Clinical Audit Dept (x 2).