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

Axe, Philip

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

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

University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.
Changing ward practice and culture in the use of sedating medication in acute older peoples’ wards

Philip Axe¹

¹Psychiatric Liaison Nurse in the Dementia and Older Peoples Mental Health Team. Cornwall Partnership NHS Foundation Trust, BODMIN, PL31 2QN, UK.

Email: philip.axe@nhs.net

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, preferring 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.

References


This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 International (CC BY-NC-SA 4.0) licence (see https://creativecommons.org/licenses/by-nc-sa/4.0/) which permits others to copy and redistribute in any medium or format, remix, transform and on a non-commercial basis build on this work, provided appropriate credit is given. Changes made need to be indicated, and distribution must continue under this same licence.

© South West Clinical School in Cornwall 2023
South West Clinical School Journal | Issue 3 Number 1
South West Clinical School Journal (plymouth.ac.uk)