

P01-353 - USE OF ANTIPSYCHOTIC MEDICATION IN OLDER PEOPLE WITH DEMENTIA . AN INPATIENT DEMENTIA WARD AUDIT

M.K. George, A. Pervez, A.O. Yahia

Old Age Psychiatry, Dudley & Walsall Partnership NHS Trust, Walsall, UK

Introduction: 80% of people with dementia experience one or more recurrent or persistent symptoms such as hallucinations, delusions, aggression, agitation, shouting, screaming, repetitive actions, sleep disturbance or wandering behaviour during the course of their illness (Ballard et al, 1995).

These are collectively known as the behavioural and psychological symptoms of dementia.

The clinical management may include both psychosocial and pharmacological measures such as the prescription of medication, including antipsychotics.

Currently no drug is licensed for treatment of these symptoms in the UK and so clinicians need to be mindful of the fact that off label prescribing increases their professional liability in the event of an adverse event

Studies suggest that between 54% and 88% of antipsychotic use in residential homes may be inappropriate (McGrath & Jackson, 1996)

Aims & objectives: To identify the current antipsychotics prescribing practice for behavioural and psychological symptoms in dementia and its compliance with the NICE guidelines.

Methods: A retrospective review of 50 case notes of the patients diagnosed with dementia after Nov 2006 was carried out.

Results & conclusions: Majority of the patients were male and were in the age group of 70-80 years. Alzheimer's Dementia followed by mixed dementia & vascular dementia were the main diagnosis. The main antipsychotic prescribed was Quetiapine, closely followed by Haloperidol & Promazine. The study showed that the prescription of antipsychotics was appropriate and all patients have their target symptoms recorded. However documentation of risk benefits analysis and discussion with patient and family about risk's and side effects were lacking.