

# STOMP & approaches to deprescribing

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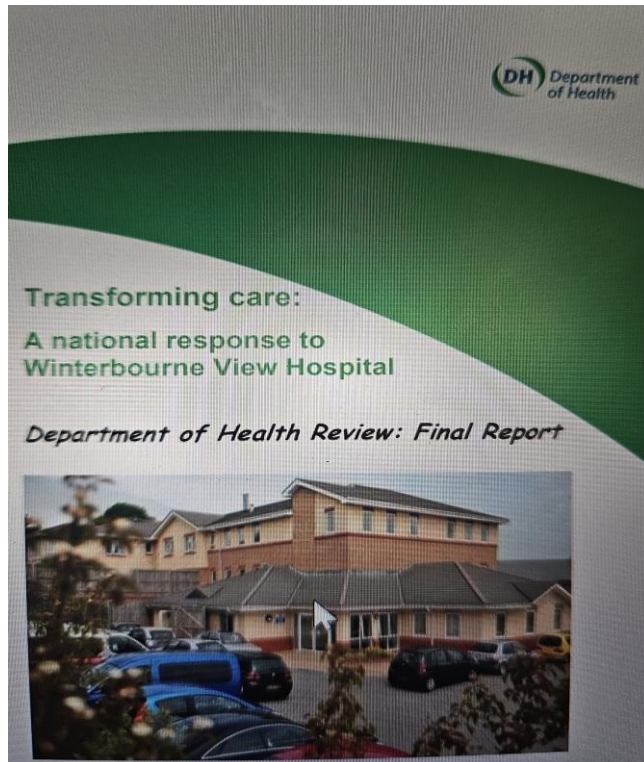
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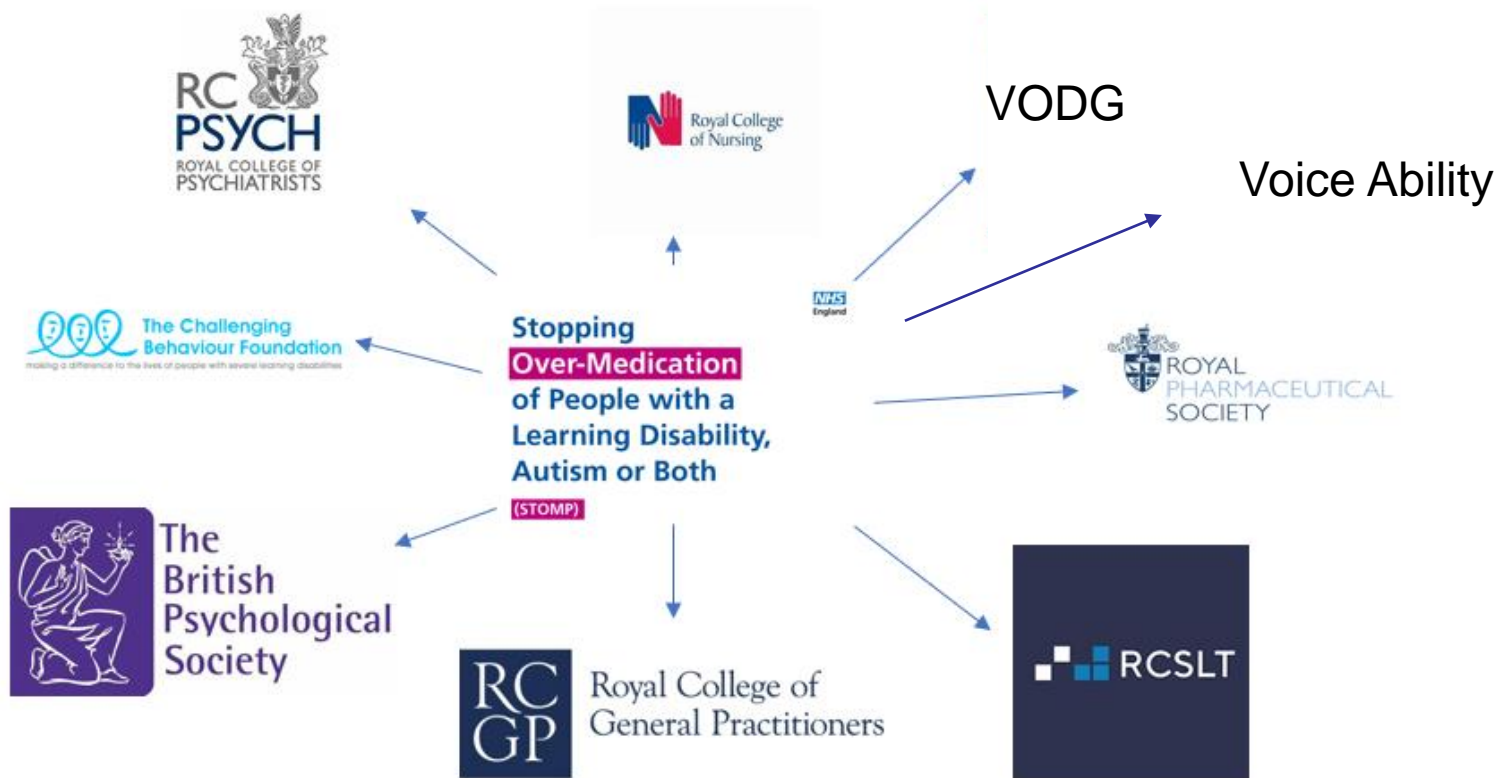
# Overview

- STOMP initiative
- Deprescribing
- Experiences of STOMP, outcomes and consequences

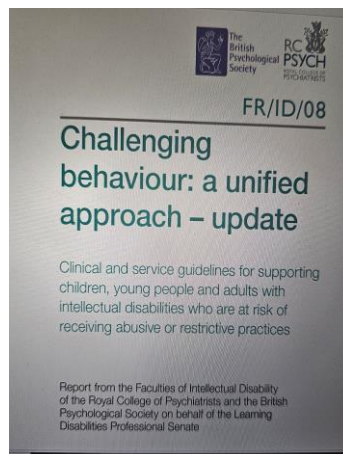




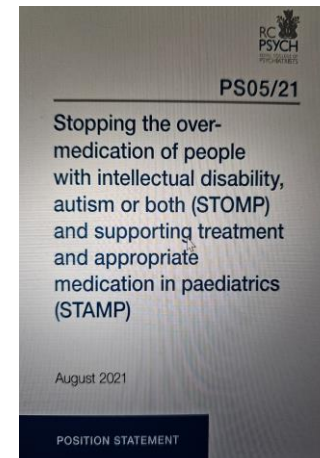
Public Health England estimated that up to 35,000 adults with ID were using psychotropic medicines when they do not have health conditions which are regarded as indications for medication. (PHE, 2015)



- Effective multidisciplinary working with joined up care plans and care pathways
- Psychotropic medication prescribing for the right indication, for the right reason, at the right time
- SDM: Reasonable adjustments made to meet a person's needs regarding their understanding
- Effective monitoring psychotropic medication
- Outcome structured tools & Side effect monitoring
- Review of positive behaviour support (PBS) plans
- Plan for reduction



[Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges \(nice.org.uk\)](#)



# The Good...

- 30 years old male
- Moderate LD and autism
- Lives in residential home
- Behaviours of concern: verbal and physical aggression
- Medication history:
  - Olanzapine 10mg
  - Carbamazepine 800mg
  - Propranolol 20mg BD
- Medication reduction in a gradual and planned way
- Weight reduced from 86 to 52 kg
- Deprescribing led to better QoL and a reduction in body mass index.
- Learning:
  - Reduce one medication at a time
  - The parent and carer were actively involved in monitoring the patient's behaviour while he was undergoing the deprescribing process.
  - MDT involvement

(Adams D, Sawhney I. Deprescribing of psychotropic medication in a 30-year-old man with learning disability. Eur J Hosp Pharm. 2017 Jan;24(1):63-64)



# Top tips for deprescribing:

- Explore indication of medication
- Reduce one medication at a time
- Regular monitoring
- Be mindful of drug interactions and discontinuation effects
- **The parent and carer active involvement**
- Ensure accessible information and any necessary communication support is available
- Risk assessment
- Deterioration of behaviour

## Stopping Over-Medication of People with a Learning Disability, Autism or Both

(STOMP)



# Factors for successful withdrawal:

- Low-dose antipsychotics
- Antipsychotic monopharmacy
- First attempt at withdrawal
- Experiencing side-effects of medication
- Mild intellectual disability
- Living with family
- Support multiagency, MDT, social worker, pharmacy input
- Pharmacists:
  - Good communication & regular medication review & education and training
  - Positive attitudes toward deprescribing & working in secondary care predicted greater deprescribing confidence



## Stopping Over-Medication of People with a Learning Disability, Autism or Both

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# Barriers for successful psychotropic withdrawal:

- Resistance/fear of deterioration of behaviour from care staff/family
- Lack of nonpharmacological psycho social interventions
- Lack of MDT support
- Lack of national guidelines on structure of withdrawal
- Lack of pharmacist input

**Stopping  
Over-Medication  
of People with a  
Learning Disability,  
Autism or Both**

**(STOMP)**

(Deb S etal , BJPsych Open. 2020 Sep)



## The UK psychiatrists' experience of rationalising antipsychotics

### Adequate resources:

- psychiatrists reported satisfaction in the process with successful antipsychotic rationalisation
- better local multi-disciplinary and multi-agency working
- increased awareness of STOMP issues among the stakeholders
- improved quality of life caused by reduced medication-related adverse events in people with intellectual disabilities.

### Resource utilisation not optimum:

- psychiatrists seemed dissatisfied with the process
- little success in medication rationalisation.

(Deb S etal, 2023 )



- Patients : Better quality of Life
- Psychiatrists: Improved Clinical practise
- Improved MDT working
- Increased capacity within services
- Deterioration of behaviour/MI
- Complaints
- Mental illness untreated
- Perception of medication
- Reinstatement of medication





- Experience of UK Psychiatrist for withdrawal of antipsychotics prescribed for challenging behaviours
  - An online questionnaire was sent to all UK psychiatrists working in the field of intellectual disability
  - Half of the respondents stated that they started withdrawing antipsychotics over 5 years ago
  - 52.3% stated that they are less likely to initiate an antipsychotic for CB since the launch of STOMP.
  - **However, since then, 46.6% (41) prescribing other classes of psychotropic medication instead of antipsychotics for challenging behaviours, most frequently the antidepressants, mood stabiliser, benzodiazepines, antiepileptics and anxiolytics**
  - **Only 4.5% (n = 4) of respondents achieved a complete withdrawal in over 50% of patients who were on antipsychotics inappropriately.** The majority (60.2%) (n = 52) achieved this among 1–25%.
  - **Reinstatement of antipsychotics** was at its highest within the first 3–6 months but may have increased in some cases at 12-month follow-up.
  - **A small proportion (11.4%) reported a deterioration in behaviour in over 50% of patients after withdrawal of antipsychotics**

(Deb S et al , BJPsych Open. 2020 Sep)





- Prescribing rates have fallen for people with a learning disability and autistic people, for antipsychotics & benzodiazepines (NHS Digital )
- Prescribing rates for anti-depressants have increased year on year for the last five years. ( Branford D, et al. 2022)
- Withdrawal of AD; lead to problems in the future
- Antiseizure medications (ASMs) are the second most widely prescribed psychotropic for people with intellectual disabilities in England. Multiple psychotropic prescribing is prevalent in almost half of people with intellectual disabilities on ASMs (NHS Digital)
- The rate of ASM prescribing for PwID, both for those with epilepsy and those without, proportion receiving ASMs has risen throughout the age bands (Branford D, et al.2022)

# Conclusion

## STOMP & deprescribing

- Significant improvement on QoL of patients
- Lack of resources barrier for implementation
- Implications for clinical practise; need to be mindful of some inadvertent consequences



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# Thank You

## Questions? Comments?

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