PERSONALITY DISORDERS AND INTELLECTUAL DISABILITY: USE OF MEDICATION

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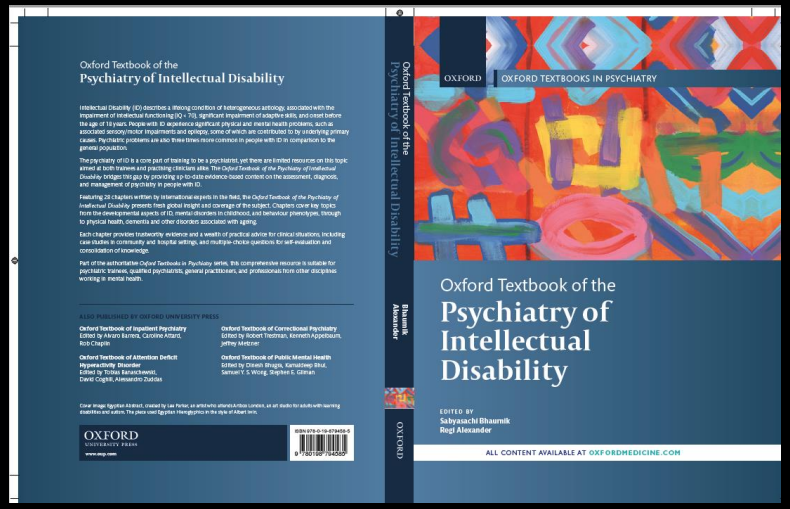
Advisory board member, RADiANT

NHS
Norfolk and Suffolk
NHS Foundation Trust

Paranoid, Schizoid, Schizotypal	Paranoid, Schizoid
Antisocial, Borderline, Histrionic, Narcissistic	Dissocial, Emotionally unstable, Histrionic
Avoidant, Dependent Obsessive compulsive	Anxious, Dependent Anankastic

- ***Alleviating distress in the absence of no other available treatment options***

- ***Avoiding inappropriate prescribing including over-medication***


Oxford Textbook of the
Psychiatry of Intellectual Disability
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Oxford Textbook of the
Psychiatry of Intellectual Disability
EDITED BY
Sabyasachi Bhaumik
Regi Alexander
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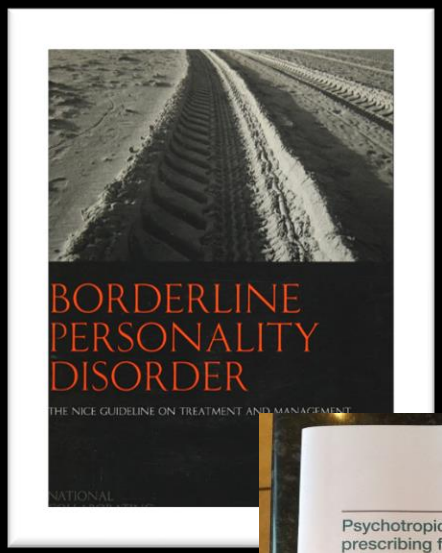
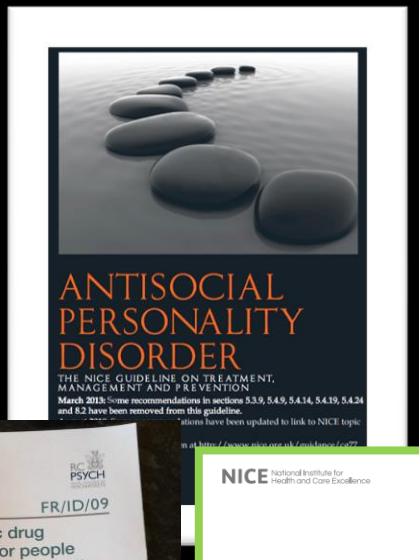
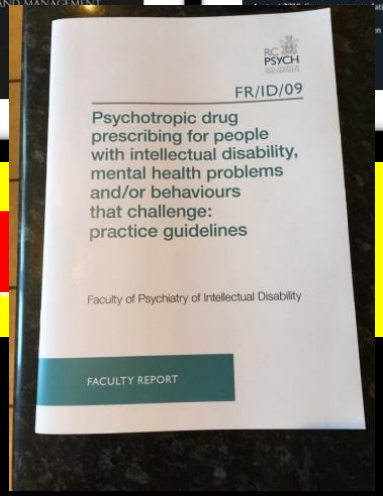
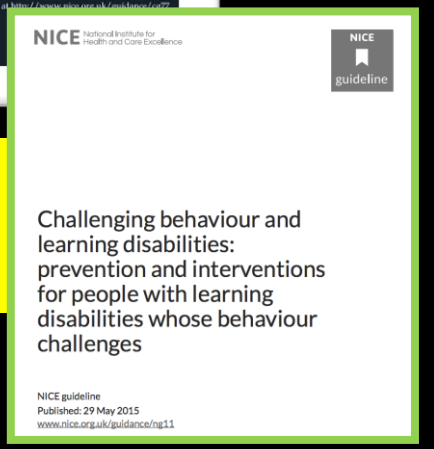

BORDERLINE
PERSONALITY
DISORDER
THE NICE GUIDELINE ON TREATMENT AND MANAGEMENT

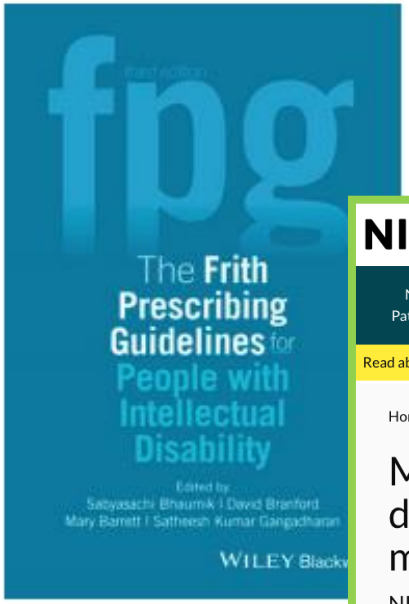

ANTISOCIAL
PERSONALITY
DISORDER
THE NICE GUIDELINE ON TREATMENT,
MANAGEMENT AND PREVENTION


RCPSYCH
FR/ID/09
Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines
Faculty of Psychiatry of Intellectual Disability
FACULTY REPORT


NICE National Institute for Health and Care Excellence
NICE
guideline
Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
NICE guideline
Published: 29 May 2015
www.nice.org.uk/guidance/ng11


NHS
Health Education England
Working in community settings with people with learning disabilities and autistic people who are at risk of coming into contact with the criminal justice system.
A resource for health and social care staff
Developing people for health and healthcare
www.hee.nhs.uk

SOURCE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The Frith Prescribing Guidelines for People with Intellectual Disability
Edited by
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WILEY Blackw


NICE National Institute for Health and Care Excellence
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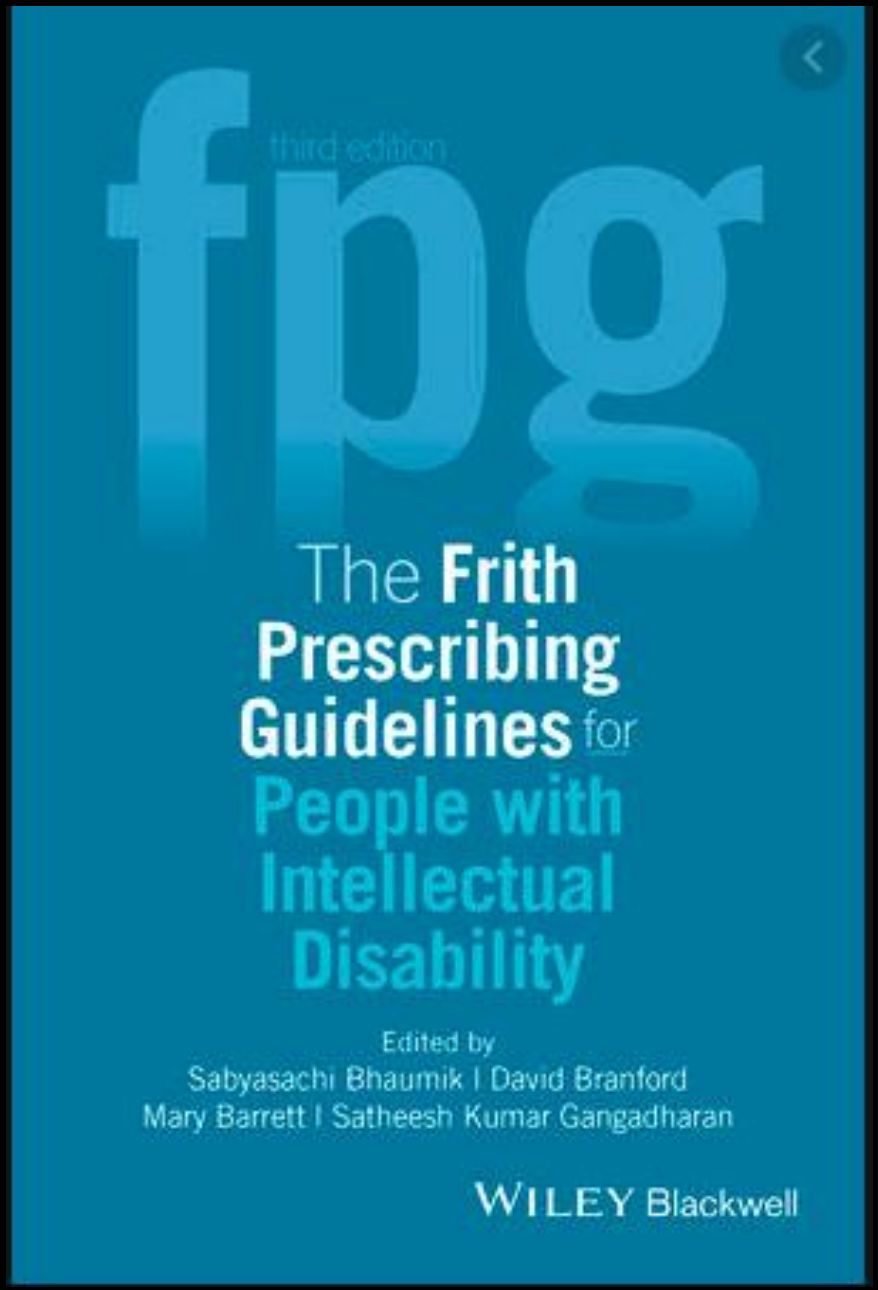
Mental health problems in people with learning disabilities: prevention, assessment and management
NICE guideline [NG54] Published date: 14 September 2016
Register as a stakeholder

- Do treat co-morbidity-actively
- Don’t prescribe for PD alone
- If you have to, think of proposed symptom domains



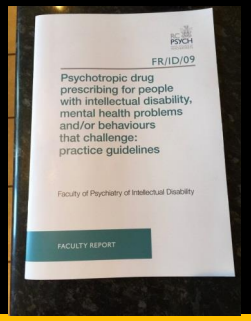
- **Proportion of people with ID treated with psychotropics exceed the proportion with recorded mental illness.71% of those with ID prescribed an antipsychotic did not have a severe mental illness.Sheehan et al http://dx.doi.org/10.1136/bmj.h4326**

- **Problem not confined to LD either. In the general population, 50% of those prescribed an antipsychotic did not have a recorded severe mental illness**

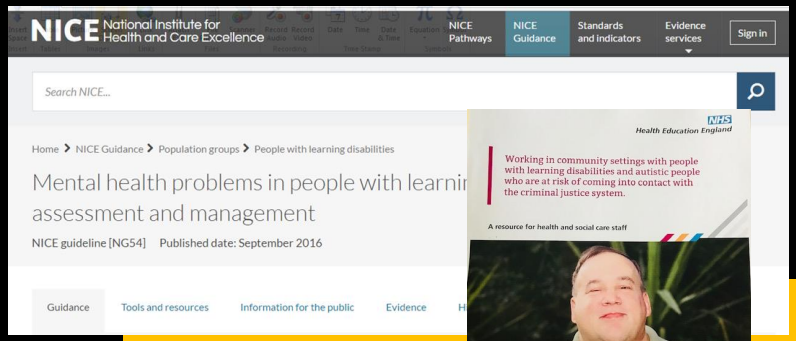
Challenges in ID

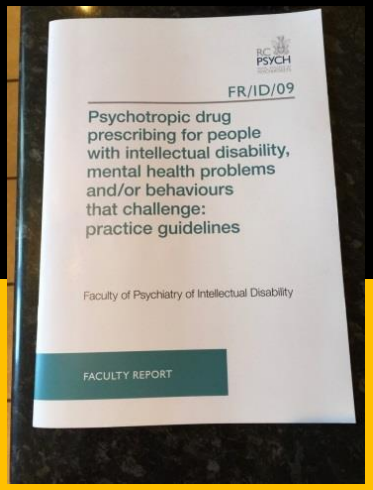
- Mental health co-morbidity: point prevalence 30%, diagnostic overshadowing and under- recognition
- Vulnerability to psychosocial disadvantage
- Physical health co-morbidity

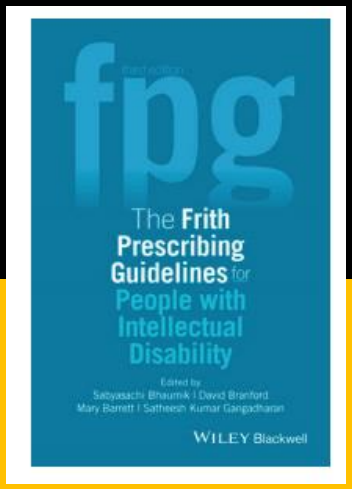
Approaches to prescribing



- **Challenging Behaviour NOT associated with any mental illness or disorder**
- **Challenging Behaviour associated with a mental illness or disorder**
- **Challenging Behaviour associated with some psychiatric symptoms; but they do not quite fulfil the full criteria for a mental illness or disorder**







- **There are categories for atypical presentations in all diagnostic systems- ICD, DSM, DMID or DC-LD**
- **The narrative account of the symptoms and symptom clusters is important.**
- **Any prescribing should be based on that narrative account- whether it be syndromal or symptom specific.**

Cognitive perceptual 48%	Affective dys-regulation 79%	Behaviour Dyscontrol 97%	Anxiety 34%	SIB 52%
1. Chronic: 2. Acute exacerbation:	1. Dysthymia like: 2. Mood swings:	1. Affective: 2. Ictal: 3. Predatory:	1. Somatic: 2. Cognitive:	1. Repetetive & stereotyped: 2. Severe tissue damage: 3. Self injury & agitation: 4. Suspected compulsive element

Cognitive perceptual	Affective dys-regulation	Behaviour dyscontrol	Anxiety	SIB
Chronic: Low dose antipsychotic drugs **Acute exacerbation:** antipsychotic drugs	**Dysthymia like:** SSRIs, mood Stabilisers **Mood swings:** mood stabilisers, SSRIs, low dose Antipsychotic	**Affective:** mood stabilisers, SSRIs, low dose Antipsychotic **Ictal:** Mood stabilisers, short term Benzos **Predatory:** Low dose antipsychotic	**Somatic:** Beta blockers **Cognitive:** SSRIs, low dose antipsychotic & short term benzo	**Repetetive & stereotyped:** Low dose antipsychotic **Severe tissue damage:** Opiate antagonists **Self injury & agitation:** mood stabilisers, beta blockers **Suspected compulsive element** : SSRIs

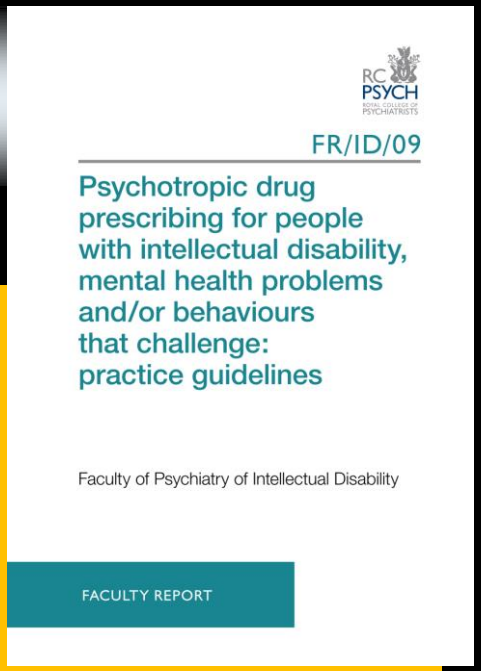
Off label prescribing

- **Responsibilities of the prescriber (Good practice in prescribing and managing medicines and devices, GMC 2013)**

  - ***Overseeing all aspects of treatment***
  - ***Record usage carefully***
  - ***Inform parents and carers fully***

- **Explanation to patients**
- **Explanation to families and/or carers**
- **Easy read leaflets and reasonable adjustments**

Does your treatment work?



- **Narrative accounts of improvement may not be enough.**

- **Supplemented by standardised measures: CGI - easy to administer, quick, can have multiple raters, can capture balance between effects and side effects**

CLINICAL GLOBAL IMPRESSIONS SCALE (Date:)

1. **Global improvement:** Rate total improvement whether or not, in your judgement, it is due entirely to drug treatment. Compared to his condition at admission to the project, how much has he changed?

0 = Not assessed
1 = Very much improved
2 = Much improved
3 = Minimally improved
4 = No change
5 = Minimally worse
6 = Much worse
7 = Very much worse

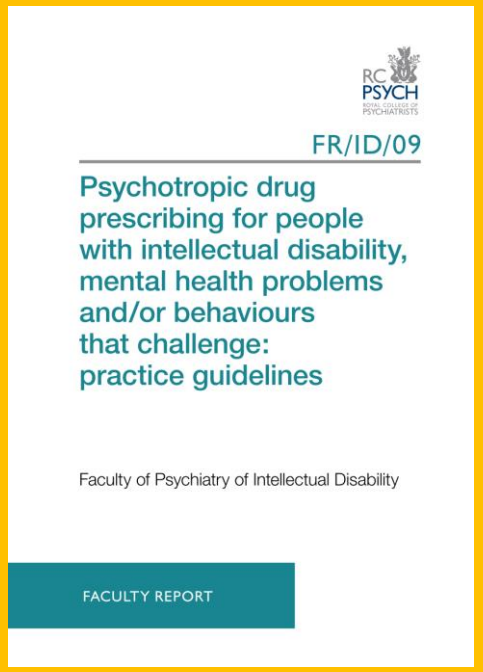
Score:

2. **Efficacy index:** Rate this item on the basis of **drug effect only**. Select the terms which best describe the degrees of therapeutic effect and side effects and record the number in the box where the two items intersect.

Therapeutic effect		**Side effects**			
		None	*Do not significantly interfere with patient's functioning*	*Significantly interferes with patient's functioning*	*Outweighs therapeutic effect*
Marked	Vast improvement. Complete or nearly complete remission of all symptoms	**01**	**02**	**03**	**04**
Moderate	Decided improvement. Partial remission of symptoms	**05**	**06**	**07**	**08**
Minimal	Slight improvement which doesn't alter status of care of patient	**09**	**10**	**11**	**12**
Unchanged or worse		**13**	**14**	**15**	**16**

Score:

- **The self assessment framework**
- **Examples of case note entries for medication reviews**



Key message 1

THE KEY RESPONSIBILITY IS THE PRESCRIBERS'

Key message 2

JUST WRITING "CHALLENGING BEHAVIOUR" MAY NOT BE PRECISE ENOUGH AS A RECORDED INDICATION FOR PRESCRIBING

Key message 3

RECORD ALL DIAGNOSES SYSTEMATICALLY AND THE NARRATIVE THAT UNDERPINS IT.

Key message 4

- RECORD TREATMENT TARGETS
- HAVE TIMEFRAMES
- COMMUNICATE THAT

Key message 5

OFF LABEL PRESCRIBING IS NOT INAPPROPRIATE, UNLAWFUL OR UNETHICAL. HOWEVER, IF NOT DONE PROPERLY, IT CAN BE.

Key message 6

USE A STANDARDISED OUTCOME MEASURE THAT CAN BE RECORDED QUICKLY AND IMPLEMENTED WIDELY

Key message 7

PRESCRIBE RATIONALLY. REDUCING AND STOPPING MAY BE PART OF THAT PROCESS

Key message 8

LARGE SCALE NATURALISTIC STUDIES/ NATIONAL AUDITS ARE URGENTLY NEEDED

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