

Pharmacological management of acute disturbance: Learning disability

James McCarthy

Clinical Pharmacy Manager - Inpatient Services

Devon Partnership NHS Trust



What is a Learning Disability?

- **NICE (Learning Disability):** *generally defined by 3 core criteria: lower intellectual ability (usually an IQ of less than 70), significant impairment of social or adaptive functioning, and onset in childhood*
- **UK Department of Health (Learning Disability):** *a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood*
- **DSM-5 (Intellectual Disability):** *neurodevelopmental disorders that begin in childhood and are characterized by intellectual difficulties as well as difficulties in conceptual, social, and practical areas of living*
- **ICD-11 (Intellectual Disability):** *a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities – classified as mild, moderate, severe or profound.*



Acute disturbance vs behaviour that challenges

'Acute disturbance'

- *Agitation, aggression and violence*
- *In the context of an acute mental state*
- *Associated with underlying mental and/or physical disorder*

'Behaviour that challenges'

- *Can include aggression, self-injury, stereotypic behaviour, withdrawal, and disruptive/destructive behaviour*
- *Potentially also include violence, arson or sexual abuse*
- *Can threaten quality of life and physical safety to self or others*





Learning disabilities and behaviour that challenges: service design and delivery

NICE guideline
Published: 28 March 2018
www.nice.org.uk/guidance/ng93

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Mental health problems in people with learning disabilities: prevention, assessment and management

NICE guideline
Published: 14 September 2016
www.nice.org.uk/guidance/ng54

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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

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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



Devon Partnership NHS Trust

Prescribing Guideline Pharmacological Management of Disturbed Behaviour in Learning Disabilities PG28

PG28 – Pharmacological Management of Disturbed Behaviour in Learning Disabilities
Approved by Drug and Therapeutics Committee: July 2019
Review date: July 2023



third edition
fpg

The Frith Prescribing Guidelines for People with Intellectual Disability

Edited by
Sabyasachi Bhaumik | David Branford
Mary Barrett | Satheesh Kumar Gangadharan

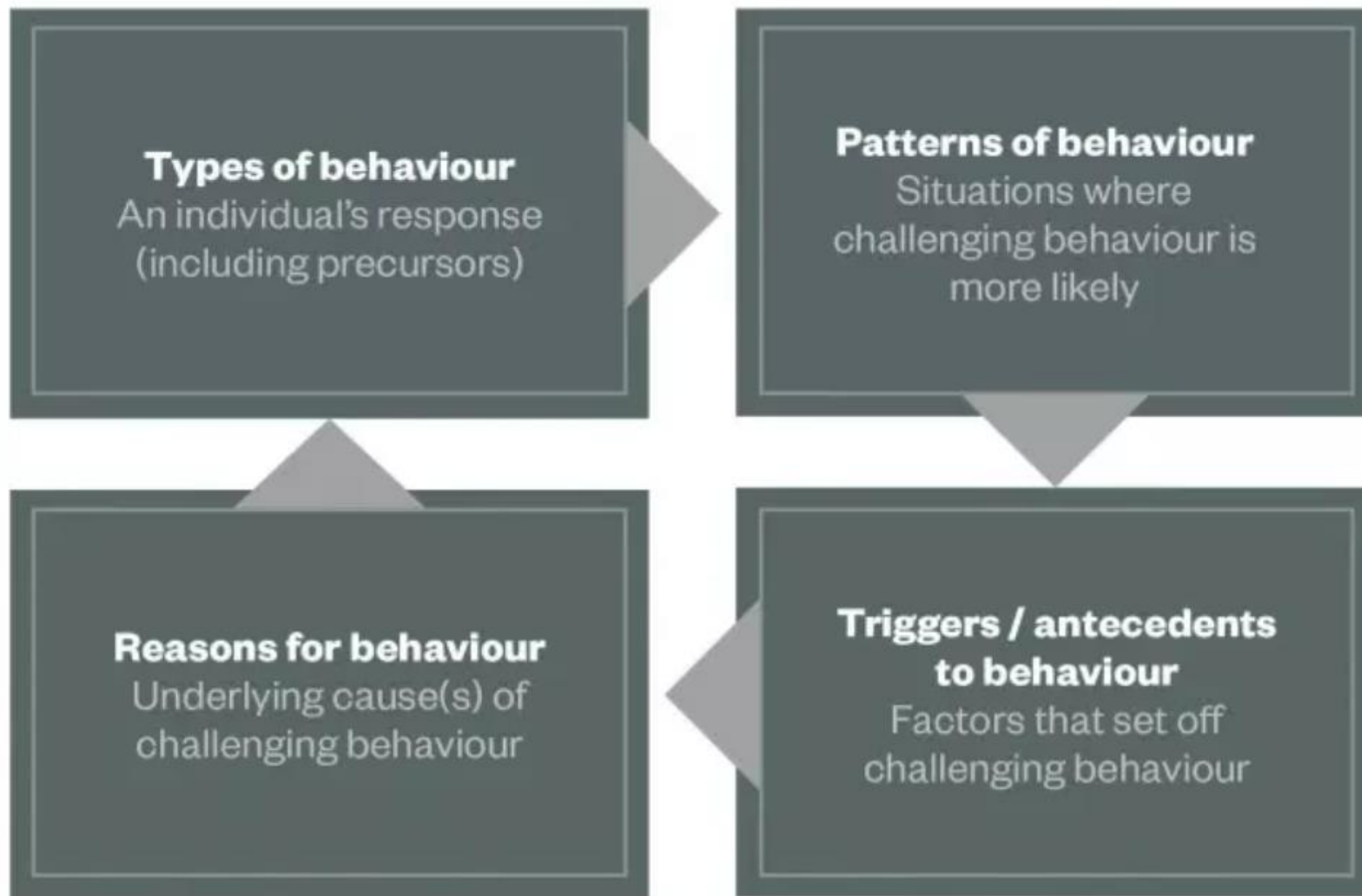
WILEY Blackwell

Evidence base (...or lack of)

The difficulty in carrying out, and an extreme lack of, randomised controlled trials (RCTs) in individuals with a learning disability is well recognised

Apart from ethical and consent issues, common confounding factors such as polypharmacy and presence of physical conditions such as epilepsy make RCTs expensive, time consuming and often challenging in terms of recruitment





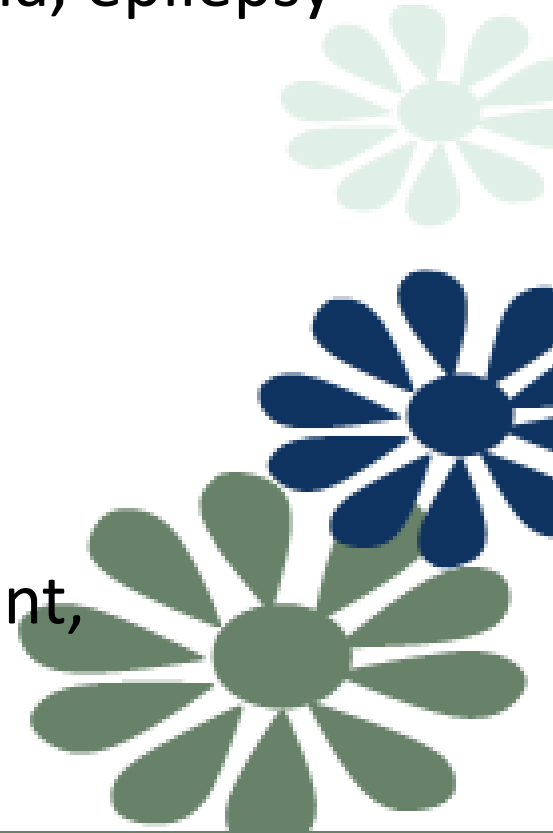
SOURCE: NHS PROTECT. MEETING NEEDS AND REDUCING DISTRESS: GUIDANCE ON THE PREVENTION AND MANAGEMENT OF CLINICALLY RELATED CHALLENGING BEHAVIOUR IN NHS SETTINGS

Identifying underlying causes of acute disturbance in people with learning disabilities, a large proportion of who have significant communication difficulties, can present a significant challenge.



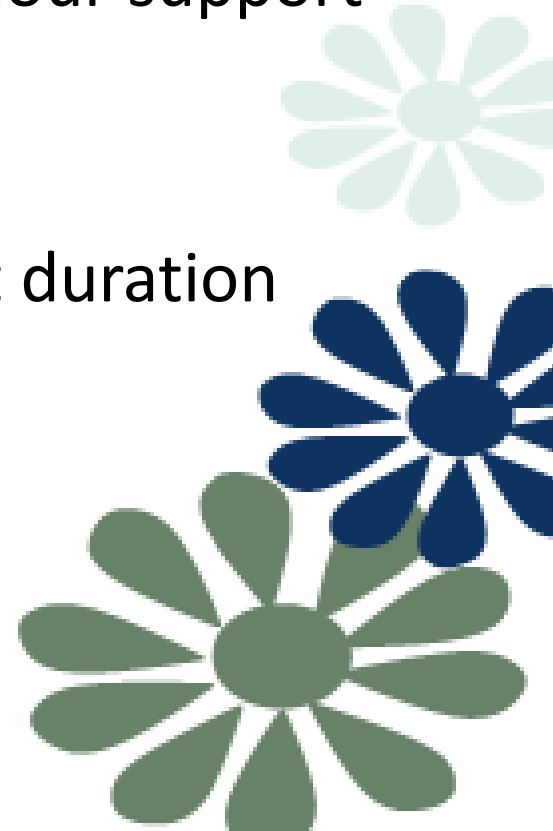
Potential causes of acute behavioural change

- **Physical illness:** infection, constipation, delirium , dementia, epilepsy
- **Pain:** earache/toothache, pressure sore, acute abdomen, dysmenorrhea
- **Visual/auditory difficulties**
- **Mental illness:** anxiety, psychosis, mood disorder
- **Side effects/interactions**
- **Psychosocial:** significant life events, changes in environment, break-down in placement, abuse and neglect



General prescribing principles

- Least restrictive and non-pharmacological (positive behaviour support plan)
- Only prescribe medication if significant risks to self/others
- Single drug, minimum effective dose (low and slow), short duration
- Closely monitor response and side effects
- Careful consideration for comorbidities
- Clear documentation of indication
- Review regularly – risk of on-going future treatment



Choice of medication

- Antipsychotics

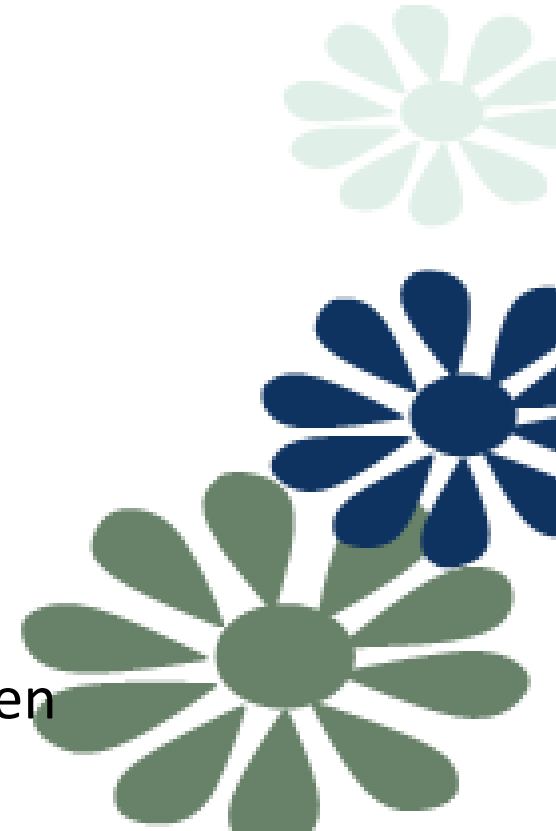
- Commonly prescribed for behaviours that challenge
- Licensing
- Seizure threshold
- Anticholinergic burden
- Cardio-metabolic
- EPSEs

- Benzodiazepines

- Licensing
- Tolerance
- Withdrawal

- Promethazine

- Licensing
- Seizure threshold
- Anticholinergic burden



Other considerations

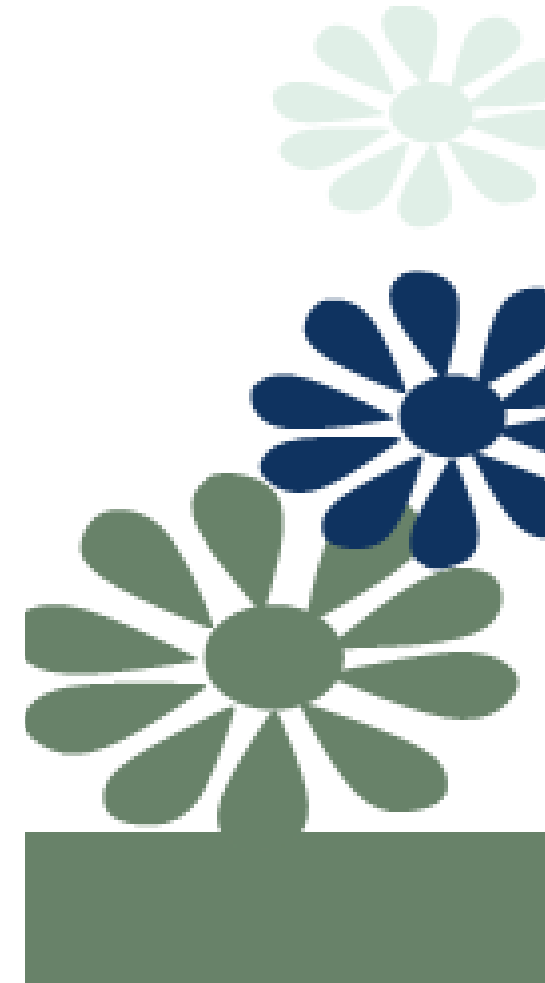
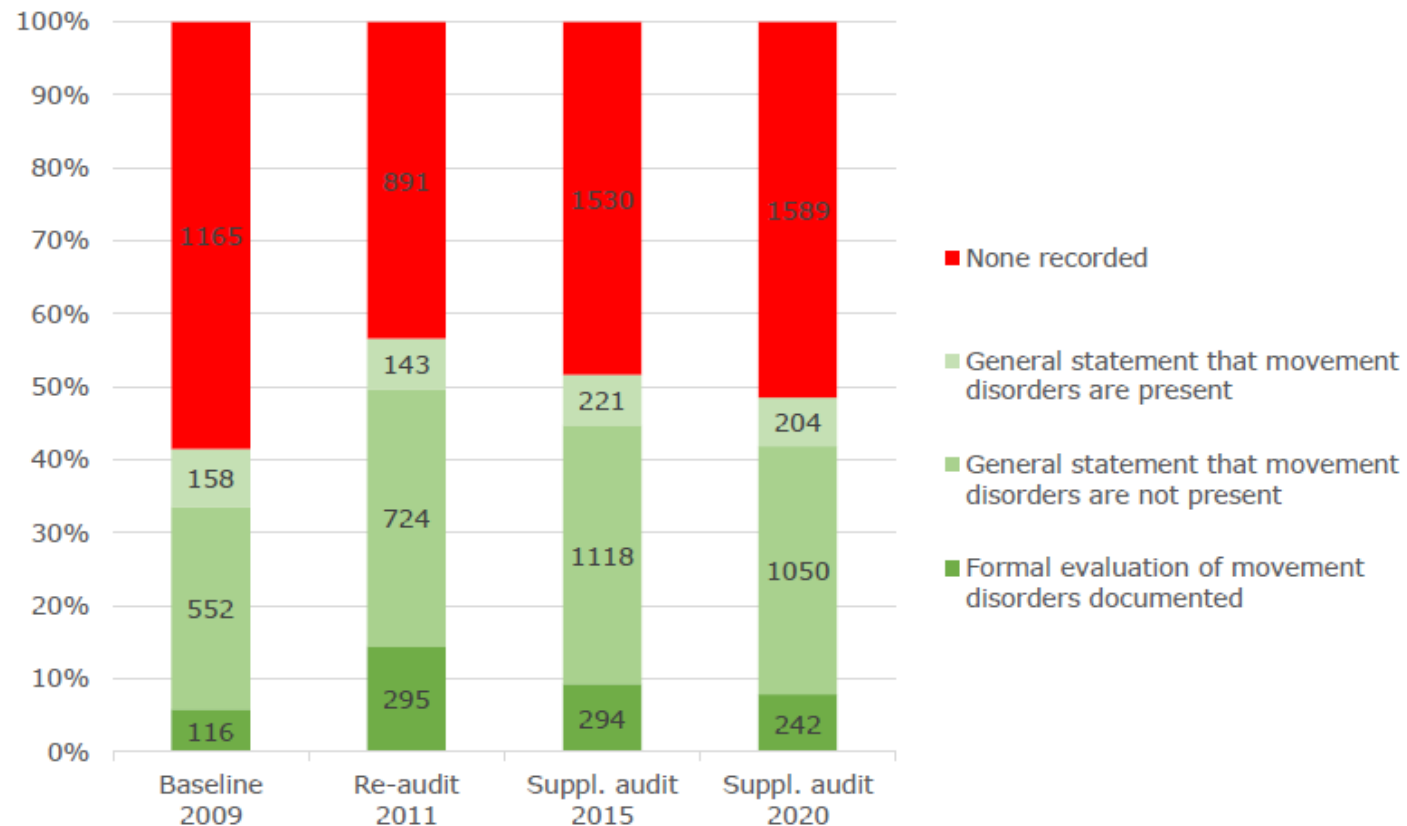
- Consent and capacity
 - MHA/MCA/LPS(DoLS)
 - Best interest decisions
 - Involve relatives/carers
 - Covert administration

- Licensing
 - Indication
 - Dosage
 - Formulation e.g. crushing/mixing with water or food
 - Product e.g. liquid/injection



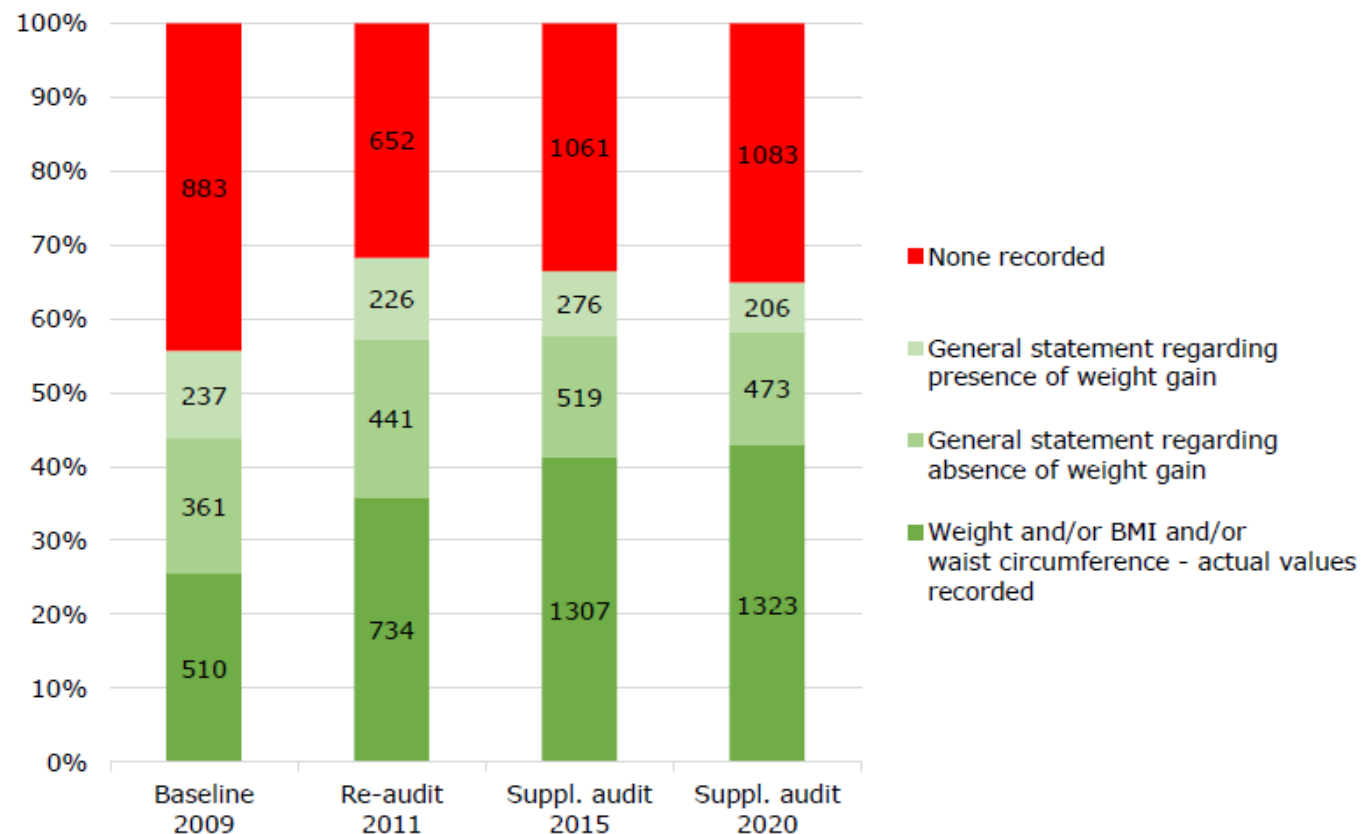
POMHUK - antipsychotic prescribing in people with a learning disability under the care of mental health services - 2020

Documented assessment of extrapyramidal side effects (EPS) in the past year in the sub-samples of people with a learning disability prescribed antipsychotic medication for more than a year: 2009-2020



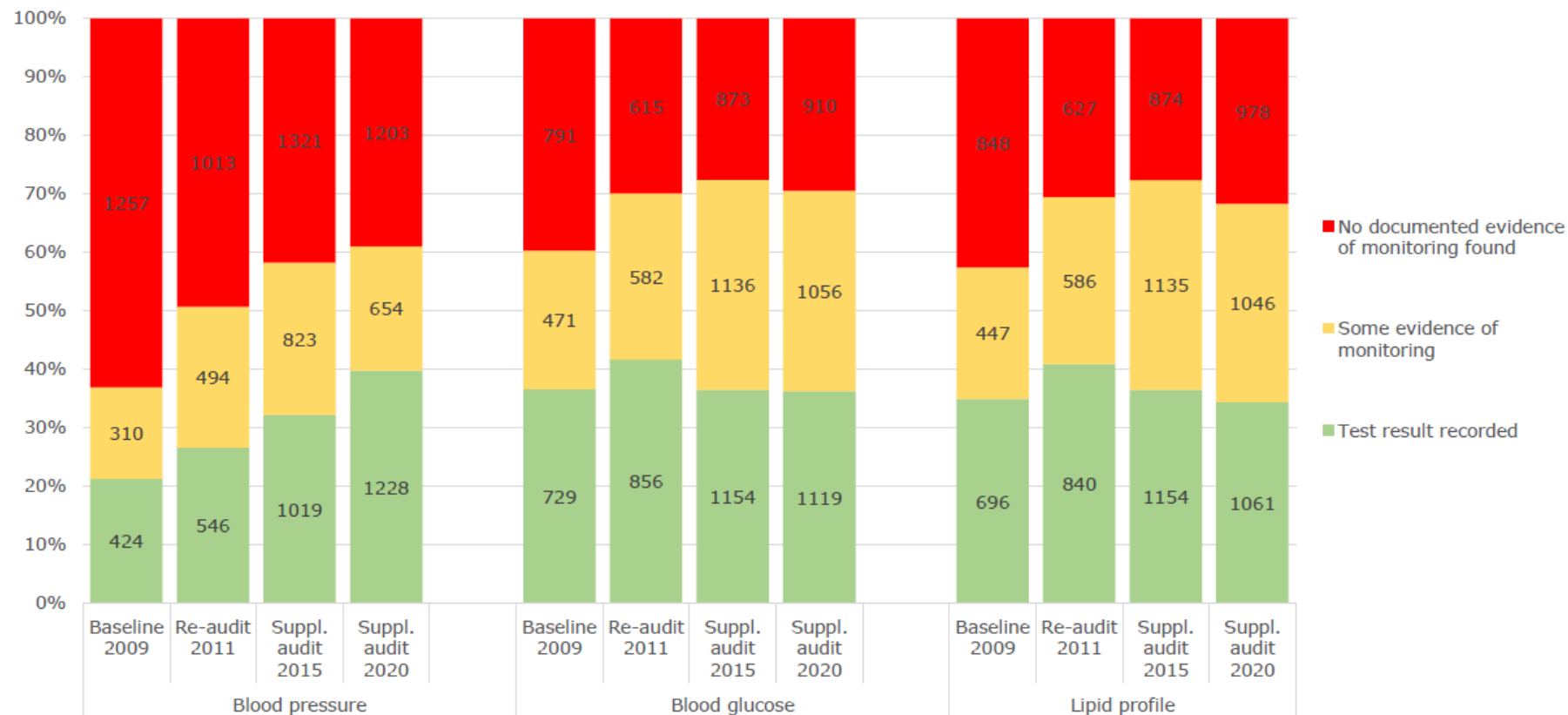
POMHUK - antipsychotic prescribing in people with a learning disability under the care of mental health services - 2020

Documented measurement of body weight in the past year in the sub-samples of people with a learning disability prescribed antipsychotic medication for more than a year: 2009-2020



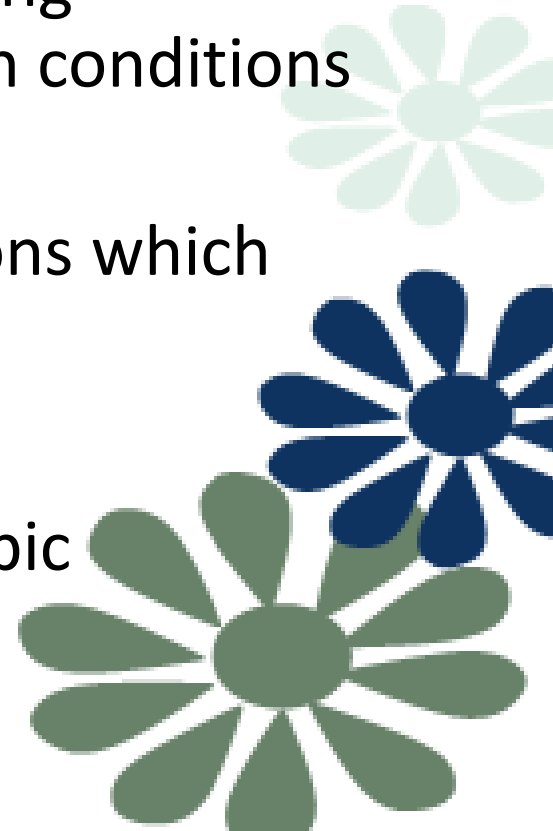
POMHUK - antipsychotic prescribing in people with a learning disability under the care of mental health services - 2020

Documented monitoring of blood pressure, blood glucose and lipid profile in the past year in the sub-samples of people with a learning disability prescribed antipsychotic medication for more than a year: 2009-2020



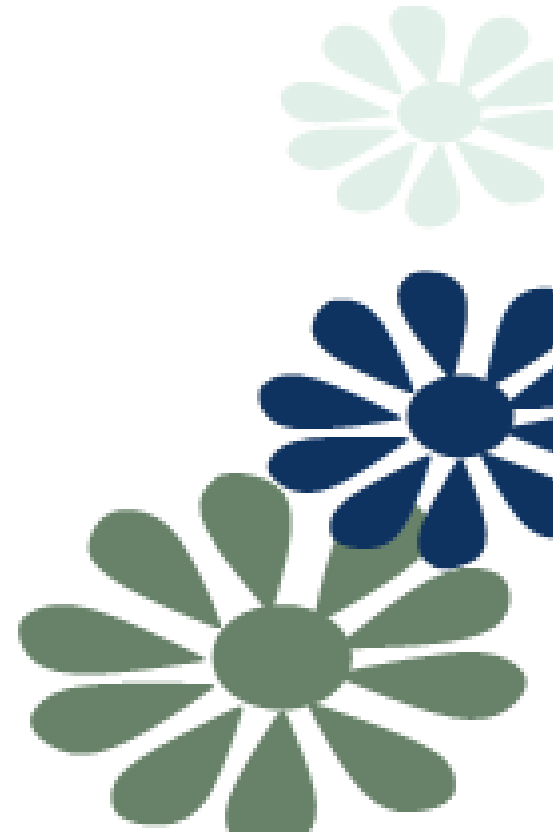
Stopping over medication of people with a learning disability, autism or both (STOMP)

- ~30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for
- It is a national project involving many different organisations which are helping to stop the over use of these medicines
- Launched in 2016
- Important to consider when starting/reviewing psychotropic treatment



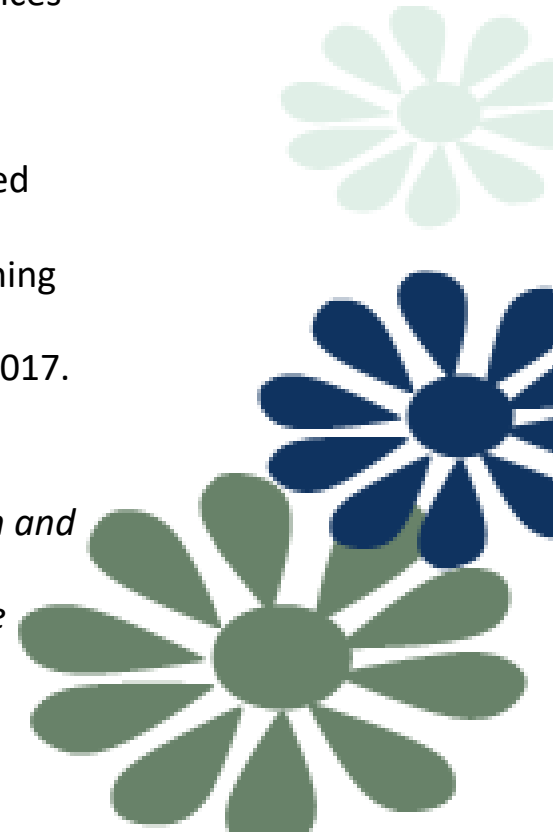
Summary

- Poor evidence base
- Understand the clinical picture holistically
- Treat accordingly using general principles
- Monitor closely
- Review regularly



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