PO3.54. RATIONALISING ANTIPSYCHOTIC PRESCRIBING TO NURSING HOME RESIDENTS WITH DEMENTIA: A FEASIBILITY STUDY

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BACKGROUND

• Antipsychotic prescribing in nursing home residents with dementia is common despite the known harms and minimal benefits.

• We developed an intervention called the ‘Rationalising Antipsychotic Prescribing in Dementia’ (RAPID) intervention, and involved people with dementia and family members in the design process as Advisory Group Members.

• The RAPID intervention has three components: 1) Education and Training with Nursing Home Staff, 2) Academic Detailing with GPs and 3) The RAPID assessment tool (Figure 1).

• The aim of this study was to assess the feasibility and acceptability of the RAPID intervention in a nursing home setting.

METHODS

• Ethics approval was granted by the local ethics committee.

• We undertook a mixed-methods feasibility study in one large (75 bed) publicly funded nursing home in Cork City, Ireland.

• Quantitative measurements included psychotropic medication data, falls and behavioural symptom severity.

• Qualitative focus groups were conducted with nursing home staff and GPs to explore their experiences of the intervention.

• After the study was completed, we sought feedback from our Advisory Group Members (Speech Bubbles).

RESULTS

• Of 75 residents at baseline, 43 (57%) had dementia (median age = 84 [Interquartile range = 79-92], females = 29 [67%]).

• The proportion of people with dementia (PwD) prescribed at least one regular antipsychotic was stable from 3-months before the intervention at 45% (n=18) right through to 2-months after the intervention at 44% (n=14), but decreased to 36% (n=14) 3-months after the intervention (Figure 2).

• There were minimal changes observed in terms of other psychotropic medications (i.e. anxiolytics, hypnotics, antidepressants) over this time period (Figure 2), while medication used ‘as required’ (PRN) decreased (Figure 3).

• The falls rate and behavioural symptom severity both remained relatively static.

CONCLUSIONS

• This study confirms the feasibility and acceptability of the RAPID intervention.

• These findings indicate that larger scale evaluation of this intervention is worth pursuing, in order to evaluate its potential to change antipsychotic prescribing behaviour and ultimately improve outcomes for residents with dementia.

REFERENCES:

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