**Review, reduction or stopping of psychotropic drugs in people with a learning disability, autism or both**

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| **WHY?** |
| * **To improve the quality of life of people with a learning disability (LD), autism or both by reducing the potential harm of inappropriate psychotropic drugs.**
* **Reduce inappropriate psychotropic drug usage as ‘chemical restraint’ for controlling behaviour that challenges.**
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| **WHAT IS THE EVIDENCE?** |
| * **On 14 July 2015, reports were published highlighting** [**widespread inappropriate use of antipsychotics and other medicines used to treat mental illness in people with learning disabilities**](https://www.england.nhs.uk/2015/07/14/urgent-pledge/)**.**
* **Evidence suggests that a substantial proportion of people with a learning disability, autism or both who are prescribed psychotropic drugs for behavioural purposes could safely have their drugs reduced or withdrawn.**
* **There are an estimated number of 60 people with LD in Stockport (1 or 2 per practice) receiving ongoing treatment with psychotropic medicines for challenging behaviours who are no longer under the care of an LD specialist. For the patients under the care of the the Consultant Psychiatrist for Adults with a Learning Disability it has been confirmed that mechanisms are in place to review use of psychotropic medicines**
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| **WHO?** |
| * **People with a READ code of Learning disability, autism or both currently prescribed a drug from the following class of medicines for challenging behaviours:**

**-antipsychotics; antidepressants; mood stabilizers; anxiolytics and hypnotics (including benzodiazepines);**  |
| **HOW?** |
| * **Practice based medicine coordinator/CCG Medicines Management team will search the EMIS system for patients prescribed a psychotropic drug for challenging behaviours using data collection sheet attached**
* **The list of patients will be presented to the relevant GP who will decide on the best course of action (i.e. discuss with patient/carers at the medicines reviews particularly if the psychotropic has been initiated by the GP, refer to the Consultant Psychiatrist for Adults with a Learning Disability where necessary)**
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| **RISKS** |
| * **Risk of relapse needs to be considered by clinician formulating the reductions plan on an individual basis, any reduction plans needs to be documented including any support for patient/carer put in place, any planned future monitoring/ reassessment of the behaviour that challenges and consideration for any psychological or environmental interventions, where needed**
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| **FURTHER INFORMATION** |
| * [**The toolkit**](https://www.england.nhs.uk/publication/stopping-over-medication-of-people-with-a-learning-disability-autism-or-both/) **for GP prescribers– Stopping Over-Medication of People with a Learning Disability (STOMP)**
* **The Royal College of Psychiatrists has produce a Faculty Report with practice** [**guidelines on psychotropic drug prescribing**](http://www.rcpsych.ac.uk/pdf/FR_ID_09_for_website.pdf)
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