

Mental & Social Healthcare

STOMP:

A pilot for local implementation

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2gether
Making life better

Foundation Trust
For Herefordshire



WHAT IS STOMP?

- STOMP stands for “*Stopping Over-Medication of People*” with a Learning Disability, Autism or both, with psychotropic medications.
- The STOMP initiative was launched in 2016 by the Royal Colleges of Nursing, Psychiatrists & GPs, the Royal Pharmaceutical Society & the British Psychological Society.

- This is a national project aiming to improve the quality of lives of people with LD and/or Autism by reducing the inappropriate use of psychotropic medication within these populations.
- The basic principles of STOMP are to try & avoid starting the prescription of psychotropic medications in the first instance &, where prescription is unavoidable, to review regularly with the expectation that prescription will be stopped.

Support for STOMP



- Over 160 social care providers have pledged support for STOMP & more than 30 providers, supporting over 26,000 people, are currently delivering on a STOMP Action Plan. (NHS England, 2017; NHS England 2018c).
- An update from NHS England in July 2018 advised that nearly 50 NHS Trusts, CCGs and independent providers had signed up to their STOMP Healthcare Provider Pledge.

The Aims of STOMP

Address concerns

Involve all parties

Provide information

Provide practical support & nonpharmaceutical interventions

- STOMP aims to address concerns about the use of psychotropic medications by encouraging people to have regular check-ups about their medications & ensuring that health professionals involve people, their families & support staff in decisions about medications.
- STOMP also aims to provide information about non-pharmacological interventions & practical ways of supporting people with Learning Disabilities & Autism to reduce the amount of medication they need.
- Providers are encouraged to improve their use of psychotropic medication, offer non-pharmaceutical interventions & ensure that service users & those who support them are fully informed and involved in the process. (NHS England, 2018b)

Challenging Behaviour & LD

‘Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life &/or the physical safety of the individual or others & is likely to lead to responses that are restrictive, aversive or result in exclusion’

Royal College of Psychiatrists, British Psychological Society and Royal College of Speech & Language Therapists, 2007

- Data published by NICE in 2015 estimated that 10 to 15% of people with Learning Disabilities in educational, health & social care settings present with challenging behaviour.
- The incidence is higher in people with communication, sensory processing, physical health and / or mental health difficulties. Challenging behaviour often results from an interaction between personal & environmental factors & is likely to indicate an unmet need.

Psychotropic Medications



- NHS England defined psychotropic medications in 2017 as medications that affect the central nervous system & brain processes.
- They are sometimes used as an intervention aiming to reduce challenging behaviour and evidence has shown that they are used at a higher rate in people with LD and Autism than those without these diagnoses.

Following events at Winterbourne view, the Department of Health's 2012 'Transforming Care' paper highlighted "*deep concerns about over-use of antipsychotic & antidepressant medicines*" in people with LD &/or Autism.

In response to these concerns, a wider review of the prescribing of psychotropic medicines for people with challenging behaviour was commissioned.

The large scale population-based study undertaken by Public Health England in 2015 estimated that every day 30 to 35,000 adults with a Learning Disability are taking psychotropic medicines, despite not having the health conditions the medicines are for (such as psychosis, affective or anxiety disorders).

It was common for adults with Learning Disabilities to be prescribed more than 1 drug within a BNF sub-section, for example, 22% of those prescribed antipsychotic medication were prescribed more than one antipsychotic, despite NICE guidelines recommending only one antipsychotic medication be prescribed.

- NHS England argues that the use of psychotropic medications, often in the absence of other types of intervention, represents inappropriate chemical restraint.
- Both NICE & Public Health England found that there is often little evidence for the efficacy of using psychotropic medications to manage challenging behaviours, yet they can cause a range of adverse side effects & medication interactions.

When Are Psychotropic Medications Appropriate?

Psychological or other interventions alone do not produced change within an agreed timeframe

Treatment of any comorbid mental or physical health problem has not led to a reduction in behaviour

The risk to the person or others is very severe

Only in conjunction with psychological or other interventions

- NHS England advise that prescription of antipsychotic medications should only be considered when psychological or other interventions alone do not produced change within an agreed timeframe, when treatment of any comorbid mental or physical health problem has not led to a reduction in behaviour & when the risk to the person or others is very severe (such as violence, self-injury or aggression).
- If these 3 criteria are all met, antipsychotic medications should still only be prescribed in conjunction with psychological or other interventions

Withdrawal of Psychotropic Medications



How Hereford CLDT are implementing STOMP locally

OUR PILOT

NICE GUIDELINES RECOMMEND THAT MEDICATIONS PRESCRIBED TO INDIVIDUALS WITH LD OR “BEHAVIOUR THAT CHALLENGES” ARE REVIEWED 12 WEEKS AFTER THE COMMENCEMENT OF TREATMENT AND THEN AT LEAST EVERY SIX MONTHS THEREAFTER.

THE HEREFORD CLDT MEDICATION AUDIT UNDERTAKEN IN JULY 2017 FOUND THAT 73% OF PATIENTS WERE PRESCRIBED ANTIPSYCHOTIC MEDICATIONS. OF THOSE 160 PATIENTS, 46 WERE PRESCRIBED 2 DIFFERENT ANTIPSYCHOTICS & 3 PATIENTS WERE

PRESCRIBED 3 DIFFERENT ANTIPSYCHOTICS.

39% were prescribed a combination of both antipsychotics & antidepressants,

74 patients were prescribed at least one anxiolytic (with 12 being prescribed 2 anxiolytics) & 50 patients were prescribed procyclidine

A Hereford CLDT STOMP meeting was held on 08 December 2017 to specifically discuss how we could support & manage the proposal to reduce prescription of antipsychotic medications. It was highlighted that Consultants have experienced reluctance from family members when the topic of reduction is discussed, with the family raising concerns that general support may consequently be reduced and that behaviours may escalate. It was also identified that we would need to support more positive thinking to overcome the challenge of influencing community change. As an outcome of this meeting, it was proposed that a sample of 10 cases be identified for review of psychotropic medications

The HCLDT STOMP Clinic



Hereford CLDT STOMP CLINIC

- The first HCLDT STOMP clinic appointments were arranged for 05 & 12 June 2018.
- The STOMP Clinic format consisted of a 15-minute appointment with Lead Nurse (Jayne Davies) at which the client and Lead Nurse go through an appointment pack & address any initial concerns or questions.
- This is followed by a 45-minute joint appointment with myself & our Clinical Psychologist (Dr Katherine Byron Daniels) to discuss options for reducing psychotropic medications.
- Planned reviews were held on 16 October 2018, with interim reviews where indicated. A further planned review will be held in February/March 2019

Initial Clinic Outcomes



OUTCOMES OF HEREFORD STOMP CLINICS

- Of the 10 participants identified, 9 clients attended their initial STOMP clinic appointment.
- 8 clients consented to a reduction of medications. 1 client was too anxious to consent to reducing medications following recently experienced mental health deterioration therefore she was discharged from the STOMP clinic.
- The client who did not attend in June subsequently participated in a first review in October 2018 & also consented to a reduction of medications.

OUTCOMES OF HEREFORD STOMP CLINICS-2

- Of the 8 clients who have currently accepted reductions in medications & have attended STOMP Review clinic appointments, 6 have successfully responded to the reductions, 1 of whom has been successfully discharged from the STOMP Clinic as they are now considered to be on a minimal combination of psychotropic medications.
- The remaining 2 patients continue to attend the STOMP Clinic; 1 has been offered psychological support with the Clinical Psychologist & further trialled titrations are planned for the other.

Reflections



RECOMMENDATIONS

- We can provide support by making person-centred plans with the individual, their family, carers & the multidisciplinary team;
- * , understanding when and why someone is having difficulties and what will make them feel better
- * helping the individual and those supporting them to understand and manage their medicines
- * providing ‘easy to understand’ information with communication support or plans where needed
- *

helping the individual to maintain overall good health by
keeping fit and attending regular health check ups
* using positive behavioural support to change behaviours and
support methods
* utilising psychosocial/occupational therapies etc. and
ensuring that family and staff involved has the support they
need.

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STOMP

***STOMP** delivery may also involve examining the use of non-pharmacological interventions & updating local policies.

Early progress reviews have highlighted a growing number of case studies where people have had psychotropic medications successfully reduced or stopped, & increased staff confidence in raising medication issues with health professionals.
(NHS England, 2017; NHS England 2018c

FINALLY

YOUR COMMENTS, QUESTIONS
& FEEDBACK PLEASE.....😊