# A multidisciplinary approach to reducing chemical restraint – pilot project

Connie Wu

Clinical Consultant, Victorian Senior Practitioner

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We acknowledge the Traditional Owners of Country throughout Australia and pay respects to their Elders past and present.

We acknowledge that Aboriginal self-determination is a human right and recognise the hard work of many generations of Aboriginal people.

# Background

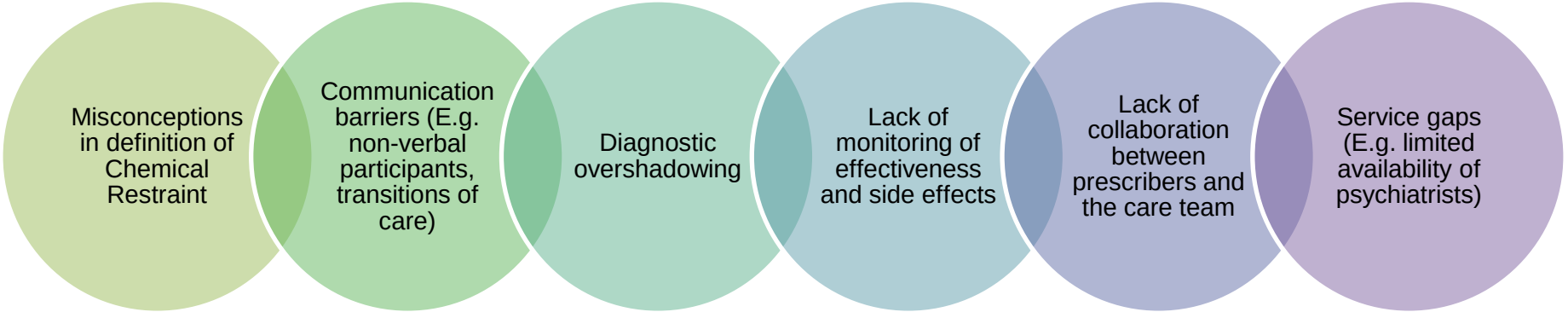
## Joint Statement on Psychotropic Medicines (2022):

- Released by ACQSC, NDIS Commission, and ACSQHC in November 2021.
- Highlighted inappropriate use of psychotropic medicines for managing behaviors in people with disabilities and older people.
- Recognised overprescription and overuse as safety and quality issues in health care.

## Key Concerns:

- Individuals with intellectual disabilities are at higher risk of behaviors of concern.
- Behaviours of concern can hinder social inclusion and lead to overprescribing of antipsychotics (Deb et al., 2009).
- Lack of evidence that psychotropic medicines are effective in managing behaviours of concern (Joint Statement, 2022), whilst leading to 'diminished wellbeing and quality of life in people with disability and older people'.

# Barriers to Reduction of Chemical Restraints



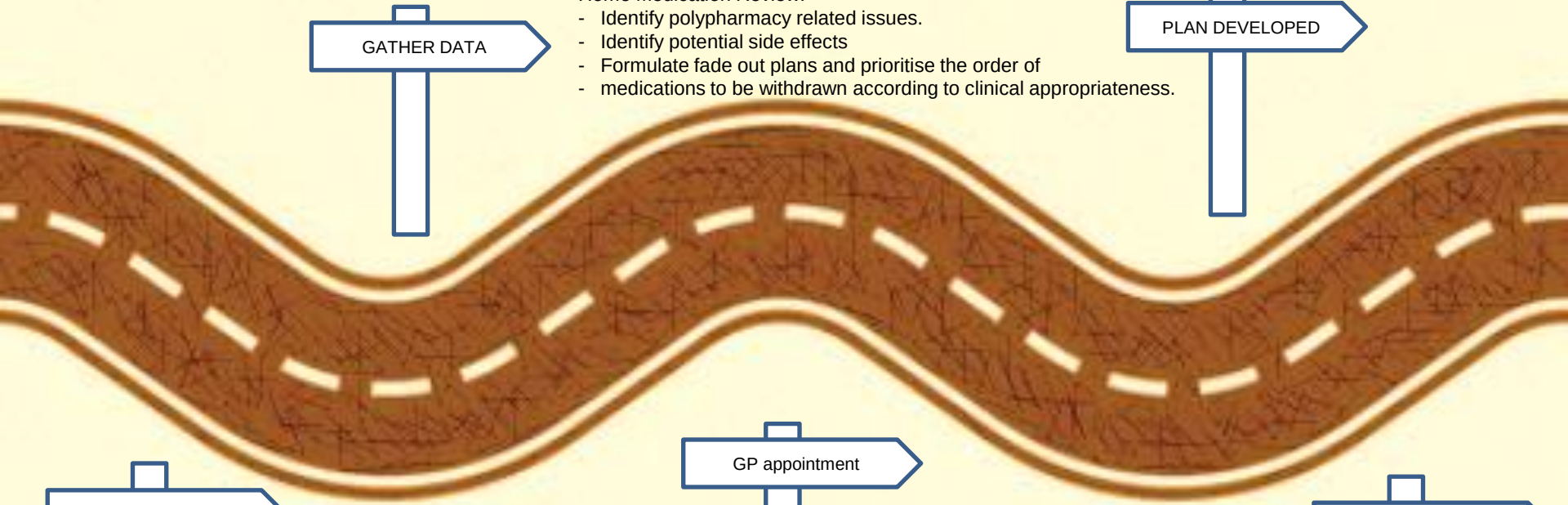
# Purpose

## Overall Goal:

- Promote a multidisciplinary approach to reduce inappropriate psychotropic medication use in people with intellectual disabilities.

## Objectives:

- Equip support workers with basic knowledge about behaviours of concern, psychotropic medications and alternatives to medications.
- Address GPs' knowledge gaps through educational visits and interdisciplinary collaboration.
- Develop and implement a multidisciplinary practice model to improve care team communication.
- Facilitate the creation of high-quality fade-out plans with detailed reduction schedules and response strategies.
- Assess the impact of these initiatives on psychotropic medication reduction and participants' quality of life.




Home Medication Review:
- Identify polypharmacy related issues.
- Identify potential side effects
- Formulate fade out plans and prioritise the order of
- medications to be withdrawn according to clinical appropriateness.

Team meeting:
- Pharmacist, behaviour support practitioner and support workers.
- Go through the medication review checklist (SPECTROM)
- Prioritise medication related issues.
- Prepare a list of questions for the GP.
- Ensure all relevant data have been collected and recorded (and pass onto GP if requested)

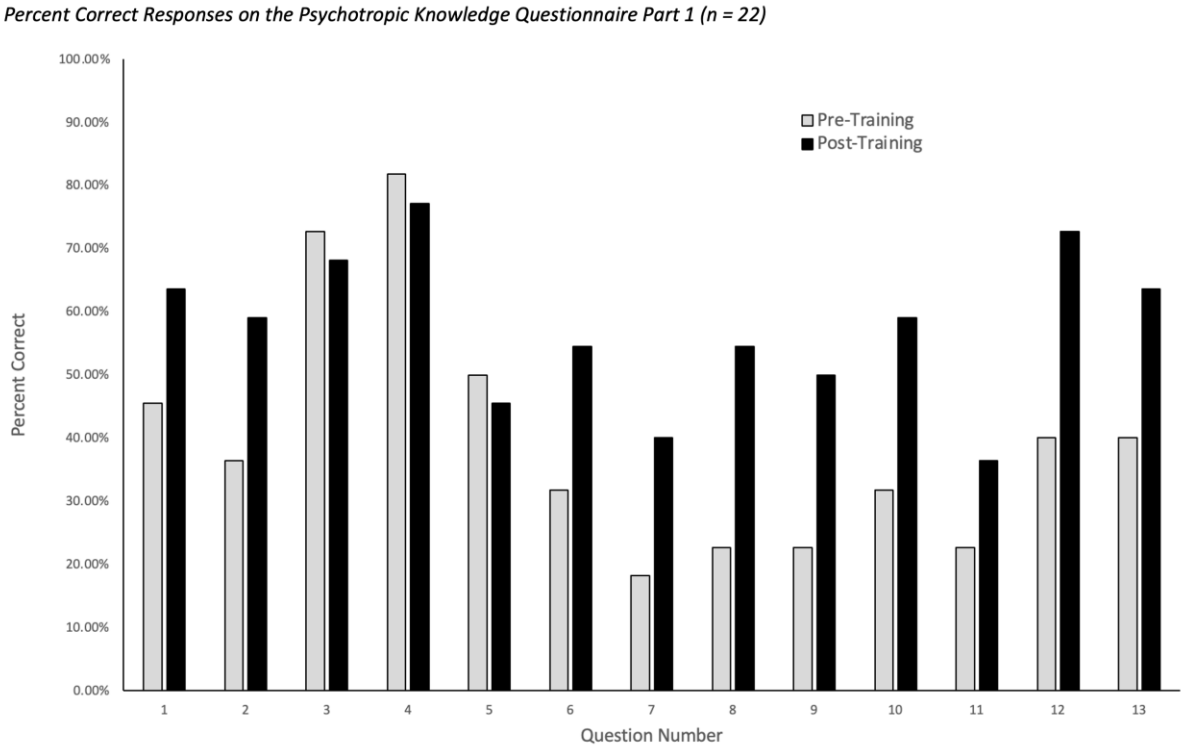
GPs are upskilled in the use of psychotropics for behaviour management, and are familiar with SPECTROM resources.

# SPECTROM TRAINING

- Short-term Psycho-Education for Carers to Reduce Over Medication (SPECTROM – Prof. Shoumi Deb et. al)
- Support workers from three organisations participated
- Participants completed two questionnaires before and after the training:
  - Psychotropic Knowledge Questionnaire
  - Management of Aggression and Violence Attitude Scale

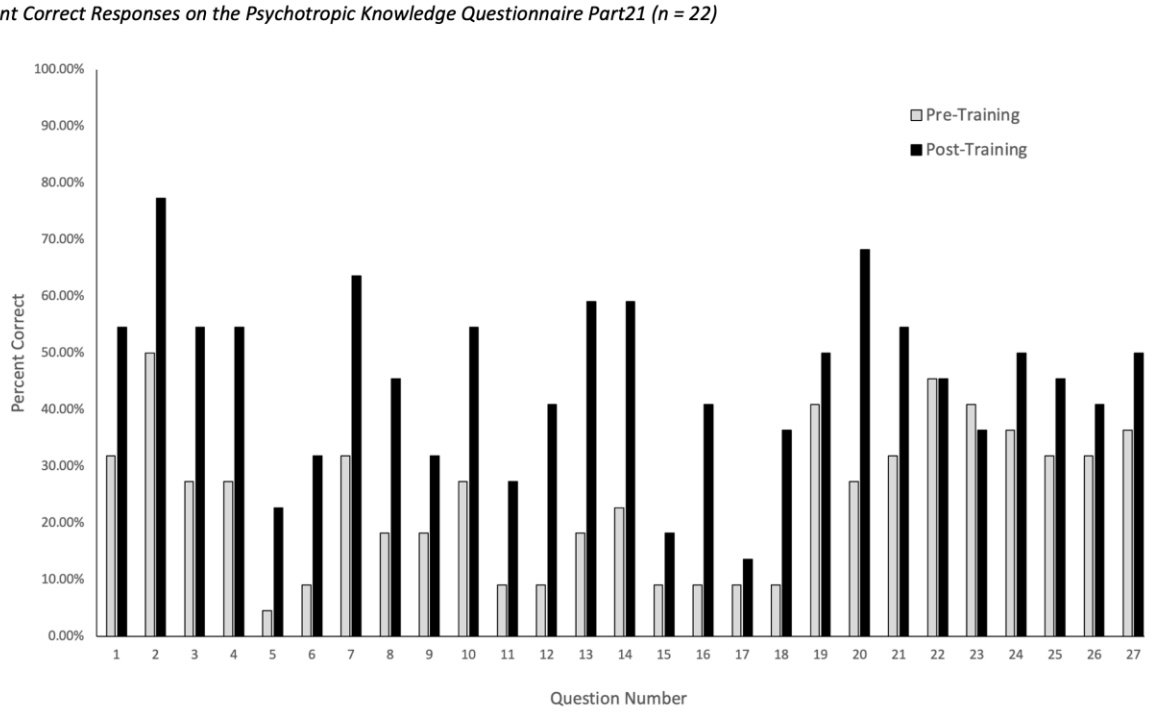
# SPECTROM TRAINING – KNOWLEDGE PART 1

Knowledge of medication and its purpose



# SPECTROM TRAINING – KNOWLEDGE PART 2

Knowledge of medication side effects



# SPECTROM TRAINING – BELIEFS AND ATTITUDES

## Following the training:

- Trainees more strongly agreed that environment factors could influence behaviours of concern.
- Trainees more strongly agreed that restrictive environments could influence behaviours of concern.
- Trainees more strongly agreed that improved communication and relationships between the person and support staff could improve behaviour.
- Trainees more strongly agreed that support the person to develop skills could improve behaviour.
- Trainees were less likely to agree that medication should be the main way to address behaviours of concern in people with intellectual disabilities.

# GP EDUCATION SESSIONS

- The pharmacist met individually with each prescribing GP for all participants to discuss psychotropic medications, prescribing practices and individual concerns.
- The pharmacist provided tailored information and resources about current guidelines and evidence for psychotropic medications, and best practice regarding non-pharmacological strategies for behaviours.

# HOME MEDICATION REVIEWS

- Nine individuals participated
- The pharmacist reviewed all current medications during an initial home medication review, with a specific focus on efficacy, potential interactions, side effects and rationalisation.
- Baseline data collected on behaviours of concern (*Modified Overt Aggression Scale*) and Quality of Life (*Caregivers Concerns – Quality of Life Scale*) by the behaviour support practitioner.

# MEDICATION FADING PLAN DEVELOPED

- The care team (pharmacist, behaviour support practitioner, house supervisor, family where possible) and Connie met after the medication review report was written to discuss recommendations.

- The care team agreed on the next steps (E.g. which medication to reduce first) taking into consideration of the following factors:

  - Efficacy of medication on intended BOC.

  - Side effects experienced.

  - Past experience with reduction of chosen medication (if applicable).

  - Other factors such as changes in person's life, general health status etc.

- VDDS also reviewed the reduction schedules and provided feedback as required.

# Evaluation of medication changes at 6 months:

**Medication change**

- 8 out of 9 participants had medication reduced.
- 1 participant's dose was reinstated due to withdrawal effects
- The other 7 participants had minimal withdrawal symptoms or changes in behaviour (if any).
- 1 participant has recently moved, and will commence reduction once settled in new home.

**Targeted medications:**

- 5 participants had atypical antipsychotics reduced.

-1 participant had anti-convulsant reduced.

- 1 participant had anti-depressant reduced.

- Decision on initial target medication was decided with the entire care team, including family.

**Enablers for success:**

- **<u>Engagement of the entire care team:</u>**
- Team meeting post medication review to agree on recommendations to prescriber
- Address concerns re: possible withdrawal symptoms/behaviour escalations, BPrac input re: response strategies.
- **<u>GP education visit:</u>**
- Reassurance to GP re: best practice guidelines
- Consent from family/participant to trial reduction
- Reassurance from BPrac re: non-pharmacological interventions.
- Dual disability psychiatrist support (VDDS and private).

# INTERVIEWS WITH GPs

- In some cases, the GPs noted that medication has been **prescribed from a long time** and the reason was unclear.
- GPs emphasize the importance of **communication and collaboration** among care teams, pharmacies, and medical professionals (psychiatrists).
- GPs recognised the **challenges of implementing gradual med reductions** and the critical need for monitoring patients' behaviours, especially in individuals with limited verbal communication
- There is a shared interest in **alternative behaviour support strategies** to minimise reliance on psychotropic medications.
- GPs are cautious and deliberate about the reduction process, ensuring that it is done **slowly and methodically** to avoid adverse effects.
- GPs would be **apprehensive about continuing** medication reduction if behaviours of concern re-occurred or worsened.
- GPs raised concerns about the term **"chemical restraint,"** noting differences in interpretation (e.g., its association with PRN sedatives in hospital settings).

# NEXT STEPS

- Continue to progress with medication fading plans
- Home medication review to be re-done at 6 and 12 months
- *Modified Overt Aggression Scale* to be re-administered at 6 and 12 months
- *Caregiver Concerns – Quality of Life Scale* to be re-administered at 12 months

# Observations and Limitations

- **Significant time required for comprehensive reviews by the GP, pharmacist – not always renumerated.**
- **Key person required to monitor and implement recommendations, as well as collating data to feedback to GP.**
- **Dual disability psychiatry support is not always possible but valued by GPs.**
- **Summarised form of response strategies requested by GPs.**

# Acknowledgements


- **Professor Shoumitro Deb – Imperial College London**
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- **Anna McIntyre – Aged Care Quality and Safety Commission**
- **Reece Adam – Scope Australia**
- **Sarah Gillespie – Consultant Pharmacist**

# New Project – Collaboration with Royal Children's Hospital

- **Led by Dr Daryl Efron from RCH to explore the therapeutic monitoring of psychotropics used in children and adolescents, and implementation of non-pharmacological strategies.**
- **Explore current gaps in management to inform future practice.**
- **Editorial published:**

# Contact details

## Contact the Victorian Senior Practitioner

Email:

RIquestions@dffh.vic.gov.au

Webpage:

https://www.dffh.vic.gov.au/victorian-senior-practitioner