

Using Medication to Manage
Behaviour Problems in
Adults with a Learning Disability:
A Clinicians' Preference Survey

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Overview

- Aims
- Methods
- Results
- Conclusions

Aims

- To ascertain current prescribing preferences.
- To address the paucity of good quality evidence.
- To establish a consensus prescribing preference.

Methods

- Questionnaire methodology.
- Circulated to 258 clinicians working in learning disabilities (members of RCPsych).
- 2 sections
 - Aggression
 - Self-Injurious Behaviour (SIB).
- Absence of diagnosed psychiatric illness.
- Preference ratings of intervention options
 - 1st choice, 2nd choice, 3rd choice etc.
- Yes/ No questions.

An Example Question

If atypical antipsychotics were chosen, put your order of preference in the boxes below.

	Aggression	SIB
Risperidone	[]	[]
Olanzapine	[]	[]
Quetiapine	[]	[]
Amisulpride	[]	[]
Clozapine	[]	[]
Aripiprazole	[]	[]

Results

- 108 completed questionnaires.
- Mean scores and percentages calculated.
- Data synthesised to provide an overall/consensus order of preference.

Medication vs. Non-Medication Based Interventions

- Non-medication based interventions ranked 1st choice over medication
 - 86% for aggression
 - 88% for SIB.
- Average (Agg and SIB) mean scores
 - 0.87 Non-medication based intervention
 - 0.08 Medication.

Medication Classes

Preference	Aggression (%, Mean Score)	SIB (%, Mean Score)
1st Choice	Antipsychotics (81%, 4.55)	Antipsychotics (49.1, 3.82)
2nd Choice	Mood Stabilisers (41%, 2.91)	Antidepressants (30%, 3.19)
3rd Choice	Antidepressants (25%, 2.44)	Mood Stabilisers (29%, 2.42)

Antipsychotics

- Atypical ranked first choice over typical
 - 86% for aggression
 - 85% for SIB.
- Top 3 antipsychotics
 - Risperidone
 - Olanzapine
 - Quetiapine.

Antidepressants

- New generation ranked first choice over old generation
 - 83% for aggression
 - 88% for SIB.
- Top 3 antidepressants (all SSRIs)
 - Citalopram
 - Fluoxetine
 - Sertraline.

Mood Stabilisers/ Antiepileptics

- Top 3 mood stabilisers/ antiepileptics
 - Carbamazepine
 - Sodium Valproate
 - Lithium.

Poly-prescribing

- 92% would try a 2nd medication if the 1st was not effective.
- 84% would use poly/ add on/ augmentation therapy in certain circumstances.
- 85% would select this medication from a different class to the first.
- 62% would prefer to use only 2 medications simultaneously.

Circumstances for the Use of Medication

Response	%
Failure of non-medication based interventions	61
Risk/ evidence of harm/ distress to self	56
Risk/ evidence of harm/ distress to others or property	57
High frequency/ severity of behaviour problem	50
To treat an underlying mental/ psychiatric illness or anxiety	38

Circumstances for the Use of Medication 2

Response	%
To calm/ sedate to enable implementation of non-medication based interventions	22
Risk of breakdown to placement	14
Lack of adequate or available non-medication based interventions	13
Good previous response to medication	11
Patient/ carer choice	7

Conclusions

- Agreement on a variety of items.
- However, no blanket preference.
- Tendency to prescribe based on individual clinical presentation.
- Emphasis on non-medication based interventions.

Conclusions 2

- Comments
 - Importance of the consideration of individual circumstances
 - Importance of clinical knowledge when prescribing medication
 - Problems with a forced choice questionnaire.

Conclusions 3

- There were few differences in preferences for Autism, Aggression and SIB except for the order of preference for medication classes.
- Minimum effective dose
 - Start with low dose and gradually increase
- An indication rather than a guide.