

CLINICAL AUDIT

Reviewing the use of **antipsychotic medicines** in older people





This audit helps health professionals in primary care to identify patients aged 65 years and older who are taking an antipsychotic to determine whether there is an appropriate reason for prescribing the medicine, non-pharmacological interventions have been discussed and treatment has been reviewed.

## Background

Older people are particularly vulnerable to the adverse effects associated with antipsychotics, which are often prescribed off-label and sometimes for inappropriate indications, e.g. for insomnia. Non-pharmacological treatments should be used first-line and continued if an antipsychotic is initiated. These medicines should only be prescribed if they are likely to be beneficial for the condition being treated and the patient closely monitored for the development of intolerable or serious adverse effects. Treatment should be initiated as a trial at the lowest dose likely to provide therapeutic benefit. In most cases, indefinite treatment is not appropriate and should ideally not exceed three months duration.

Further discussion on the appropriate use of antipsychotic medicines in older people, including national antipsychotic prescribing data, is available from: [www.bpac.org.nz/report/2020.antipsychotic-medicines.aspx](http://www.bpac.org.nz/report/2020.antipsychotic-medicines.aspx)

We recommended that this article is read before completing the clinical audit.

## Clinical audit

This audit identifies patients aged 65 years and over who are taking an antipsychotic to determine if this prescribing is appropriate.

## Data collection

### Finding eligible patients

You will need to have a system in place that allows you to identify patients aged 65 years and over who are taking an antipsychotic. Many practices will be able to do this by running a “query” through their PMS.

### Sample size

The number of eligible patients will vary according to your practice demographic. It is unlikely that a large number of results will be returned, but if so, take a random sample of 20–30 patients.

### Criteria for a positive outcome

You will need to access and review the patients’ clinical notes to complete this audit. For a positive result, each patient’s notes should contain documentation of:

- An appropriate reason for prescribing the antipsychotic, i.e. prescribed for a condition for which there is evidence that antipsychotics are effective and a recommended treatment
- Discussion and implementation (if appropriate) of non-pharmacological interventions
- Review of treatment effectiveness and adverse effects in the past three to six months. Ideally, patients should be reviewed frequently after an antipsychotic is first initiated and again at three months

Any patient whose notes do not contain the information described above should be flagged for review.

### Data analysis

Use the sheet provided to record your data. A positive result is any patient taking an antipsychotic who has evidence in their clinical notes of an appropriate reason for prescribing the medicine, a discussion of non-pharmacological interventions and a treatment review. The percentage achievement can be calculated by dividing the number of patients with a positive result by the total number of patients audited.

## Identifying opportunities for Audit of Medical Practice

The first step to improving medical practice is to identify the criteria where gaps exist between expected and actual performance and then to decide how to change practice.

Once a set of priorities for change have been decided on, an action plan should be developed to implement any changes.

### Taking action

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

#### Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

#### Overcoming barriers to promote change

- Identifying barriers can provide a basis for change
- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

#### Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

## Review

### Monitoring change and progress

It is important to review the action plan developed previously at regular intervals. It may be helpful to review the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that the doctor completes the first part of the Audit of Medical Practice summary sheet (Appendix 1).

### Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practices complete the remainder of the Audit of Medical Practice summary sheet.





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## Claiming credits for Continuing Professional Development (CPD)

This audit has been endorsed by the RNZCGP as an Audit of Medical Practice activity (previously known as Continuous Quality Improvement – CQI) for allocation of CPD credits; **10 credits** for a first cycle and **10 credits** for a second cycle. General practitioners taking part in this audit can claim credits in accordance with the current CPD programme.

To claim points go to the RNZCGP website:

**[www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)**

Record your completion of the audit on the **CPD Online Dashboard**, under the **Audit of Medical Practice section**. From the drop down menu select **“Approved practice/PHO audit”** and record the audit name.

General practitioners are encouraged to discuss the outcomes of the audit with their peer group or practice.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. An Audit of Medical Practice (CQI activity) summary sheet (included as Appendix 1).



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Te Whare Tohu Rata o Aotearoa

**Endorsed CPD Activity**

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**[www.bpac.org.nz/audits](http://www.bpac.org.nz/audits)**

# Data sheet – cycle 1

## Reviewing the use of antipsychotic medicines in older people

| Patient taking an antipsychotic | A. Appropriate reason for antipsychotic prescribing? | B. Non-pharmacological interventions discussed? | C. Reviewed within the last six months? | Tick in all three columns (A, B and C)? | If no, flagged for review? |
|---------------------------------|--|---|---|---|----------------------------|
| Patient                         | ✓ / ✗  | ✓ / ✗   | ✓ / ✗                                   | Yes / No                                | Yes / No                   |
| 1                               |  |   |   |   |                            |
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| 30                              |  |   |   |   |                            |

**Audit outcome:** Patients with ticks in columns **A, B** and **C**,  
divided by the total number of patients audited:

Please retain this sheet for your records to provide evidence of participation in this audit.

# Data sheet – cycle 2

## Reviewing the use of antipsychotic medicines in older people

| Patient taking an antipsychotic | A. Appropriate reason for antipsychotic prescribing? | B. Non-pharmacological interventions discussed? | C. Reviewed within the last six months? | Tick in all three columns (A, B and C)? | If no, flagged for review? |
|---------------------------------|--|---|---|---|----------------------------|
| Patient                         | ✓ / ✗  | ✓ / ✗   | ✓ / ✗                                   | Yes / No                                | Yes / No                   |
| 1                               |  |   |   |   |                            |
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| 30                              |  |   |   |   |                            |

**Audit outcome:** Patients with ticks in columns **A, B** and **C**,  
divided by the total number of patients audited:

Please retain this sheet for your records to provide evidence of participation in this audit.



## SUMMARY SHEET

### Audit of medical practice (CQI activity)

Topic:

Reviewing the use of antipsychotic medicines in older people

Date:

Activity designed by (name of organisation, if relevant):

Bpac<sup>nz</sup>

Doctor's name:

Results discussed with peer group or colleagues?

Yes

No

Date:

### FIRST CYCLE

**DATA:** Date of data collection:

**CHECK:** Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

**ACTION:** Describe how these improvements will be implemented.

**MONITOR:** Describe how well the process is working. When will you undertake a second cycle?

## SECOND CYCLE

**DATA:** Date of data collection:

**CHECK:** Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

**ACTION:** Describe how these improvements will be implemented.

**MONITOR:** Describe how well the process is working.

**COMMENTS:**