Last year a press release by the Liberal Democrat Shadow Minister for Older People was headed ‘Older People Victims of Chemical Cosh’ and reported a 70% rise in the use of drugs intended to pacify and sedate older people. It urged new prescribing guidelines and investment in staff training [1]. There has long been concern about the adverse effects of anti-psychotics in the treatment of older people with behavioural disturbance without major psychosis, and the 1997 Royal College of Physicians report on Medication for Older People stated that the ‘use of psychotropic drugs in older people requires particular care’ and that ‘the need for sedative and/or tranquilliser medication in residents of residential or nursing homes should be reviewed regularly’ [2]. Do recent data suggest increased use of anti-psychotic drugs as chemical ‘strait-jackets’?

The 70% increase in prescribing between 1999 and 2000 described in the press release referred to atypical anti-psychotic drugs ( amisulpiride, clozapine, olanzapine, quetiapine, risperidone and zotepine) dispensed in the community to people aged 60 and over. A lesser 38% increase in atypical neuroleptic prescribing was seen in the 16–59 year old age group. Data on the use of traditional anti-psychotic drugs in older people were not provided by the Department of Health. Primary care prescribing data obtained from Prescribing Analysis and Cost (PACT) for all age groups in England shows that there was an increase in the numbers of prescriptions for atypical anti-psychotic drugs between 1999/2000 and 2000/2001 of 7.0/1000 persons. However, this was offset by a reduction in prescribing of traditional agents by 5.2/1000 persons. Prescribing volume data does not identify the proportion to patients with specific diagnosis or domicile. Older people with chronic schizophrenia or new onset psychosis obtain benefits from anti-psychotic drugs that usually outweigh the risks of treatment. There are no national data on trends in the use of anti-psychotic drugs in nursing home residents, where use is primarily for behavioural disturbances associated with dementia, but examination of changes in prescribing patterns in three nursing homes in Newcastle suggest the newer agents are replacing traditional drugs with little change in overall prescribing rates. In 1999 38% (47/125) patients were receiving neuroleptic drugs of which just under half (21) were taking an atypical agent and the remainder mostly thioridazine (20). Two years later overall prescribing rate was unchanged at 37% (44/119) but a higher proportion (37) were taking atypical agents with no prescribing of thioridazine.

In addition to the long recognized adverse effects of traditional neuroleptic drugs, which include confusion, extrapyramidal effects and falls, recent work has identified serious cardiovascular toxicity of some traditional agents [3], which has led to a major change in the prescribing of thioridazine and the withdrawal of droperidol. The major advantage of newer atypical neuroleptics is the lower incidence of drug-induced Parkinsonism and other movement disorders and these are particularly important for older people. The National Service Framework for older people states that older people with dementia should be considered for treatment with the newer anti-psychotic drugs. The increased prescribing of atypical neuroleptics could be anticipated by these recommendations.

Both traditional and newer atypical anti-psychotic drugs have some benefit in the treatment of behavioural disturbances in dementia, but the risk-benefit ratio has not been clearly established. Whether non-pharmacological management approaches or cholinesterase inhibitor therapy would be more effective is also unclear. High levels of anti-psychotic prescribing have been observed in nursing homes of other developed countries although considerable variation has been observed between countries [4]. Concerns have repeatedly been expressed that neuroleptic prescribing could be considerably reduced by an increase in the numbers and expertise of nursing home staff.

The increase in prescribing of atypical anti-psychotic drugs to older people is to be expected and will accelerate as thioridazine is replaced in older people by other drugs. Nevertheless recent concerns are appropriate. We lack reliable data on the trends in prescribing of anti-psychotic drugs in the nursing home setting and their risks and benefits. This group of ‘unworried unwell’ patients who rely on advocacy of others may be neglected in any rush to achieve the multiplicity of standards set by National Service Frameworks. Responsibility for these patients rests uncomfortably between the private sector who provide nursing care, and NHS practitioners (usually general practitioners) who prescribe the drugs, particularly if increased anti-psychotic prescribing is used in response to inadequate staffing. National audits and standard setting for the use of psychotropic drugs in nursing homes are needed. Increased input from community pharmacists in a framework of joint working of private and NHS sector and joint funding from NHS and social service budgets could be a model of care that might direct resources to optimise care of these patients.
specific standards on appropriate anti-psychotic prescribing and a change in current funding framework it remains doubtful whether the NHS, social services and private nursing home sector will meet the needs of these patients.

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