

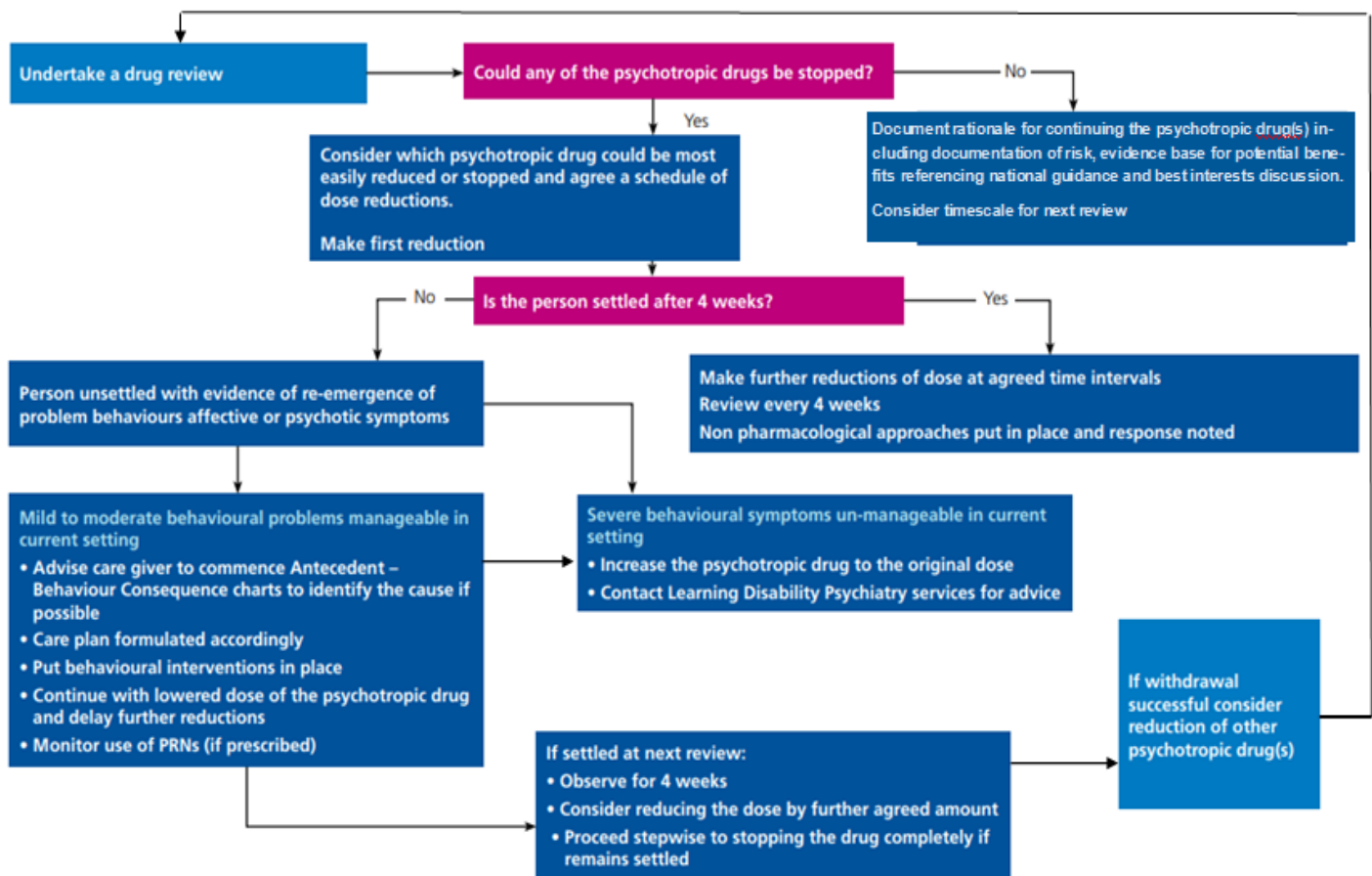
## STOMP – Stopping Over-Medication of People with a Learning Disability, Autism or Both

**The Pan Mersey Area Prescribing Committee recommends that psychotropic drugs in people with a learning disability, autism or both should be reviewed and reduced in primary care in line with NHS England (NHSE) guidelines. Psychotropics should be initiated by a learning disability specialist.<sup>1</sup>**

### Background

In April 2018 NHS England (NHSE) launched the STOMP drive urging doctors and other professionals to sign up to a national pledge to Stop the Over Medication of People with a learning disability, autism or both. The goal is to improve quality of life by reducing the potential harm of inappropriate psychotropic drugs, this includes being used wholly inappropriately as a ‘chemical restraint’ to control challenging behaviour, or in place of other more appropriate treatment options. NHSE have urged all GPs to lead a medication review of all people with a learning disability, autism or both, with a view to implementing a planned supervised dose reduction and stopping of inappropriate psychotropic drugs.<sup>1</sup>

### Reducing and Stopping Psychotropics (NHSE Algorithm)



At any stage GPs may consider seeking advice from specialists, particularly for vulnerable groups e.g. paediatrics

## SUPPORTING INFORMATION

### **Prescribing Principles of Withdrawal of Psychotropics<sup>1</sup>**

Withdraw or reduce one drug at a time. Choose the drug with the least evidence of benefit first.

Consider level of concern of carers, history of behaviours associated with introduction of drugs, duration of exposure, dose of drug, half-life of drug, previous response to reduction/ discontinuation and the availability of other strategies and support for carers to deal with re-emergent behaviours.

Education resources for patients and their carers are essential. NHSE have produced a website resource for this here <https://medication.challengingbehaviour.org.uk/>

Reduction may take time and be temporarily difficult. It may be difficult to distinguish whether deteriorations in behaviour may be caused by withdrawal symptoms, the person adapting to the absence of the drug or a return to the behaviours for which the drug was prescribed.

A person may be more alert and their carers may have difficulties with the impact of this on their normal practice. Prescribers should monitor 'prn' use.

Reduction plans should be dynamic and adjusted according to response

**Common Drug Discontinuation Effects** (usually mild and self-limiting)

**Antipsychotics** – No consensus on whether there are discontinuation problems

**Antidepressants** – Commonly associated with discontinuation symptoms such as flu-like symptoms, dizziness, insomnia and irritability. Can be reduced by reassurance and slower titrations.

**Benzodiazepines and Z-drugs** – At least a third of long term users will experience discontinuation symptoms such as stiffness, weakness and flu-like symptoms. Abrupt withdrawal can result in seizures. Switch to diazepam and reduce at a dose of 1-2mg/ week.<sup>2</sup>

**Mood Stabilisers** – Slow withdrawal required, rapid withdrawal may result in seizures

**Sedating Antihistamines** – Abrupt withdrawal may result in insomnia, irritability, sweating, diarrhoea and rhinorrhoea.

### **Conditions where psychotropic medication may need to be continued for people with learning disabilities**

#### **Mental Health Problems in People with Learning Disabilities**

For pharmacological intervention for mental health problems in people with learning disabilities, refer to the NICE guidelines on specific mental health problems and take into account the principles for delivering pharmacological interventions.<sup>3</sup>

#### **Prescribing for 'Challenging Behaviour' – Behaviour which puts an individual or others at risk in any social situation and limits their access to services<sup>1</sup>**

Antipsychotic medication should only be initiated by a specialist and in combination with psychological or other interventions.

At the point of transfer to primary care or between services the specialist should give clear guidance on

- Which behaviours are being targeted
- Monitoring of benefits and side effects and how often these reviews should be
- Taking the lowest effective dose
- How long the medication should be taken for
- Plans for stopping the medication as they should only be used for the shortest possible time<sup>4</sup>

### **Information on Specialist Centres**

#### **Cheshire and Wirral Partnership NHS FT**

[www.cwp.nhs.uk](http://www.cwp.nhs.uk)

01244 397 397 (switchboard – specify locality)

#### **Mersey Care NHS FT**

[www.mersecare.nhs.uk](http://www.mersecare.nhs.uk)

Sefton community Team 01704 383 030/ 114

Liverpool Community Team 0151 737 4800

#### **North West Boroughs Healthcare NHS FT**

[www.nwbh.nhs.uk](http://www.nwbh.nhs.uk)

01925 664 000 (switchboard - specify locality)

#### **REFERENCES**

1. NHSE Stopping Over-Medication of People with a Learning Disability, Autism or Both (STOMP) 2017
2. The Maudsley. Prescribing Guidelines in Psychiatry. 12<sup>th</sup> Edition 2015
3. NICE. Mental Health Problems in People with Learning Disabilities: prevention, assessment and management. NG54 2016
4. NICE. Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities whose Behaviour Challenges. NG11 2015