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Minimising Antipsychotic Use for Behavioural and Psychological Symptoms of Dementia (Bpsd) in People with Intellectual Disability and Co-morbid Dementia

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Introduction

Anti-psychotics have been used extensively in the past for BPSD. However, since the discovery that some atypical antipsychotics may be associated with an increased risk of cerebral thrombosis, this practice has been deemed more controversial.

Objectives

People with intellectual disability (ID) have higher rates of mental illness compared to the general population, including dementia. In particular, people with Down's syndrome have a higher incidence of Alzheimer's disease and an earlier age at onset, due to excess amyloid deposition in the brain. Here we describe prescribing patterns used in people with dementia ID and comorbid dementia.

Aims

We aim to show that it is possible to minimise the use of antipsychotics for BPSD in people with comorbid ID and dementia by the earlier use of anti-dementia drugs.

Methods

In some patients, we discontinued antipsychotics in favour of anti-dementia drugs to manage BPSD, whilst in others we avoided the use of antipsychotics entirely. We used the personal and social performance scale (PSP) as an outcome measure.

Results

Our outcomes show that it is possible to manage dementia symptoms and BPSD with anti dementia drugs whilst keeping anti psychotic prescribing to a minimum.

Conclusions

Similar findings have been reported in people with BPSD in the general population, but such findings but have not been widely reported in the ID population.

We were able to demonstrate the feasibility of keeping antipsychotic prescribing to a minimum and still remain in control of BPSD in a small number of patients with comorbid ID and dementia.