Improving quality of life for patients and carers in Alzheimer Disease: Behavioural disorders & Neuroleptics

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Pilot Program Clinical Impact
Division of Quality and Safety in Health Care
French National Authority for Health

Disclosure

Armelle Desplanques-Leperre
Nathalie Riolacci-Dhoyen

1 – Titulaire de brevets/Porteur de parts sociales ou membre d’une structure de gouvernance ou salarié ➢ NO
2 – Consultant ou membre d’un Conseil scientifique ➢ NO
3 – Conférencier ou auteur/rédacteur rémunéré d’articles ou documents ➢ NO
4 – Prise en charge de frais de voyages, d’hébergement ou d’inscription à des congrès ou autres manifestations ➢ NO
5 – Investigateur principal d’une recherche ou d’une étude clinique ➢ NO
6 – Co-Investigateur d’une étude clinique ➢ NO
1 – STATEMENT
PRIORITIES
NEEDS

Clinical expertise, care quality expertise, scientific literature
Health professionals, Institutions, patients representative

2 – TOOLS
IMPROVEMENT
GUIDELINES
ASSESSMENT
INDICATORS

3 – ACTIONS
DISSEMINATION
IMPLEMENTATION

4 – RESULTS
ANALYSIS
IMPACT

National platform

William Utermohlen’s Self-portrait 1967
1996 1997
1998
1999
2000
Incurable does not mean without care

Incurable does not mean without treatment
New approaches ?

Incurable does not mean without a quality of care
Overuse of antipsychotics ?

• Contribute to caregiver burden
• Lead to Institutionalization

Pertubating behavioural disorders

Side effects of neuroleptics

Quality of life

+ New care techniques
**Guidelines**

**Behavioural disorders** : place of psychotropics and new cares techniques, warning about labelled indications & side effects of Neuroleptics

**Confusion** : place of psychotropics, warning about labelled indications and side effects of Neuroleptics

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**Determineing factors of the overuse of Neuroleptics**

- Lack of guidelines about use of neuroleptics
- Misdiagnosis between confusion (delirium) and behavioural disorders
- Lack of information about the side effects of NL
- Lack of education on non pharmaceutical care techniques

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**Tools for improvement**

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**New care techniques**

- Skill sets and specific training
  - identifying and dealing with aggravating factors
  Ex: towel bath in bed instead of shower....
  - communication training for staff and carers
  - ....
- Rehabilitation: To train patients and carers to use the remaining capacities in order to compensate for cognitive decline
- New others approaches: reminiscence, validation, reality orientation, cognitive stimulation...
feel the sun warm my skin

For once refuse to wash myself

Non-pharmacological management of behavioural symptoms in nursing homes


- 62% BD at 2 months ; - 47 % at 5 months
- 19% in control group

Facing with Behavioral disorders

What to do

What not to do
**Set of indicators - local**

**Quality of care with good practice indicators**

- NL Alert and Mastering Indicators (AMI)
  - pattern of psychotropic prescription
  - absence of daytime sedation
  - rate of physical restraint

**Tools for clinical teams: the AMI concept**

1. **before**
   - Avoid the risk
2. **during**
   - Identify the risk
3. **after**
   - Decrease the risk

- New guidelines on behaviour disorders and confusion in people with AD that describe proper use of NL and other psychotropic drugs as well as new non-pharmaceutical techniques of care

- **Local Alert Indicator** to identify people with AD exposed to NL. Local warning signal = percentage of people with AD taking NL. This indicator is easy to measure in all care sectors

- **Local Mastering indicator** based on the review of prescriptions for identified people with AD exposed to NL, in order to correct inappropriate prescriptions. Indicator for risk containment = rate of NL prescriptions confirmed for people with AD

- **Acting**

  - NL↓
  - BD care↑
  - Q of Life↑
The AMI concept: ALERT

LOCAL ALERT = NL exposure

Nb of patients exposed to NL (total = 250)

- 100/250
- 80/250
- 40/250
- 8/80

ALERT Indicator

40% 32% 16% 12%

0 20 40 60 80 100 120
T0 T1 T2 T3

The AMI concept: MASTERING

MASTERING = confirmed prescription

MASTERING Indicator

80%

50%

24/30 20/40 8/80

0 10% 20

Nb of confirmed prescriptions
(total = nb of pursued prescriptions)
AMI: 2 measures to act

AMI: 2 measures to analyse
Set of indicators - AMI-Alzheimer – Structures/National

NL exposure of people with institutional warnings
- in the French elderly and AD population (available)
- in the hospital accreditation (on going measurements)
- in nursing home accreditation (on going measurements)

Pattern of psychotropics in the French elderly and AD (available)

National Iatrogenic ALERT indicator

Tools for assessment: National Alert
(CNAMTS RSI MSA INVS HAS, preliminary results)
National iatrogenic ALERT indicator

French National Survey 2009

59.9%

Tools for assessment: Psychotropics Pattern
(RSI MSA CNAMTS INVS HAS, preliminary results)

Alzheimer: n = 441 942
> 65: n = 10 253 516
HA: hypnotics anxiolytics
AD: antidepressants
NLP: neuroleptics
a complex issue for quality of care and quality of life for people with AD

first encouraging results of the AMI-Alzheimer plan to achieve our objectives

- iatrogenic risk reduction (5% NL in 2012)
- quality of life improvement (no switch, better care)

www.has-sante.fr « AMI-Alzheimer »

A financial effort on 5 years
- 200 M€ for research, 200 M€ for medical care
- 1,2 billion€ for medico-social support

44 solutions to improve quality of life for patients and carers
- Set up respiste care services (s1)
- Improve the caregivers rigths and education (s 2)
- Improve locally the coordination of all actors (MAIA, s 4)
- Reinforce home support of specialised professionnels (s 6)
- Reinforce the education and training of caregivers (s 20)
- Improve the prescription and prevent iatrogenicity e.g. neuroleptics (s15)
Thank you for your attention
pilotesprogrammes@has-sante.fr

Many thanks to the French Task Force

European Joint Action ALCOVE
ALzheimer COoperation and Valuation in Europe

Armelle Desplanques-Leperre MD, PhD, Nathalie Riolacci-Dhoyen, MD

French National Authority for Health
Division of the Quality and Safety in Health Care
Pilot Programs - Clinical Impact

Our missions
- To contribute by our scientific advice to the implementation of government programs to optimise the management of reimburse medical products and care;
- To accompany health care professionals and HGO in the continuous improvement of their practices.
Pilot Programs of HAS

Objective: to achieve the clinical impact of quality improvements (clinical outcomes research)

Topics:
- Medication in the elderly: iatrogenicity
  - Antipsychotics in dementia
- Myocardial infarction
- Stroke
- Cardiovascular prevention
- Prostate cancer

European Joint Action
ALCOVE
ALzheimer COperation and Valuation in Europe
27 Partners, 14 countries

➢ Haute Autorité de Santé (France); King Boudewijn Foundation (Belgium); National Institute for Health and Welfare (Finland); INSERM (France); APHP Espace Ethique (France); Athens Association of Alzheimer’s Disease and Related Disorders (Greece); National Institute of Health, National Centre for Epidemiology, Surveillance and Health Promotion (Italy); Ministry of Health, Directorate General for Prevention (Italy); University of Brescia, Neurology Clinic (Italy); Riga Center of Psychiatry and Addiction Disorders (Latvia); Kaunas University of Medicine (Lithuania); Institute of Neuroimmunology Academy of Science (Slovakia); Fundación Vasca de Innovación e Investigación Sanitarias (Spain); Institute of Health Carlos III (Spain); Karolinska Institutet (Sweden); Department of Health (UK)

➢ Mental Health Services, Ministry of Health (Chypria), Ceska alzheimerovska spolecnost (Czech Rep.); University of Szeged - Szegedi Tudományegyetem (Hungaria); Ministry of Health, University Faculty of Medicine (Lithuania); Ministère de la Santé, Ministère de la Famille et de l’Intégration (Luxembourg); Dipartiment ta’ l-Anzjani u l-Kura fil-Kommunita’, Divizjoni Servizzi tal-Kura tas-Sahha, Ministeru tas-Sahha, l-Anzjani u l-Kura fil-Kommunita’ (Malta); Ministry of Health, Welfare and Sports (Netherlands); Ministry of Health and Care services (Norway); Coordenação Nacional de Saúde Mental, Alto Comissariado para a Saúde, Ministério da Saúde (National Coordinating Body for Mental Health) (Portugal); Ministerstvo školstva Slovenskej Republiky, Bratislava (Slovakia); Spanish Ministry of Health (Spain); Dementia Services Development Centre University of Stirling (UK)

Challenges

To better understand, detect, prevent and combat AD and other dementias in European countries:

➢ To set up a sustainable European network for sharing experiences

➢ To improve knowledge & to formulate recommendations in order to facilitate health care decision making

➢ 4 fields with a common focus on psychotropics risk reduction in AD and other dementias
4 fields - workpackages

- WP1: Coordination of the Joint Action  
  Haute Autorité de Santé (France)
- WP2: Dissemination of the Joint Action  
  Institute of Health Carlos III (Spain)
- WP3: Evaluation of the Joint Action  
  Institute of Neuroimmunology Academy of Science (Slovakia)
- WP4: Cohorts, Epidemiology and registration network  
  National Institute of Health, (Italy)
- WP5: Early diagnosis  
  Department of Health (Royaume Uni)
- WP6: Existing practices – Dementia care models  
  National Institute for Health and Welfare (Finland)
- WP7: Rights, autonomy and dignity of people with Dementia  
  King Boudewijn Foundation (Belgium)

ALCOVE

1 – REVIEW OF EXISTING INFORMATION

2 – ANALYSIS OF EXISTING INFORMATION

3 – EVIDENCE, NEEDS & PRIORITIES

4 – RECOMMENDATIONS INFORMATION

European platform

??

2011

2012

2013
<table>
<thead>
<tr>
<th>4 fields</th>
<th>1 shared focus</th>
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<tbody>
<tr>
<td>WP4: Cohorts, Epidemiology and registration network</td>
<td>WP4: AD exposure to psychotropics</td>
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<tr>
<td>National Institute of Health (Italy)</td>
<td>WP5: Criteria to improve diagnosis of AD facing with PBD</td>
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<tr>
<td>Karolina Institut (Sweden)</td>
<td>WP6: Recommendations for care organisation and practices for PBD</td>
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<td>WP5: Early diagnosis</td>
<td>WP7: Psychotropics and AD rights (ADW and cognitive assessment)</td>
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<td>(Pertubating Behavioural Disorders)</td>
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