

The Use of Antipsychotics in the Community in NL

Choosing Wisely Canada Recommendations

1. Don't use antipsychotics to treat primary insomnia in any age group.
2. Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.

Practice Points

1. In people with dementia and behavioural symptoms, antipsychotics provide limited benefit and cause serious harm, including premature death.
2. Antipsychotics should be limited to cases where non-pharmacological measures have failed and patients pose an imminent threat to themselves or others.
3. The age-sex standardized rate of antipsychotic use/1,000 population ≥65 years in NL is the second highest provincial rate in Canada.

Data

Data on community use of antipsychotics were obtained from the Pharmacy Network in the NL Centre for Health Information for two years: Apr 2018–Mar 2020.

Results

In 2018/19, there were 59,898 prescriptions for antipsychotics provided to people outside of acute care hospitals, and 60,913 in 2019/20.

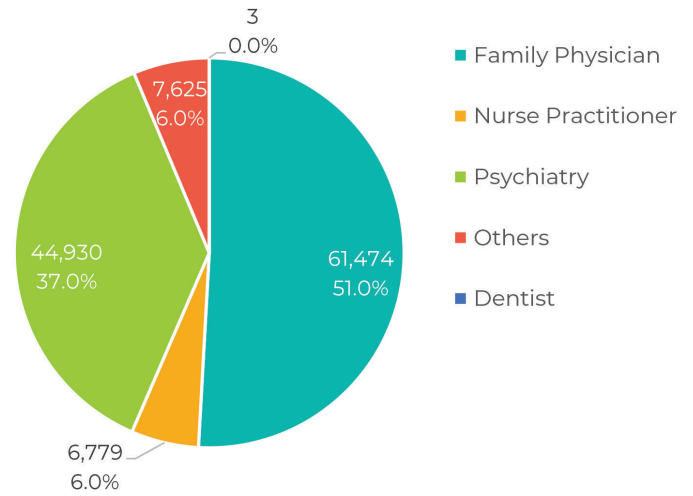


Figure 1. Prescriptions by Type of Provider, 2018–2020

- 51% of antipsychotic prescriptions were provided by Family Physicians (FPs) and 37% by psychiatrists.

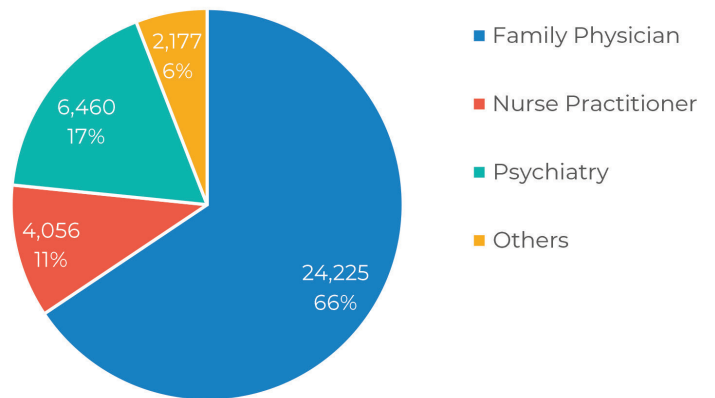


Figure 2. Prescriptions to Seniors by Type of Provider, 2018–2020

- 66% of antipsychotic prescriptions for seniors were provided by FPs.

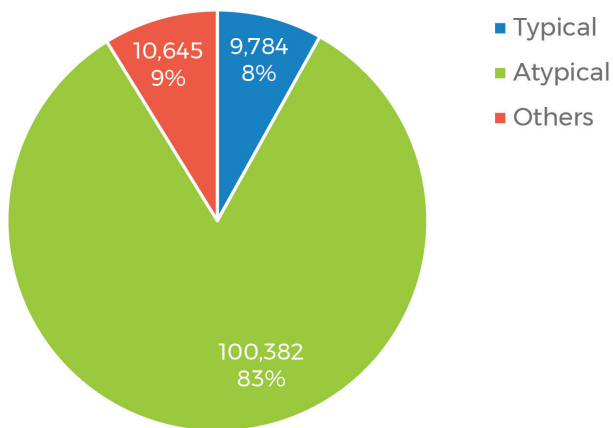


Figure 3. Type of Antipsychotic Prescribed, 2018–2020

- The vast majority of prescriptions (83%) were for atypical antipsychotics.

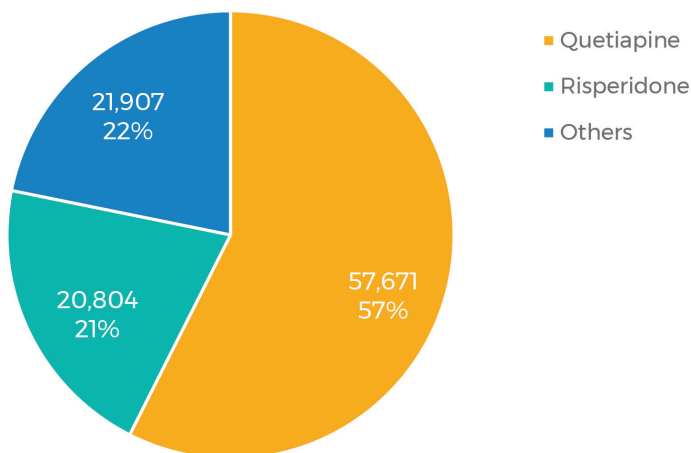


Figure 4. Atypical Antipsychotic Prescribed, 2018–2020

- The most frequently prescribed atypical was Quetiapine (57% of atypicals agents) and the second most frequent was Risperidone (21% of atypicals).

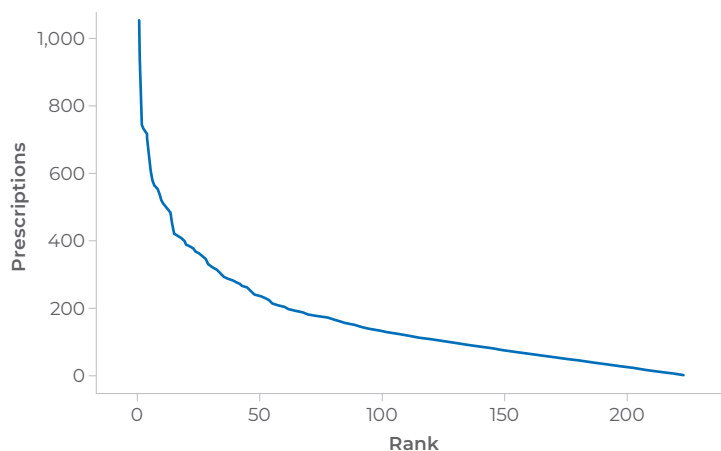


Figure 5. Number of Prescriptions by FPs Ranked by the Number Prescribed, 2018–2020

- 80% of antipsychotic prescriptions were provided by 35% of FPs.
- In 2018/19, 13,960 people received antipsychotics, and in 2019/20 the number was 14,276.
- In 2019/20, the average number of prescriptions/person was 4.1.

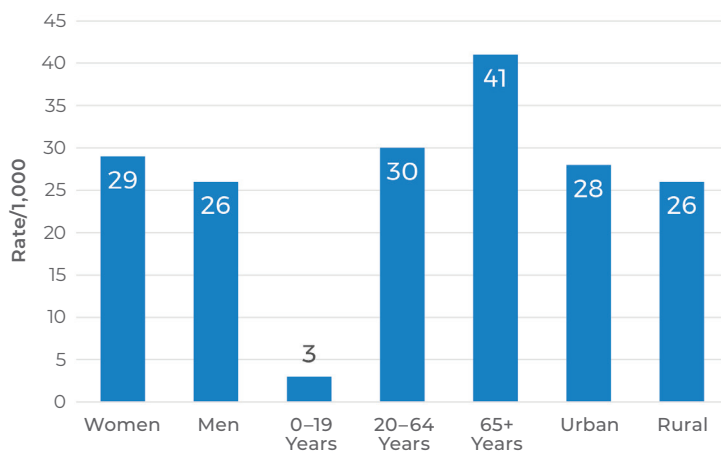


Figure 6. Rate of People Given an Antipsychotic per 1,000 People by Gender, Age, and Location

- Rates in women vs. men and urban vs. rural were similar, whereas rates in seniors was higher than in younger adults.

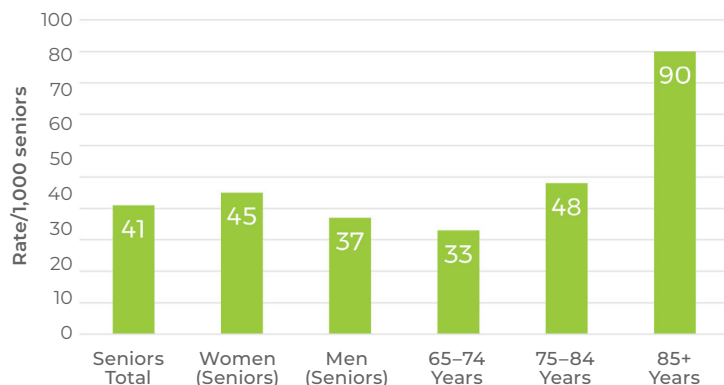


Figure 7. Rate of Seniors Given an Antipsychotic per 1,000 Seniors by Gender and Age Groups

- In seniors, the rate of people given an antipsychotic increased with age: in those aged 65–74 years the number who received an antipsychotic was 33/1,000 people, the comparable rate in those 75–84 years was 48, and in those ≥85 years 90.
- The prevalence of antipsychotic use by unique adults in NL in the last quarter of 2019/20 was 8,230 (19/1,000 adults).
- The number of people taking antipsychotics for more than three months was 7,641, while the number of people taking antipsychotics for more than 12 months was 6,479.
- In 2019/20, the incidence of new people taking antipsychotics was 3,885.

Conclusions

1. The proportion of seniors prescribed antipsychotics in 2019/20 was 4.1%; the rate/1,000 people increased with age, with highest rate of antipsychotic use in seniors aged ≥85 years (90/1,000 people).
2. The majority of prescriptions were written by FPs (51%), and an additional 37% were written by psychiatrists. For seniors, 62% of antipsychotics were prescribed by FPs.
3. 83% of prescriptions were for atypical agents, with Quetiapine being the most frequently prescribed atypical.
4. Of antipsychotics prescribed by FPs, 80% were prescribed by 35% of FPs, implying quite wide spread use of antipsychotics by FPs. Furthermore, the vast majority of people prescribed these drugs were taking them for longer than a year.
5. As the harms outweigh the benefits, in seniors with dementia use of antipsychotics for behavioural or psychological symptoms should be limited.