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SEFAP • JEREZ
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25 años SEFAP

De la calidad terapéutica a la calidad asistencial

Optimizando la adecuación de psicofármacos en pacientes de residencias geriátricas

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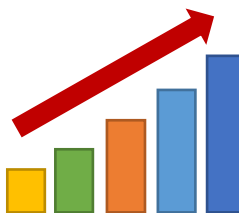
Camino hacia la calidad asistencial



- **Proceso** que generó el diseño y puesta en marcha de la intervención
- **Barreras y facilitadores** para su puesta en marcha e implementación
- **Claves del éxito y lecciones aprendidas**

Inquietudes

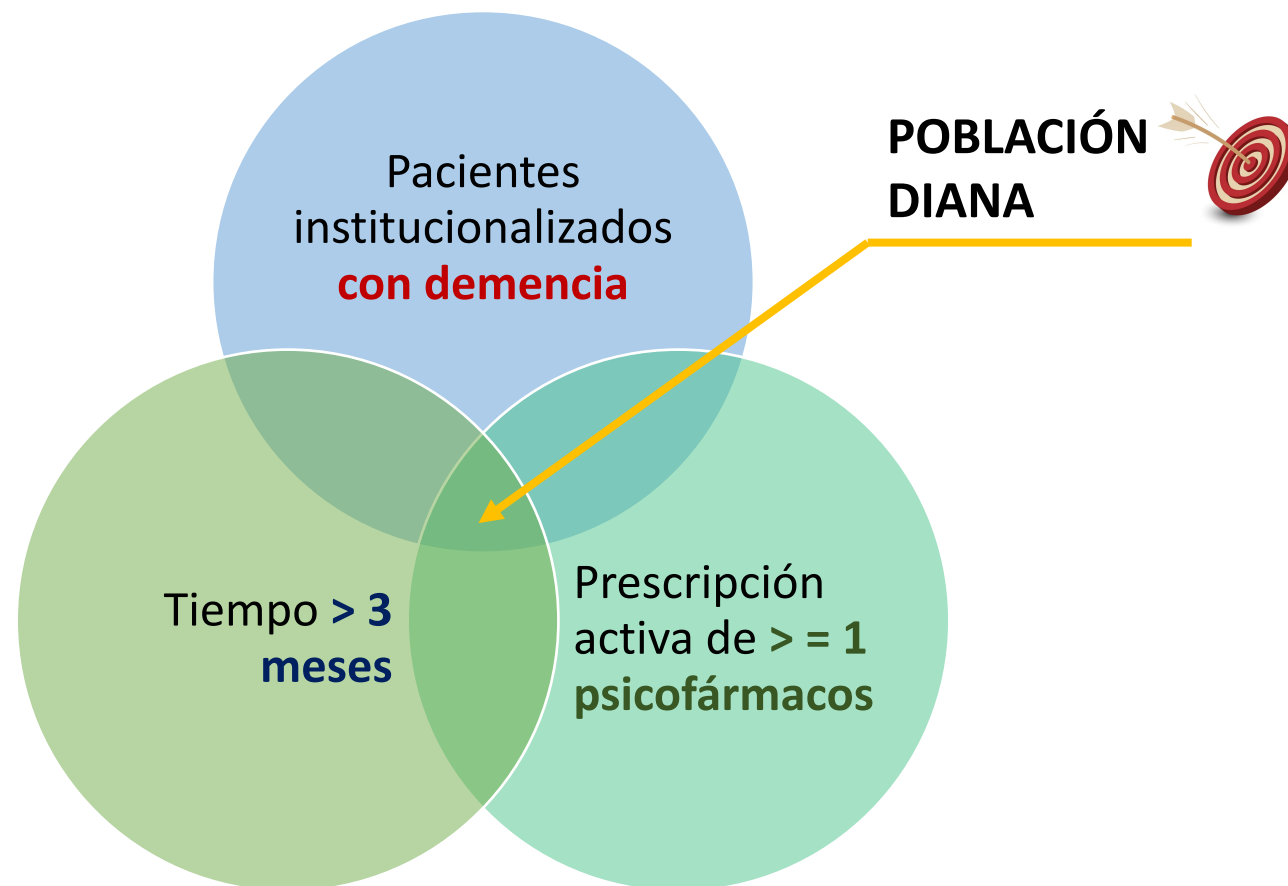
- Habíamos detectado un aumento en la tendencia de prescripción de psicofármacos en los pacientes institucionalizados.



- Existía la clara preocupación por los efectos adversos¹ y mortalidad² en este grupo de población.



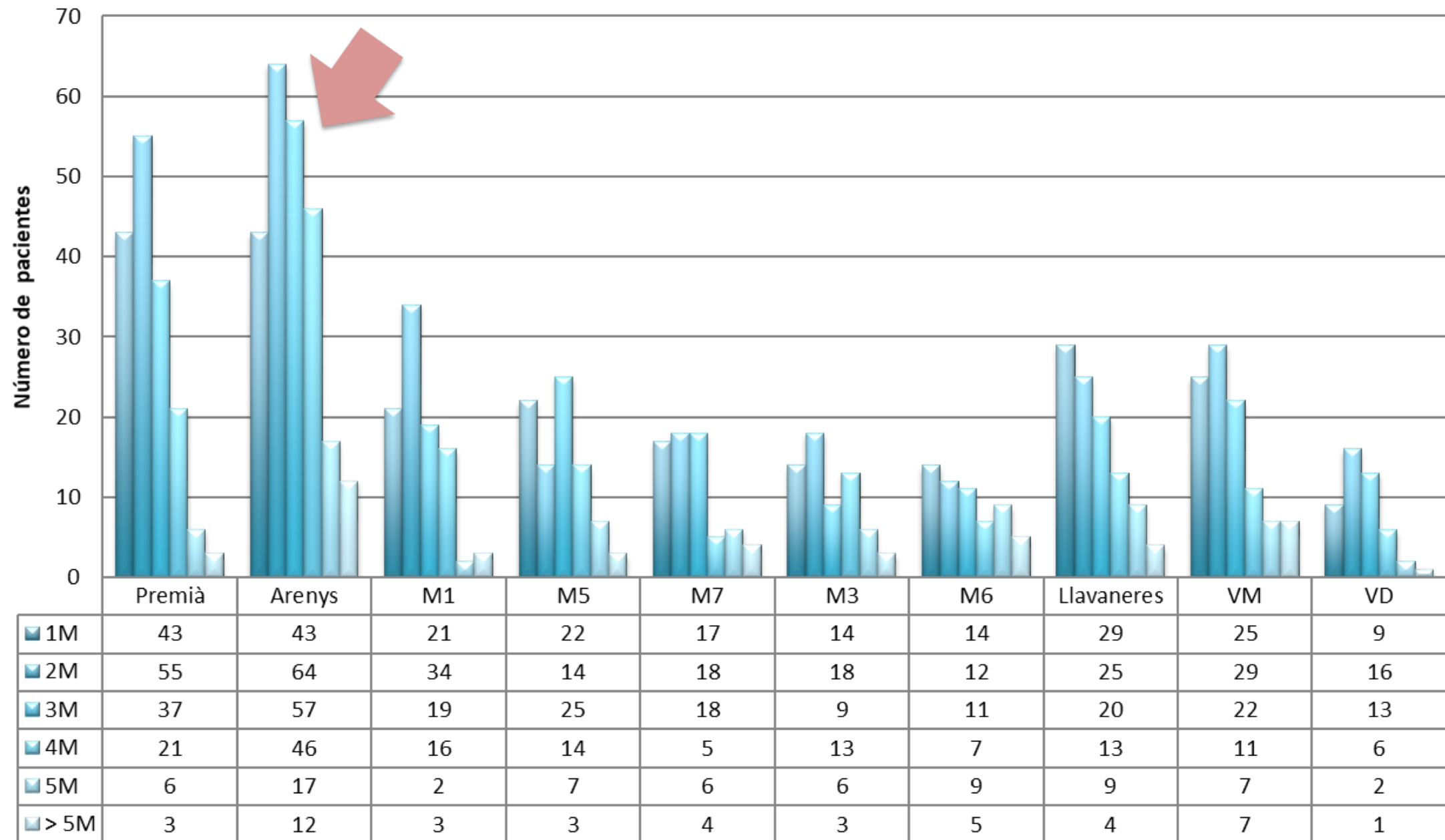
- Se acompañaba con un déficit en el manejo de los Síntomas Psicológicos Conductuales relacionados con la demencia por parte de AP.



1. Tampi RR, Tampi DJ, Balachandran S, Srinivasan S. Antipsychotic use in dementia: a systematic review of benefits and risks from meta-analyses. Ther Adv Chronic Dis. 2016;7(5):229–45.

2. Ballard C, Hanney ML, Theodoulou M, Douglas S, McShane R, Kossakowski K, Gill R, Edmund Juszcak E, Yu LM, Jacoby R. For the DART-AD investigators. The dementia antipsychotic withdrawal trial (DART-AD): long-term follow-up of a randomised placebo-controlled trial. Lancet Neurol. 2009;8:151–7.

Nº de Psicofármacos /paciente con diagnóstico de demencia



Elaboración “Guía de recomendaciones terapéuticas para el abordaje de los Síntomas Psicológicos conductuales relacionados con la demencia (SPCD)”

- **Equipo Multidisciplinar:** Geriatra, Psiquiatra, psicogeriatra, neuróloga, MF y FAP.
- Formación sobre diferentes casos prácticos.
- **Contenido de la GT**
 - Síntomas que **no responden** a psicofármacos
 - Síntomas que **puede** que respondan a psicofármacos
 - **Detonantes** de la conducta
 - **Tratamiento de 7 síntomas y sus clústers**
 - Ansiedad, depresión, apatía, agitación, insomnio, agresividad y psicosis.

CONOCIMIENTO



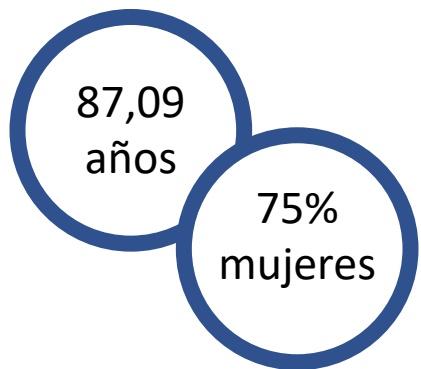
“Never walk alone”

Diseño de la intervención y estudio

- Ensayo clínico
- Comparación de los resultados entre intervención vs control
- Inclusión pacientes: caso/control
- Cálculo del tamaño de la muestra
- Variables clínicas de no empeoramiento



- Estudio Observacional
- Evaluación de resultados del estudio pre-post
- Inclusión de todos los pacientes que cumplieran criterios
- Al finalizar el estudio con el número final de pacientes incluidos se calculó la potencia estadística
- Reintroducción de fármacos retirados



606 pacientes
7 RG

240 pacientes
Incluidos (39,6%)

636 psicofármacos
antes

458 psicofármacos
después

- 28%

2,71 media
antes

2,06 media
después

Table 2 Overall prescription-related changes following the intervention, and at 1 and 6 months

Drug prescription changes	Baseline	Postintervention	1 month	6 months
Dose increase, n		25	2	9
Dose decrease, n		34	11	6
Discontinued, n		216	15	43
Newly prescribed drugs, n		38	9	42
Reintroduced drugs, n		0	4	22
Patients 0 PD, n (%)	10 (4.00%)	32 (12.80%)	33 (13.31%)	25 (11.06%)
Patients 1–2 PD, n (%)	122 (48.80%)	151 (60.40%)	144 (58.06%)	134 (59.29%)
Patients 3–4 PD, n (%)	89 (35.60%)	60 (24.00%)	65 (26.21%)	55 (24.34%)
Patients > 4 PD, n (%)	29 (11.60%)	7 (2.80%)	6 (2.42%)	12 (5.31%)
Number psychotropic drugs/patient, mean (SD)	2.71 (1.47)	1.95 (1.24)	1.95 (1.26)	2.06 (1.36)
Difference (95% CI)	0.755 (0.624–0.886)* $p = 0.000$		0.771 (0.635–0.908)* $p = 0.000$	0.634 (0.474–0.794)* $p = 0.000$

Prescription-related changes and percentages of patients receiving psychotropic agents grouped into 4 categories (0, 1–2, 3–4, and > 4 psychotropic drugs) at the different time points. The calculation of percentages in each of the 4 categories was made over the total of patients with dementia in the nursing homes ($n = 250$). Difference in the mean number of psychotropic drugs prescribed before (baseline) and after the intervention and between baseline and 1 and 6 months are shown.

*Difference in the mean number of psychotropic drugs prescribed before (baseline) and after the intervention and between baseline and 1 and 6 months

Number of psychotropic drugs per drug class that were prescribed at baseline, after the intervention, and at 1 month and 6 months"

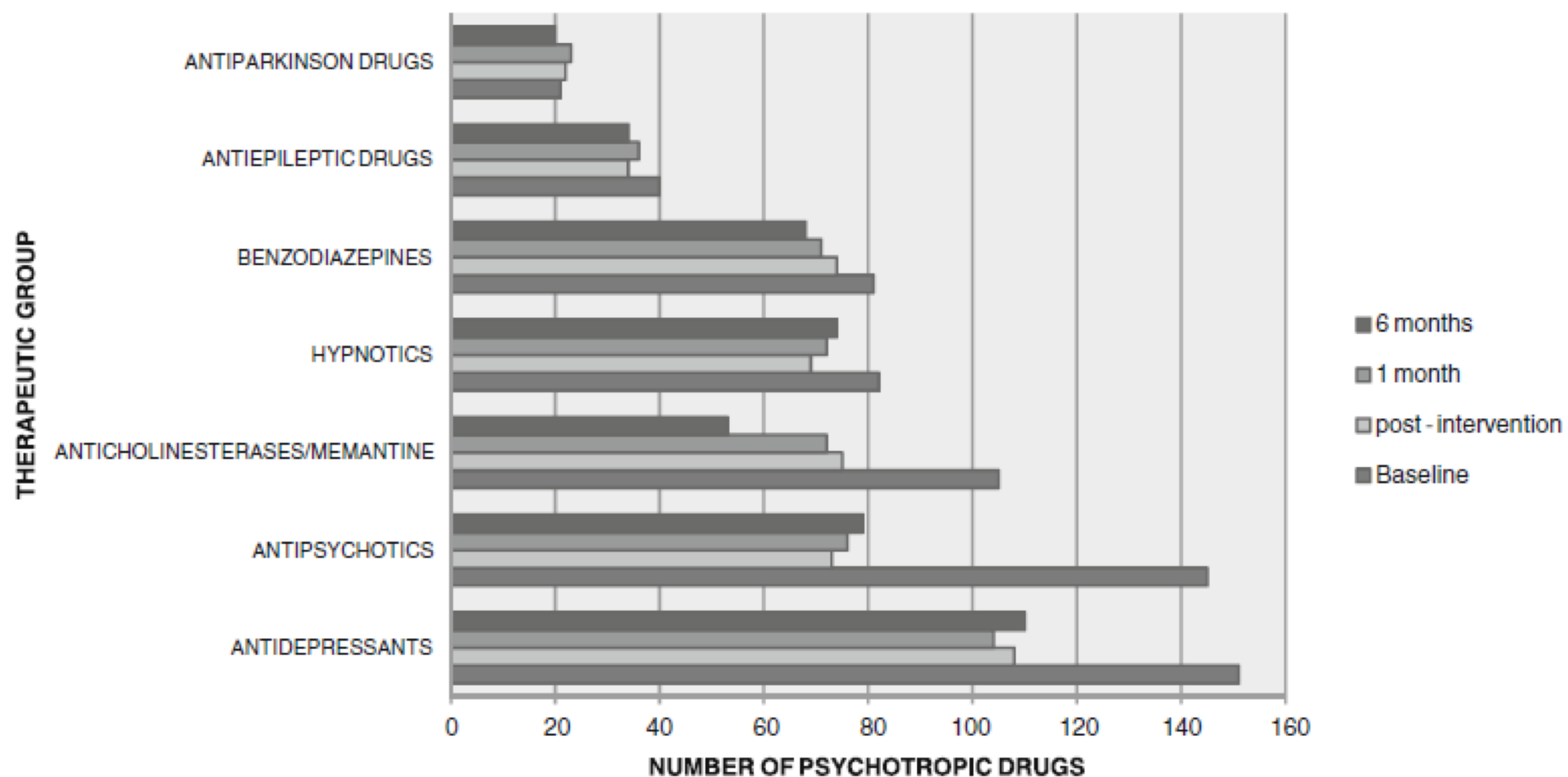


Fig. 2 Number of psychotropic drugs per drug class that were decribed al baseline after the intervention, and at 1 month and 6 months



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The on **Objectives of the EIP on AHA**

The EIP on AHA aims to promote healthy and active ageing by pursuing a **Triple Win** for Europe:

- Improving the health and quality of life of Europeans with a focus on older people;
- Supporting the long-term sustainability and efficiency of health and social care systems;
- Enhancing the competitiveness of EU industry through business and expansion in new markets

“Never walk alone”

Inquietudes

Análisis coste-efectividad

- Transición entre los diferentes estados (Modelo de los tres estados Markov):
demencia/recuperación/muerte
- **Asignación de costes:**
 - Importe líquido de los planes terapéuticos durante la intervención.
 - Cálculo de los costes de la intervención
- **Calidad de vida:**
 - Variable calidad de vida No recogida durante el estudio.
 - Asignación mediante referencias bibliográficas

MAFEIP

Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing

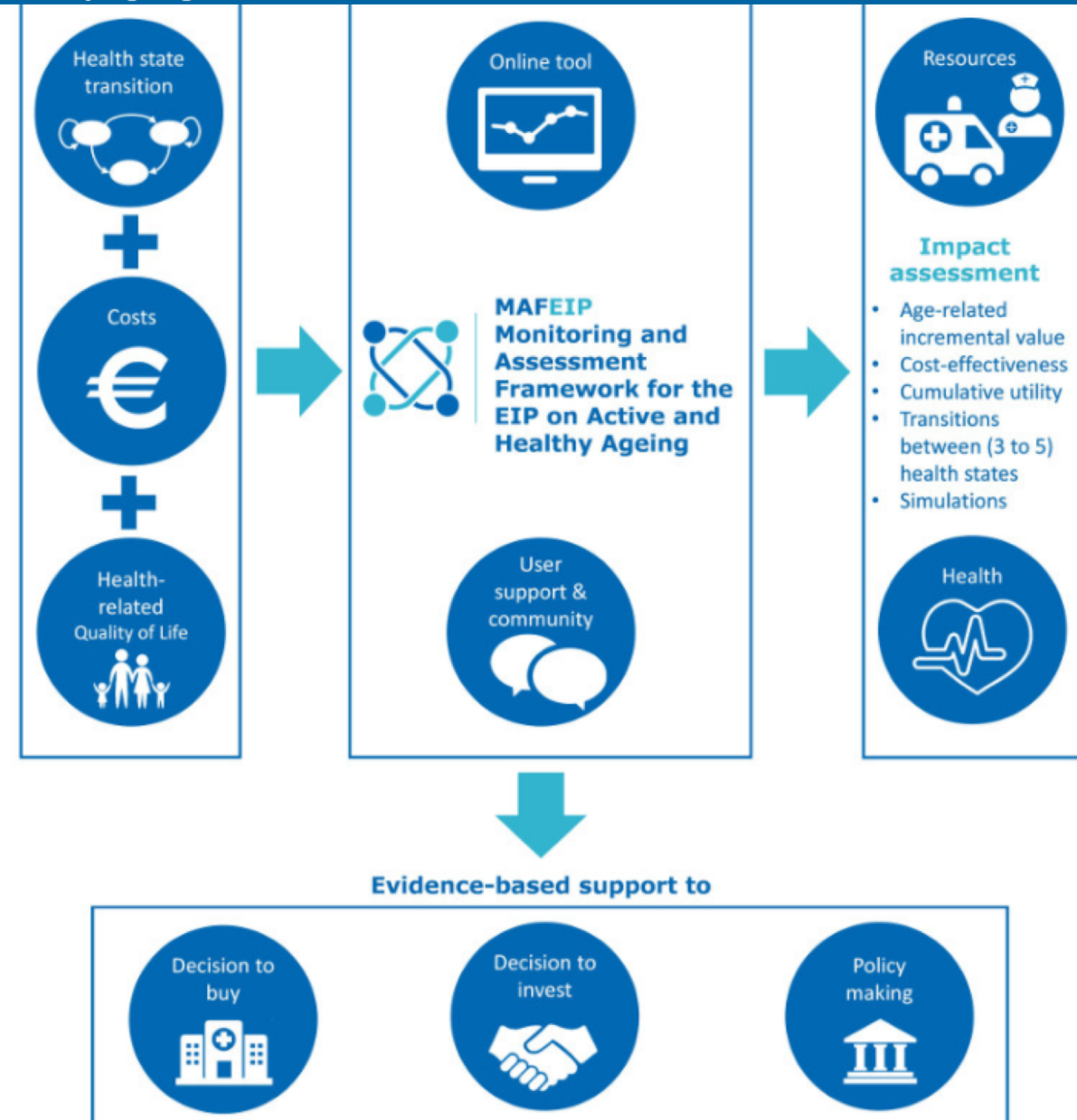


Table 1 Summary table of model parameters included

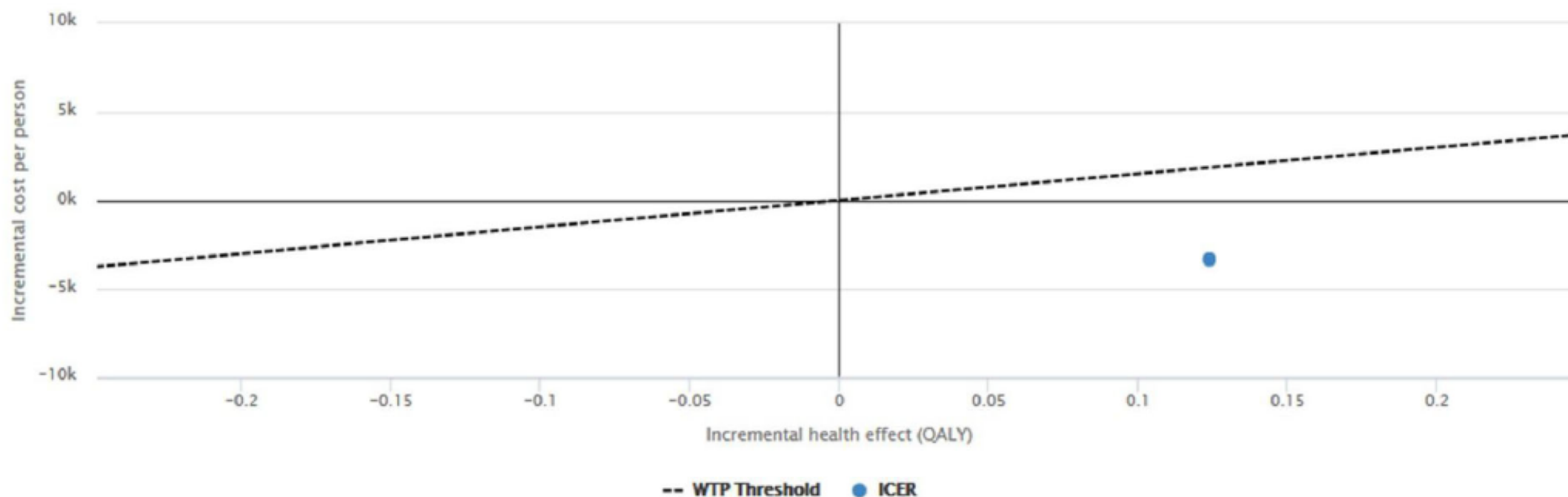
Demographic characteristics of target group	Mean age	87.09 (SD 6.675)
	Sex	75% women
Geographic characteristics of target group	Country	Spain
	Region	Catalonia
Target population minimum age	65	
Target population maximum age	90	
	Before Intervention	After intervention
Incidence rate of dementia in institutionalized patients in our area	40%	40%
Recovery rate	0% ^a	0% ^a
Relative Risk of Mortality in baseline health	1	1
Relative Risk of Mortality in dementia patients ^b	1.51	1.31
Intervention one-off costs (per patient)		0
Intervention recurrent costs (per patient and year)		48.56€
Healthcare costs baseline health	0	0
Healthcare costs dementia patients	2266 €	1630 €
Utility	0.70	0.27

^aRecovery rate was considered 0% because once a patient is diagnosed with dementia there is no recovery. ^bEstimates on mortality rates were derived from the findings of the DART-AD [2] clinical trial. Baseline health costs were left at 0 since the intervention only focuses on patients that are already in a deteriorated health state (they already have dementia). The healthcare cost deteriorated health after intervention were calculated as the drug-related costs mean per patient recorded at 1 and 6 months after the intervention

Incremental cost and HRQoL effects

Incremental cost (Healthcare)	-3319.37
Incremental effects	0.124
Incremental cost-effectiveness ratio (Healthcare)	Dominant

Cost-effectiveness plane (Healthcare)



WTP Threshold: ● €15K/QALY ○ €20K/QALY ○ €30K/QALY ○ €50K/QALY ○ €80K/QALY

Fig. 6 Cost-effectiveness plane



Therapeutic Guideline for treatment of Behavioural and Psychological Symptoms of Dementia (BPSD)

Antipsychotic drugs or neuroleptics are often used to treat the behavioural and psychological symptoms of dementia (BPSD) despite an increasing evidence of potential harms associated with the use of these drugs. Nevertheless, between 20% and 50% of dementia patients are still being prescribed neuroleptics, whereas those living in nursing homes have significantly greater rates compared with those individuals living in the community.

The Therapeutic Guideline (TG) for treatment of BPSD was created by a multidisciplinary team in the region to reduce the number of neuroleptics in nursing home patients with dementia. Patients from 7 nursing homes in Arenys de Mar (Barcelona, Spain) participated in the study, where their family physician and primary care pharmacist conducted a medication review and elaborated a therapeutic plan (TP) per patient based on the guideline. The TP focused on alternatives to drugs for the management of BPSD, leading to a reduction in the prescription of neuroleptics.

DETAILS

Resource:



MAFEIP_UC9_Gencat_Dementia.pdf

Relevant for action group:

Action Group A1

Keywords:

Dementia therapeutic guideline

BMC Geriatrics

Research Article
Consensus and evidence-based medication review to optimize and potentially reduce psychotropic drug prescription in institutionalized dementia patients
 Mireia Massot Mesquida^{1,2*}, Montserrat Tristany Casas³, Alicia Franci Siso⁴, Isabel García Muñoz⁵, Óscar Hernández Vian⁶ and Pere Tordin Monserrat^{1,2}
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Research Article
Cost-utility analysis of a consensus and evidence-based medication review to optimize and potentially reduce psychotropic drug prescription in institutionalized dementia patients
 Mireia Massot Mesquida^{1,2*}, Frans Folkvord^{3,4}, Gemma Seda^{5,6}, Francisco Lupiáñez-Villanueva^{4,6} and Pere Tordin Monserrat^{1,2}
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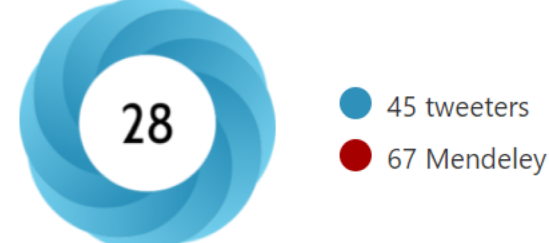
1.758 - Source Normalized

Impact per Paper (SNIP)

1.414 - SCImago Journal Rank

(SJR)

Online attention

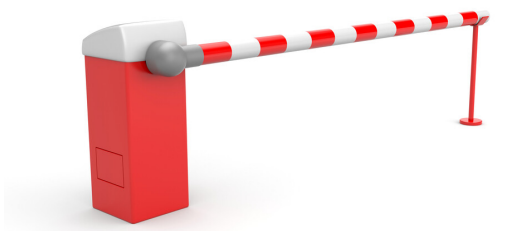


4.114 Accesos / 14 citas

Online attention



1.254 Accesos



- Realizar la intervención pensando en la recogida de datos y su evaluación



- Equipo multidisciplinar, GT y trabajo de casos previo a la implementación



- Planificación y Rigurosidad en la recogida de los datos



- Resultados clínicos de la intervención
- Never walk alone
- Liga Regional vs Champions

