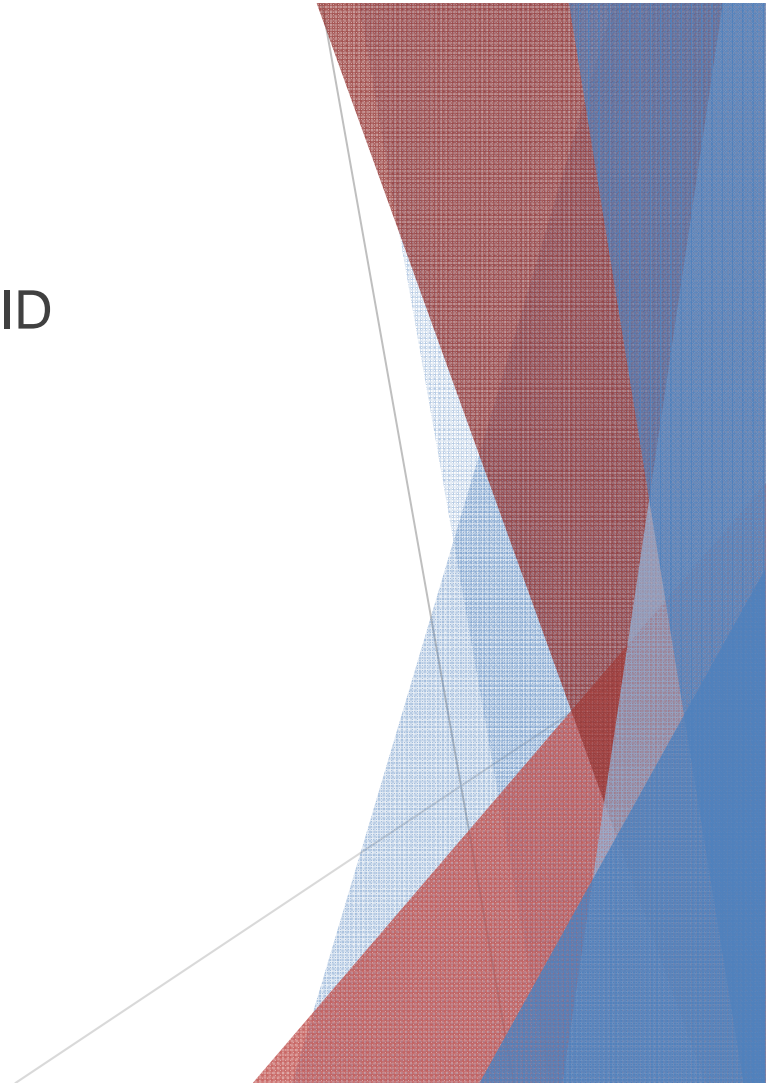
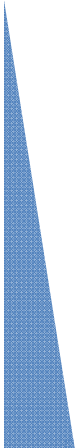


# Relationship Between Mental Health Problems and Challenging Behaviour in People with Intellectual Disabilities

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CCT in Intellectual Disability  
Clinical Fellow in Child Psychiatry

# Outline/ Objectives

- ▶ **Mental Illness, Challenging Behaviour in ID**
  - ▶ Extent of the problem
  - ▶ Difficulties in identification
- ▶ **Use of Medication in CB in ID**
  - ▶ Extent of the problem
  - ▶ Possible reasons
- ▶ **Potential solutions**
  - ▶ Guidelines
  - ▶ CWP pathway and Data from Audit cycle

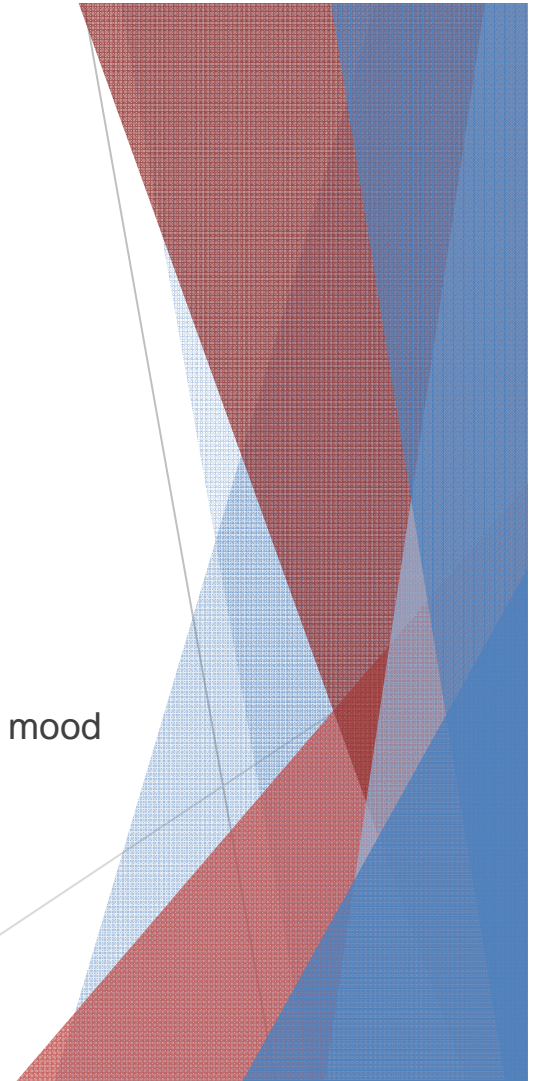


# Case Scenarios

## Hilary

- 40 year old lady
- Mild ID, H/O Epilepsy, bipolar illness (on lithium)
- Diabetes and renal failure, Lithium stopped
- Presented with aggression, increased speech, flight of ideas, elated mood and an increase in fits.

▶ Would you consider medication?

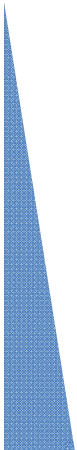


# Case Scenarios

Amy

- 18 year old girl, Severe ID and severe ASD
- Increase in aggression, irritability, self harm and worsening of avoidance behaviour.
- Refusing to access community
- Behavioural strategies tried, works in school but not at home

Would you consider medication?



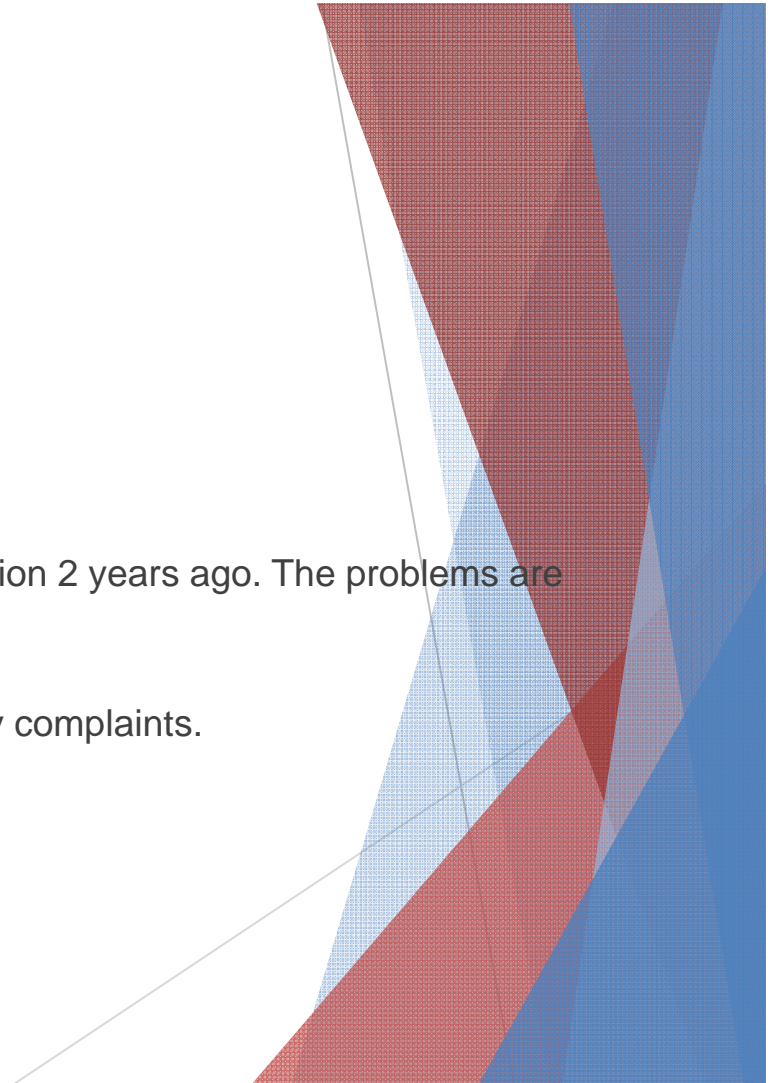
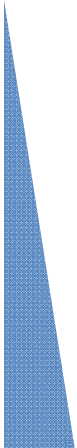


# Case Scenarios

## Paul

- 35 year old man, Severe ID and ASD
- Loud vocalisation and Sleep disturbances since childhood
- Moved from his parents home to a supported accommodation 2 years ago. The problems are more obvious since then
- He goes home during weekends- Parents do not have any complaints.

Would you consider medication?





Mental illness and Challenging Behaviour are overrepresented in people with ID compared to general population

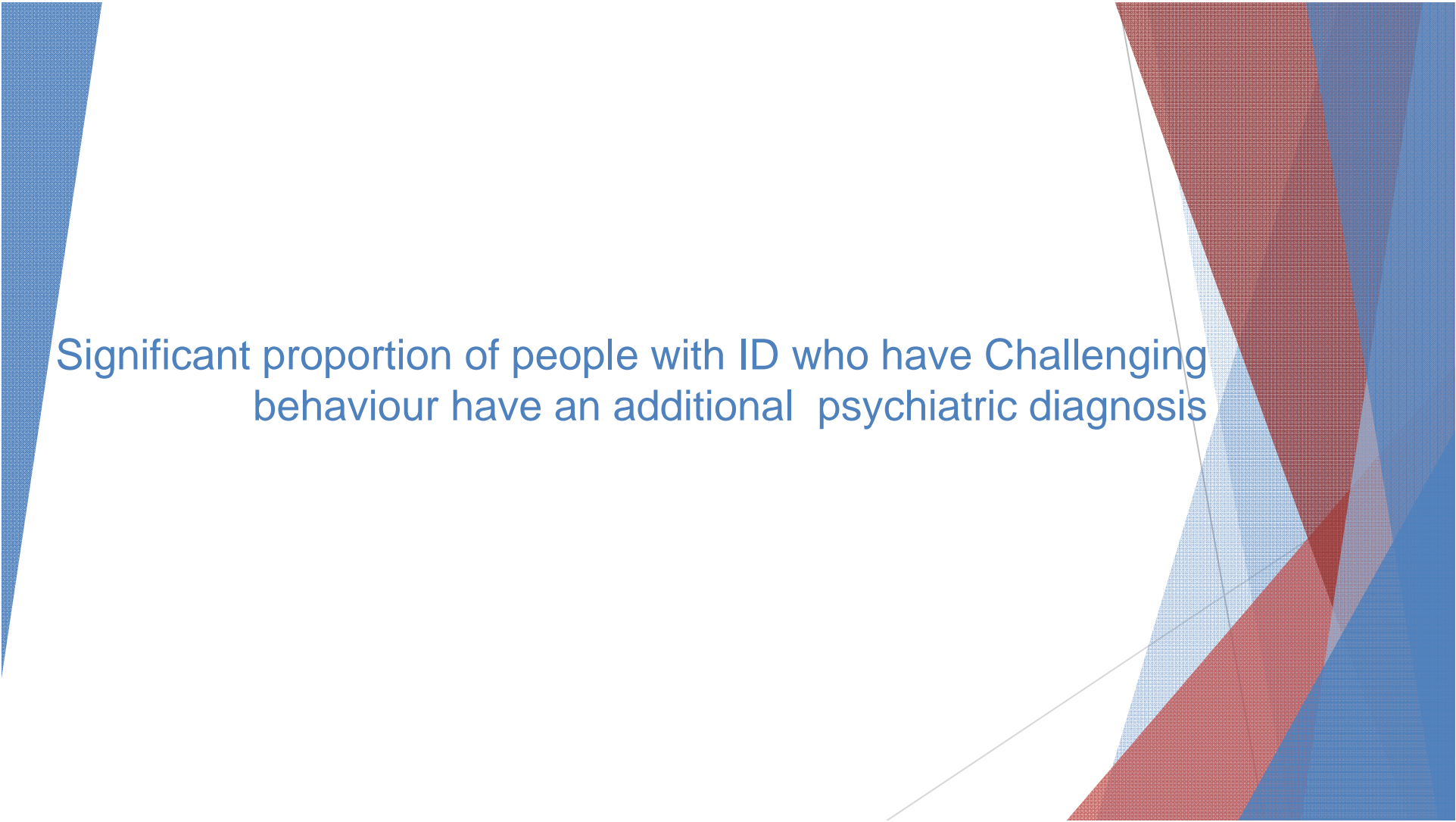
## Mental Illness in ID

- Point prevalence 35 to 40% (Cooper et al 2007) Vs 20% in general population
- About 1/3<sup>rd</sup> in sample from primary care records (Sheehan et al 2015)

## Challenging Behaviour in ID

- Point prevalence 9.8% - 22% (Cooper et al 2009b, Jones et al 2008)
- About 1/3<sup>rd</sup> in sample from GP practice (Sheehan et al 2015)





Significant proportion of people with ID who have Challenging behaviour have an additional psychiatric diagnosis



## Mental illness and CB in ID

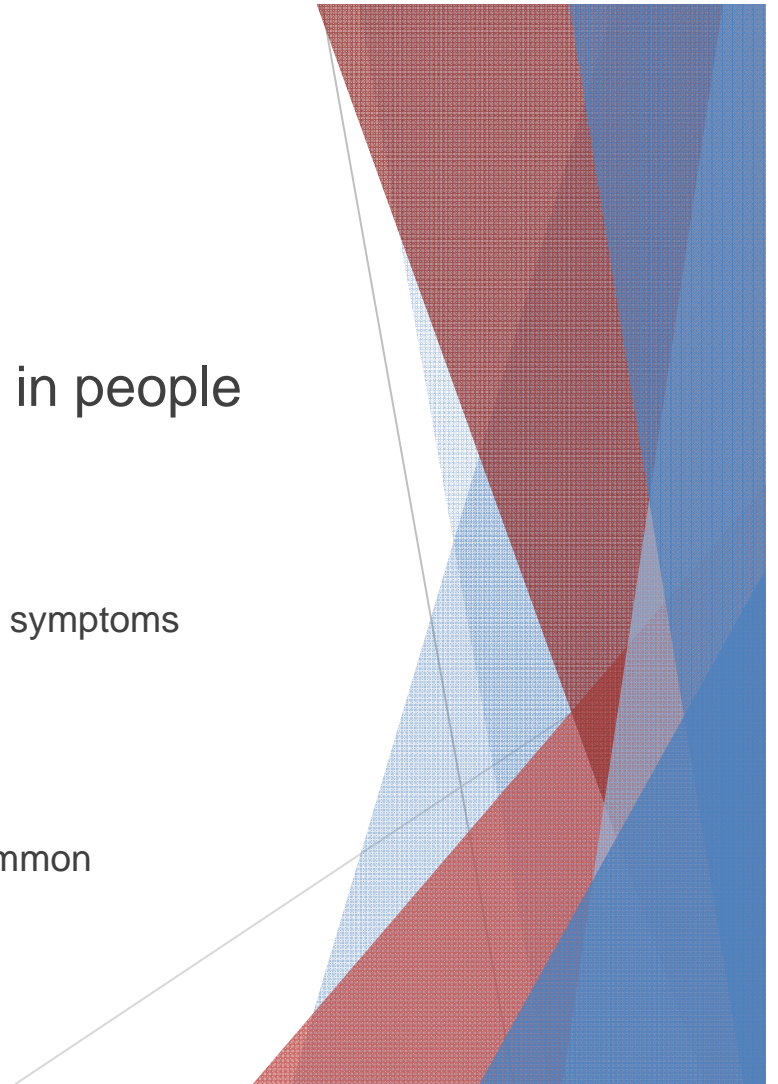
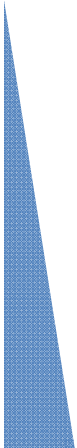
- ▶ Increased co morbidity of mental illness in people with CB

Community sample- 12% (Kiernan and Qureshi 1993)

Hassiotis et al 2009- about 80% had significant psychiatric symptoms

- ▶ Audit data

69 patients, 72% had secondary diagnosis, ASD most common



# ID and Mental illness- Diagnostic difficulty

## Atypical symptoms

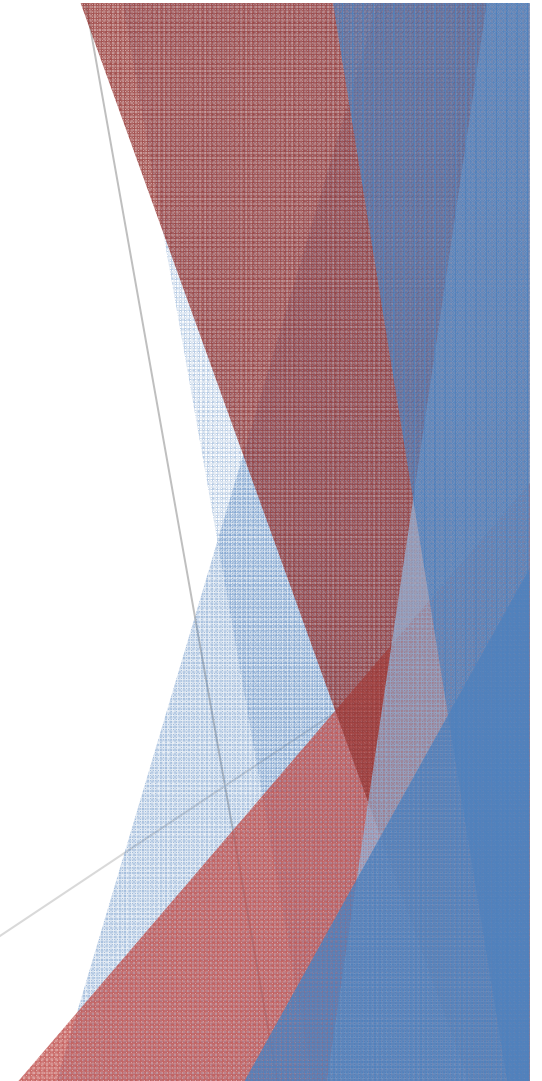
- Deterioration of skills
- Increase dependency
- Aggression rather than low mood
- Worsening of pre existing behavioural difficulties
- Behaviours rather than cognitive/ mood symptoms aggression

## Information by proxy

- Similar to using an interpreter
- Observations are reported with a subjective bias e.g., shouting for staff Vs attention seeking; throwing things Vs Acting out, walking out off the house Vs absconding

## Setting/ Expertise

### Diagnostic Overshadowing

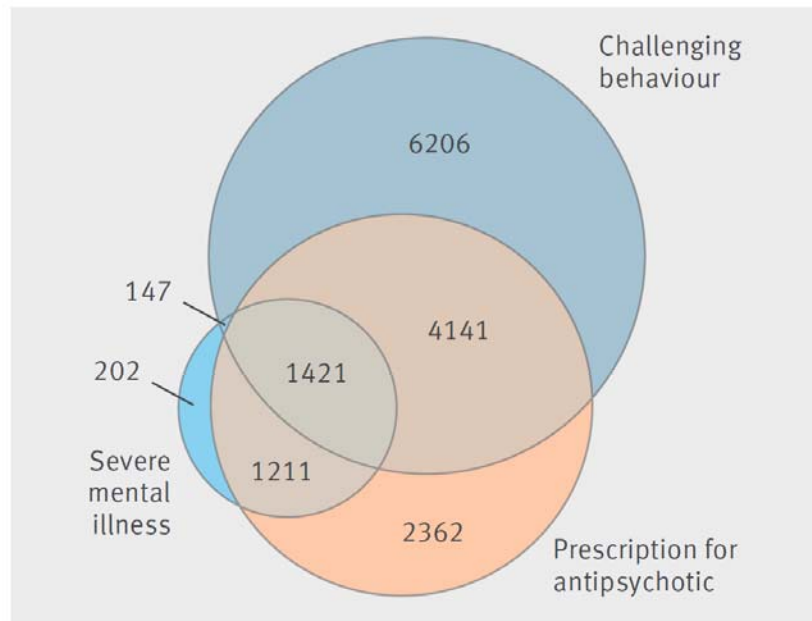




Psychotropic medication use is very common in people with ID and CB  
even when there is no diagnosis of Mental Illness



## Medication use, MI and CB (Sheehan et al 2015)



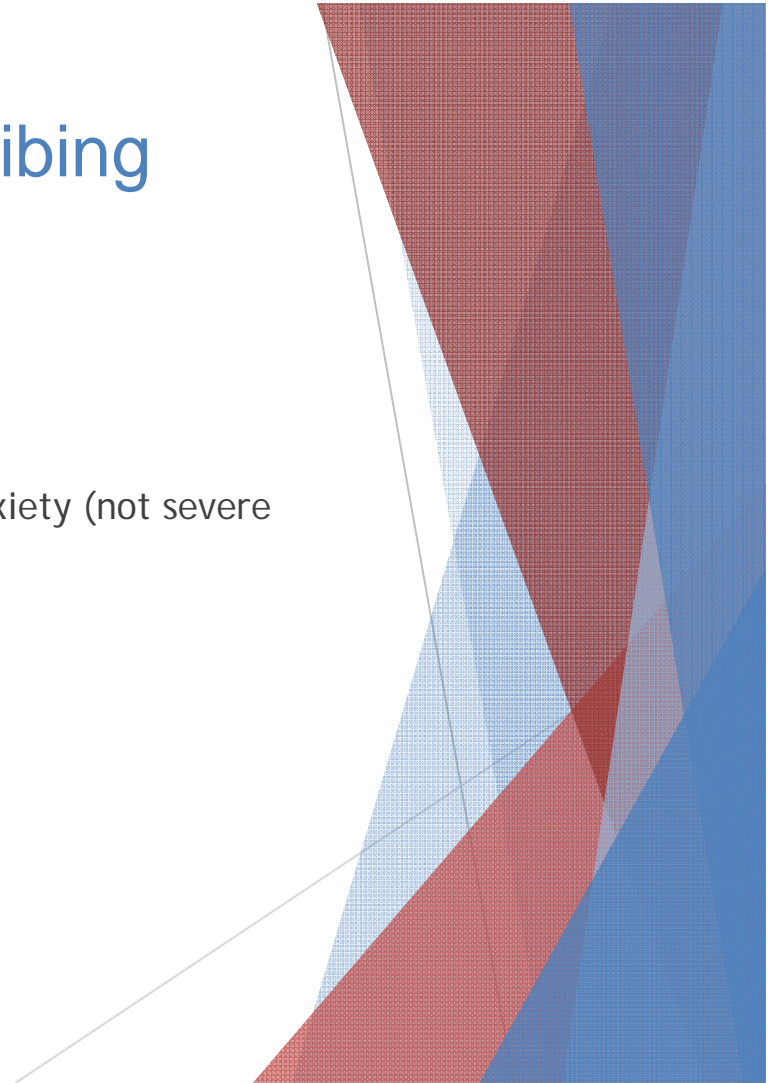
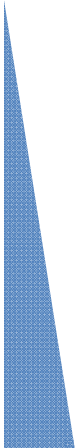
**Fig 3 | Relations between recorded severe mental illness, challenging behaviour, and prescription of antipsychotic drugs in adults with intellectual disability**

- ▶ Just over 2/3<sup>rd</sup> of people with LD on antipsychotics did not have a diagnosis of serious mental illness
- ▶ 1/4<sup>th</sup> of people on antipsychotics had no serious mental illness or CB (2362)



# Possible reasons for over prescribing

- ▶ Diagnostic overshadowing
- ▶ Appropriate prescribing- prescribed for depression and anxiety (not severe mental illness)
- ▶ *Inappropriate prescribing*



# Role of Medication use in management of CB in ID

## ▶ Benefits

- ▶ Evidence (RCT -Tyrer 2009; Gagliano 2005)
- ▶ Guidelines- in addition with psychosocial interventions (including behavioural assessment and interventions) or to manage severe risks

## ▶ Risks

### - Adverse effects

- Cognitive symptoms
- Neuromuscular problems
- Metabolic problems
- Effect on other issues- mobility, comorbidity, interaction with medication, medication errors

### - Off label – Medico legal implications



## Relationship between Mental Illness and CB in ID

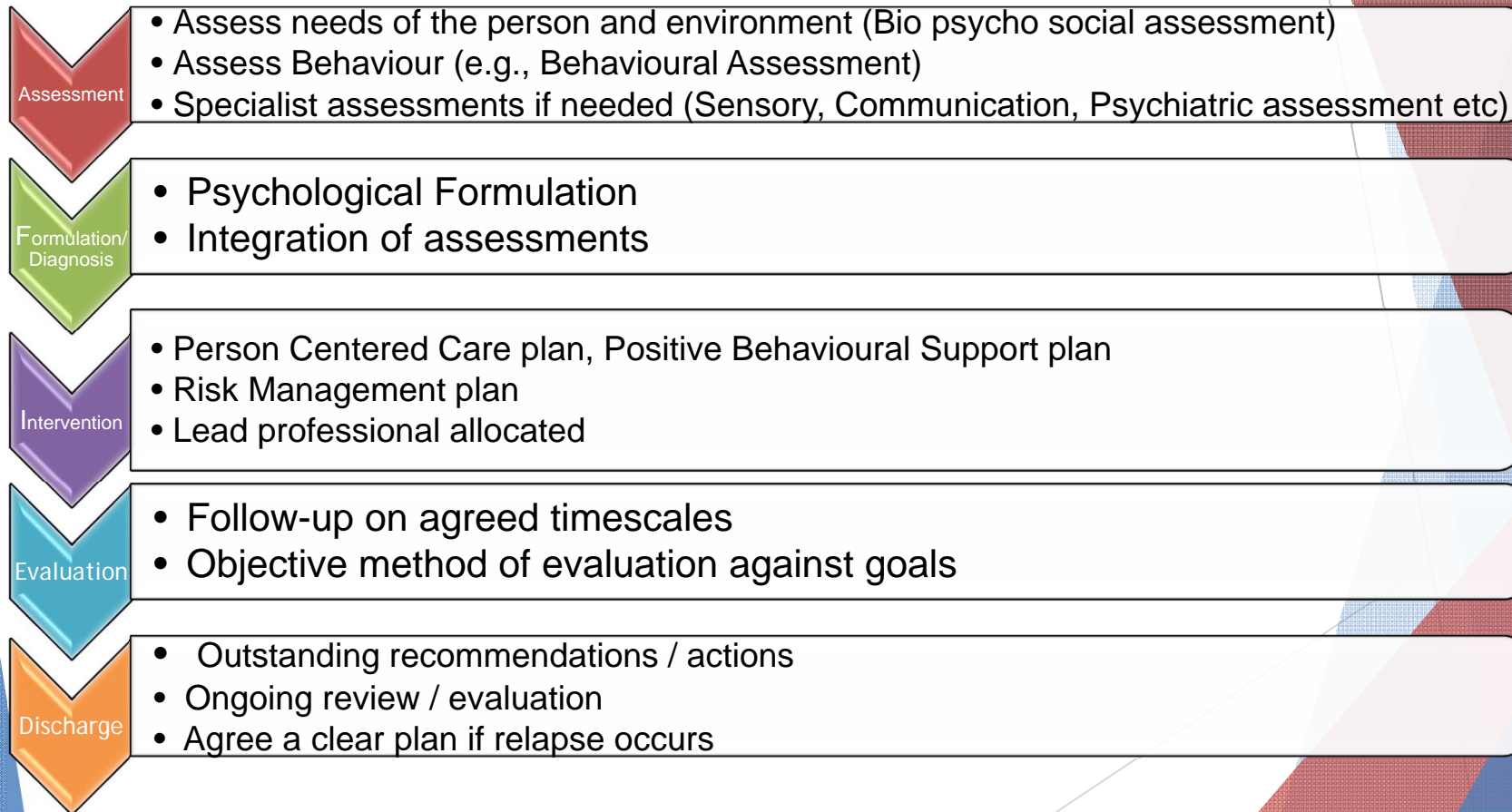


	Benefits	Risks	Benefits Vs Risks
Diagnosable Mental Illness	+3	-2	+1
Symptoms of mental illness	+2	-2	0
Behaviours not associated with above	0	-2	-2

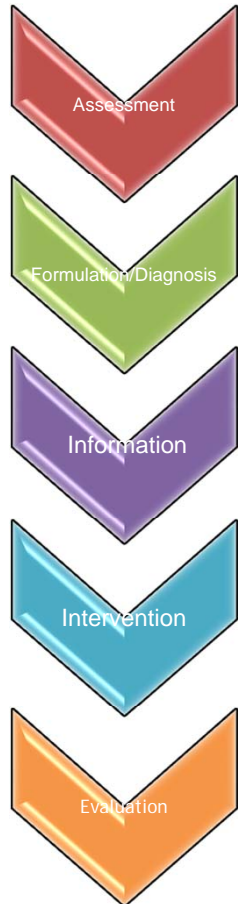
3= Significant Benefit  
 2= Moderate benefits (Risks)  
 1= Minimal Benefits (Risks)  
 0= No Benefit or questionable benefit/ No risk  
 -3= Significant Risks  
 -2= Moderate Risks  
 -1= Minimal Risks



## Challenging Behaviour pathway –Cheshire and Wirral Partnership NHS Foundation Trust

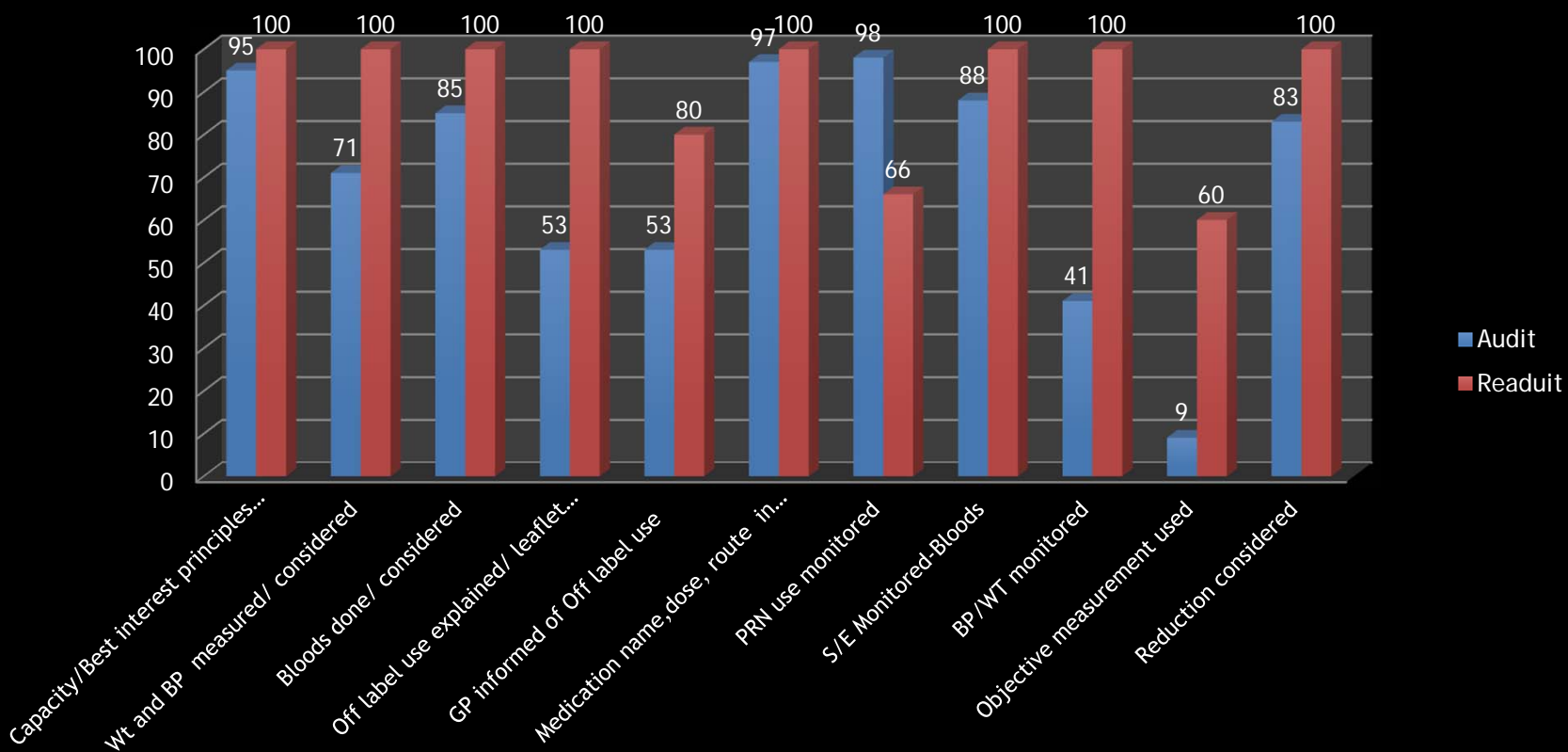


## Challenging Behaviour pathway –Medication



- Target symptoms identified
  - Capacity to consent to treatment assessed, If lacking capacity, best interests principle applied
  - Physical examination, Premedication Bloods/ ECG
- Diagnosis established
  - Physical, Psychiatric, Social issues excluded
- Risks VS Benefits discussed
  - Information about medication given (Verbal and Written Easy read leaflet if applicable)
  - Care plan with details of Medication, PRN protocol shared with relevant parties including carers
- One medication from one group, within max dose limits.
  - Agree on how the effects and side effects of medication are monitored.
  - Agreed timescales for review/ follow up
- Side effects- BP, Weight, EPSE, Bloods monitored
  - Objective method of evaluation of outcomes
  - Where appropriate withdraw medication.
  - If discharging back to GP care, advice on how long to continue, what to monitor and when to consider reduction.

## East Cheshire CLDT- Medication management





# Discussion questions- Scenarios



## How do you use the information to guide practice?

Hilary - 40 year old lady, Mild ID, H/O Epilepsy, bipolar illness (on lithium), Diabetes and renal failure, Lithium stopped, presented with aggression, increased speech, flight of ideas, elated mood and an increase in fits.

Amy-18 year old girl, Severe ID and severe ASD, Increase in aggression, irritability, self harm and worsening of avoidance behaviour, Refusing to access community, Behavioural strategies tried, works in school but not at home

Paul- 35 year old man; Severe ID and ASD, Loud vocalisation and sleep problems since childhood, Moved from his parents home to a supported accommodation 2 years ago. These problems are more obvious since then, he goes home during weekends- Parents do not have any complaints

▶ Role of medication?

## Mental Illness and CB in ID



	Benefits	Risks	Benefits Vs Risks
Diagnosable Mental Illness	+3	-2	+1
Symptoms of mental illness	+2	-2	0
Behaviours not associated with above	0	-2	-2

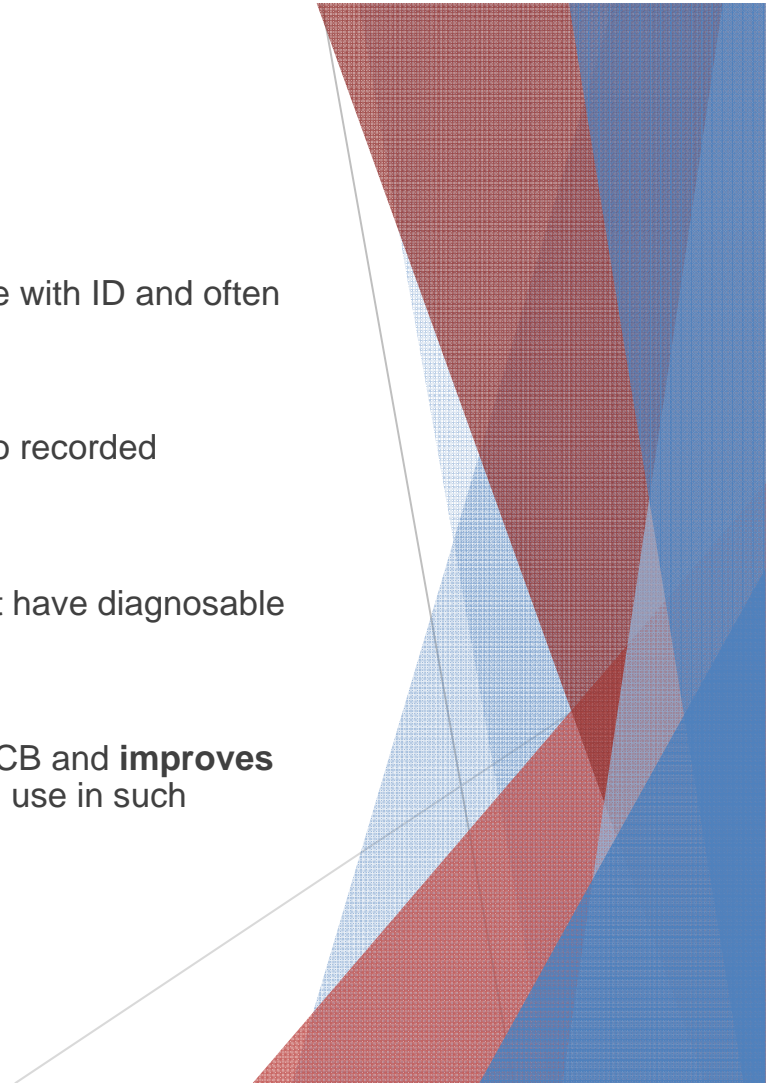
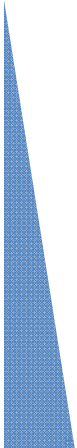
**3= Significant Benefit**  
**2= Moderate benefits**  
**1= Minimal Benefits**  
**0= No Benefit or questionable benefit/ No risk**

**-3= Significant Risks**  
**-2= Moderate Risks**  
**-1= Minimal Risks**

With a proper Pathway	Benefits	Risks	Benefits Vs Risks
Diagnosable Mental Illness	+3	-1	+2
Symptoms of mental illness	+2	-1	+1
Behaviours not associated with above	1	-1	0

# Summary

- ▶ Challenging Behaviour and Mental Illness are common in people with ID and often co-occur
- ▶ Antipsychotics medication use is common even when there is no recorded diagnosis of Mental illness
- ▶ There may be a role for medication in people with ID who do not have diagnosable mental illness presenting with psychiatric symptoms
- ▶ Following guidelines on the use of 'medication management' of CB and **improves the benefits** and **reduces the risks** associated with medication use in such circumstances





**NICE** National Institute for Health and Care Excellence



Challenging behaviour and learning disabilities overview

**STOPPING  
OVER-MEDICATION  
OF PEOPLE WITH  
LEARNING DISABILITIES**



FR/ID/09

**Psychotropic drug  
prescribing for people  
with intellectual disability,  
mental health problems  
and/or behaviours  
that challenge:  
practice guidelines**

**Using medication to manage  
behaviour problems among  
adults with a learning disability**

**Quick reference guide (QRG)**

Shoumitro Deb, David Clarke and Gemma Unwin  
University of Birmingham  
www.LD-Medication.bham.ac.uk

September 2006

**WINTERBOURNE  
MEDICINES  
PROGRAMME**

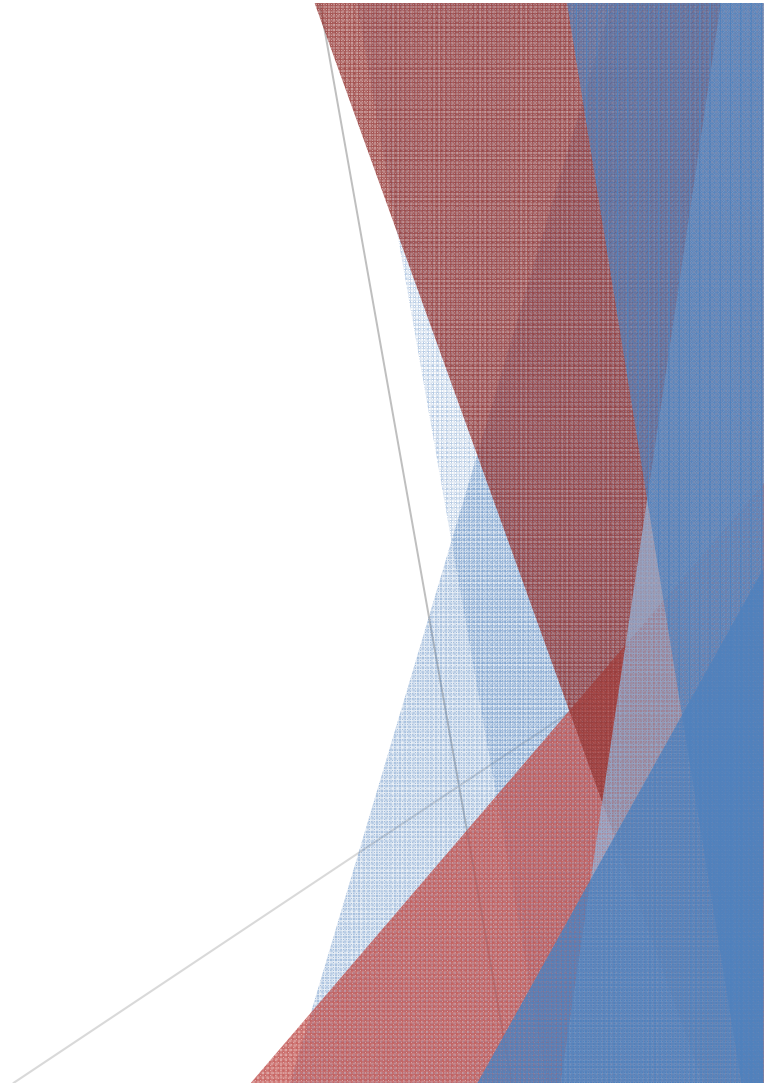
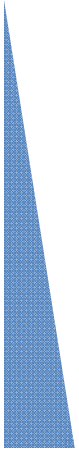
**NHS**  
Improving Quality

IMPROVING THE USE OF  
MEDICINES IN PEOPLE WITH  
LEARNING DISABILITIES

NHS IMPROVING QUALITY REPORT  
APRIL 2014–APRIL 2015



Questions?



Thanks

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