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Hong Kong Psychogeriatric Association Newsletter
香港老年精神科學會會訊

www.hkpga.org email:info@hkpga.org

Message from the Newsletter Committee

This electronic issue of the HKPGA newsletters focuses on older people with schizophrenia. We are honoured to have Prof. YT Xiang sharing his study on the use of antipsychotic medications in Chinese for a decade. It is followed by the reprint of a part of the training manual published by the Alzheimer's Disease International designed for the caregivers of older people with dementia. Please do not miss the photos of our Spring scientific meeting. We urge you to send us your latest contact email address and your submission via info@hkpga.org and visit www.hkpga.org for archives of the HKPGA newsletters.

Use of antipsychotic medications in Chinese older persons with schizophrenia between 2001 and 2009

Yu-Tao Xiang Research Assistant Professor

Helen F.K. Chiu Professor

Department of Psychiatry, Chinese University of Hong Kong, Hong Kong SAR, China

Nowadays many schizophrenia patients could live into older adulthood. Guidelines for the treatment of schizophrenia for younger adult patients cannot be automatically applied to this population. However to date there have been very few treatment guidelines for older patients. In order to come up with rational guidelines for treatment, Alexopoulos et al. (2004) surveyed expert opinions for older schizophrenia patients and suggested that the first-line choice is risperidone (1.25-3.5mg/day) followed by quetiapine (100-300mg/day), olanzapine (7.5-15mg/day) and aripiprazole (15-30mg/day). In contrast, first-generation antipsychotics (FGAs) were not recommended as first-line choices for this population.

We conducted a secondary analysis of the data of the Research on Asian Psychotropic Prescription Patterns (REAP) project and examined the use of major FGAs and second-generation of antipsychotic medications (SGAs), including chlorpromazine, sulpiride, perphenazine, clozapine, risperidone and quetiapine in Chinese older patients with schizophrenia during the period between 2001 and 2009.

The REAP project was a psycho-pharmacological project on psychotropic drug prescription trends in hospitalized patients with schizophrenia in Asia (Xiang et al., 2012). The REAP was initially conducted in July 2001 followed by two waves of studies in July 2004 and October 2008-March 2009. The participating countries and territories included mainland China, Hong Kong, Japan, Korea, Singapore and Taiwan. For this study, only data of patients in mainland China and Hong Kong were analyzed if they had a diagnosis of ICD-10 or DSM-IV schizophrenia and were aged 55 years or older. Patients having clinically significant medical illnesses were excluded. Eligible patients were enrolled consecutively and their socio-demographic data and clinical characteristics including age, sex, length of mental illness, the presence or absence of significant psychiatric symptoms within the past month and the prescription of antipsychotic medications were collected.

In total, 6 psychiatric institutions were involved (2 in Hong Kong and 4 in mainland China). A total of 258 patients (43 in Hong Kong and 215 in mainland China) satisfied the study criteria; 90 in 2001, 77 in 2004 and 91 in 2009. We found that 101 patients (39.1%) received FGAs, whereas 183 (70.9%) received SGAs. Of the FGAs, chlorpromazine was the most commonly used (14.7%) followed by sulpiride (10.1%) and perphenazine (7.0%). Of SGAs, clozapine was most commonly used (34.5%) followed by risperidone (26.4%) and quetiapine (8.5%) (Table 1).

Table 1. Basic demographic and clinical characteristics of older Chinese patients with schizophrenia in REAP surveys 2001-2009, and the most commonly prescribed antipsychotic drugs

	2001 (n=90)		2004 (n=77)		2009 (n=91)		Total (n=258)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age (yrs)	59.9	4.6	61.2	6.4	58.9	5.4	59.9	4.7
	N	%	N	%	N	%	N	%
Men	38	42.2	40	51.9	59	64.8	137	53.1
Any use of FGAs	48	53.3	31	40.3	22	24.2	101	39.1
Any use of SGAs	54	60.0	52	67.5	77	84.6	183	70.9
Commonly used FGAs								
Chlorpromazine	17	18.9	15	19.5	6	6.6	38	14.7
Sulpiride	14	15.6	7	9.1	5	5.5	26	10.1
Perphenazine	8	8.9	5	6.5	5	5.5	18	7.0
Commonly used SGAs								
Clozapine	32	35.6	27	35.1	30	33.0	89	34.5
Risperidone	21	23.3	21	27.3	26	28.6	68	26.4
Quetiapine	0	0	2	2.6	20	22.0	22	8.5

FGA=first-generation antipsychotic; SGA=second-generation antipsychotic

The major findings of this study were that clozapine was the most commonly used antipsychotic in Chinese older patients with schizophrenia (34.5%), followed by risperidone (26.4%), chlorpromazine (14.7%) and sulpiride (10.1%) in the pooled sample during the period from 2001 to 2009. These prescribing patterns are not consistent with an early expert consensus guideline (Alexopoulos et al, 2004) recommending the use of risperidone as the first-line choice followed by quetiapine, olanzapine and aripiprazole for treating older patients with schizophrenia. In this study we found that 39.1% of older patients received at least one type of FGAs. Although the figure decreased over time (53.3% in 2001, 40.3% in 2004, 24.2% in 2009), there were still around one fourth of older patients on FGAs in 2009.

In the expert consensus guideline (Alexopoulos et al, 2004), the recommended dose range for risperidone was 1.25-3.5mg/day, while the range for quetiapine were 100-300mg/day. In this study, for the patients on risperidone, 41.2% received a dose that was higher than the recommended range, while the corresponding figure for those on quetiapine was 77.3%. High doses of antipsychotics may be associated with dose-response side effects, which is of particular concern in older patients who are more sensitive to them.

In conclusion, the results suggested that the prescription of FGAs for older Chinese schizophrenia inpatients was a common phenomenon, and a considerable proportion of patients received higher doses of SGAs. Considering the potentially hazardous side effects of FGAs and higher doses of SGAs in older patients, continuing education and training addressing the rational use of antipsychotic medications is clearly needed.

References

Alexopoulos, G. S., Streim, J., Carpenter, D., Docherty, J. P., 2004. Using antipsychotic agents in older patients. Journal of Clinical Psychiatry 65 Suppl 2, 5-99; discussion 100-102; quiz 103-104.

Xiang, Y. T., Kreyenbuhl, J., Dickerson, F. B., Ungvari, G. S., Wang, C. Y., Si, T. M., Lee, E. H., He, Y. L., Chiu, H. F., Yang, S. Y., Chong, M. Y., Tan, C. H., Kua, E. H., Fujii, S., Sim, K., Yong, M. K., Trivedi, J. K., Chung, E. K., Udomratn, P., Chee, K. Y., Sartorius, N., Shinfuku, N., 2012. Use of first- and second-generation antipsychotic medications in older patients with schizophrenia in Asia (2001-2009). Australian and New Zealand Journal of Psychiatry 46, 1159-1164.

Care and treatment for people with dementia

10/66 Dementia Research Group
Helping Carers To Care
Published by Alzheimer's Disease International (ADI), London. 2009

Email: info@alz.co.uk

Useful tips for caregiving in the family home

Caregiving can be very difficult at times. However, there are ways to deal with the situation. Here are some general tips that have worked for other caregivers:

- Establish routines…
- …but keep things normal
- Keep it simple
- Encourage independence
- Maintain dignity
- Avoid confrontation
- Keep your sense of humour
- Make safety important
- Encourage fitness and health

Establish routines… A routine can decrease the decisions that need to be made, and bring order and structure into an otherwise confused daily life. A routine may help the person with dementia to feel secure.

…but keep things normal Although a routine can be helpful, it is important also to keep things as normal as possible. As much as the dementia will allow, try to treat the person as you did before the disease.

Keep it simple Try to make things simple for the person with dementia. Don't offer too many choices.

Encourage independence The person should stay as independent as possible for as long as possible. Encourage them to do as much for themselves as possible. It helps to maintain their self-respect and decreases the strain on you, the caregiver.

Maintain dignity Remember that the person you care for is an individual with feelings. What you and others say and do can be disturbing for them. So, for example, avoid discussing their condition in their presence.

Avoid confrontation Any type of conflict causes unnecessary stress for you and the person with dementia. Avoid drawing attention to things that go wrong and stay calm. Becoming upset can only make the situation worse. Remember it is the disease, it is not their fault.

Maintain a sense of humour Laugh with (but not at) the person with dementia. Humour can be a great stress reliever.

Make safety important Loss of memory increases the chance of injuries and accidents, so you should make your home as safe as possible.

Encourage fitness and health This should do no harm, and may well help well-being, morale and interest in life. The appropriate exercise depends on their state of health. Consult your physician for advice.

Repeated questioning

A person with dementia may quickly forget what they asked us even before we answer. So they repeatedly ask the same question. This can be annoying and exhausting for family members. If they are repeatedly asking the same question it may be that they are worried about something else. If the family members can correctly guess and reassure them, they will stop asking questions.

Suggestions

- Repeated questioning, or calling out, is often a sign of anxiety and insecurity. Try to reassure them in their anxiety. Perhaps give them a hug, or tell them how much you care for them.
- Don't keep on answering the question over and over if this seems to be getting you nowhere. This will only make you impatient; they will pick this up and get more anxious.
- Try to distract them, offering something else to see, hear or to do.
- Talk about the person's favourite topics.
- You could try writing down the answer to commonly asked questions and referring to it when they start questioning.

Aggression

Aggression may or may not be a problem. Generally, this is a problem that appears rather late in the course of the dementia illness, when the person with dementia may have deteriorated in many ways. It is, of course, very disturbing to the family. Aggression can have several causes:

1) The person with dementia may be in pain or discomfort. They may, for example, turn out to have a broken leg that has not been noticed. They should therefore always be checked over by a doctor.

2) People with dementia sometimes falsely believe that, for example, someone has been stealing their possessions. They genuinely believe this to be true, and so understandably can become aggressive.

3) In advanced cases of dementia sometimes people may no longer recognize family members. They may think that you are someone else who is threatening them in some way. Again, understandably this can lead them to be aggressive.

4) Aggression is often caused by extreme anxiety. Try to work out what it is that is making them so anxious.

5) Sometimes aggression is simply a result of severe brain damage to parts of the brain that control aggressive behaviour. Always remember, whatever the cause, it isn't the fault of the person with dementia. It is a result of the illness.

Suggestions

- Keep calm and try not to show fear.
- Try to find what provoked anger. Think back and see if there is a pattern of some kind. Try to avoid such situations in future.
- At all costs, do not become aggressive yourself. If you are losing your temper, remove yourself from the person with dementia until you cool down.
- Do not physically push, pull or restrain the person, unless it is necessary to do so for their own safety.
- If all other measures fail, your doctor may be able to help with medication to calm down the person if he becomes violent often.

Wandering

The person with dementia can leave the house and may not know how to get back. This can be a major problem for the family, as they have to go in search for them. It becomes all the more difficult if it happens in the night time. Similarly, while taking them out they may wander off. If you are not careful, you can lose them.

Suggestions

- Keep restraint to a minimum. It may seem kind to strap the person with dementia in a chair, or lock them in a room to prevent them coming to harm, but this will be a horrible experience for them.
- Try using warning signs on key exits such as 'No Exit' 'Wet Paint' or 'Danger'.
- Try using physical obstacles which make it difficult for them to pass through a door.
- If you have a yard or garden then allow them access into this area. Provide objects of interest for them to look at, touch and feel. Encourage them to wander into this area.
- As a last resort, if all else fails then lock the front door.
- Keep an identification card with your address and telephone number in the person's pocket.
- Embroider their address in all their dresses.
- If the person gets lost, inform the police and give them a recent photograph.
- While taking the person out, hold their hand.
- When you find the person after they have been lost, try not to get angry.

Remember they cannot help it. Just take their hand and lead them back. This will avoid a lot of embarrassment for both of you.

Council News

The HKPGA Spring Scientific Meeting was successfully co-organised with the Psychogeriatric team of Kwai Chung Hospital in the afternoon of Mar 28, 2014 (Friday). More than 90 participants joined the meeting and subsequent ceremony in honour of Dr. Edwin Yu who had retired from public service. Here is a selection of the photos:

This year, HKPGA will organise a study tour for the IPA International Meeting and the 5th Chinese Tripartite Psychogeriatric Conference at Beijing from 21 - 26 Oct 2014. The study tour will include a site visit to local elderly facilities and the meetings. The details will be announced soon.

It is important for all HKPGA members to update their email addresses in order to receive HKPGA announcement. Meanwhile, please mark your diary for the upcoming HKPGA activities below.

Events Calendar

Date	Activity	Venue
Jun 27, 2014	HKPGA Mid-year Scientific Meeting	Block S, Castle Peak Hospital
Oct 23-26, 2014	IPA International Meeting 2014 www.ipa-beijing2014.org/	BICC Beijing, China
Dec 6, 2014	HKPGA 16th ASM cum AGM	Ballroom, Hyatt Regency Hotel, TST

Please join or renew your HKPGA membership by downloading the HKPGA Membership Application Form at www.hkpga.org/main.php?id=30

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