

Can Psychotropic Medication ever be the Least Restrictive Intervention for Behaviour that Challenges?

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Overview

- Terminology
- Why might a person with autism present to mental health services?
- Nature of autism & implications
- Co existing conditions
- Assessment
- Formulation
- Interventions / Treatment
- Summary and conclusions

Psychotropic Medication

Drugs that affect brain activities associated with mental processes and behaviour

Chemical Restraint

- *‘The use of medication which is prescribed, and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness’.*

Least Restrictive Practice

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation
- There must be a real possibility of harm to the person or to staff, the public or others if no action is undertaken
- The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm
- Any action taken to restrict a person's freedom of movement must be the least restrictive option that will meet the need

Least Restrictive Practice

- Any restriction should be imposed for no longer than absolutely necessary
- What is done to people, why and with what consequences must be subject to audit and monitoring and must be open and transparent
- Restrictive interventions should only ever be used as a last resort
- People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions

Chemical Restraint Should be Used Only

- For a person who is highly aroused, agitated, overactive, aggressive, is making serious threats or gestures towards others, or is being destructive to their surroundings
- When other therapeutic interventions have failed to contain the behaviour
- In accordance with acknowledged, evidence-based best practice
- As a very short-term strategy designed solely to reduce immediate risk

Presentation?

- Onset of new behaviours

or

- Worsening of existing behaviours

Behaviours

- Change in activity levels
- Change in sleep pattern
- Change in appetite
- Change in mood
- Increase in withdrawal
- Increase in ritualistic behaviours
- Change in character of obsessions
- Regression of skills

'Challenging' Behaviours

- Self injurious behaviour
- Physical aggression
- Inappropriate sexual behaviour
- Damage to property / environment
- Non-compliance
- Persistent screaming
- Pica
- Recurrent vomiting

The Nature of Autism

- Autism is a

DEVELOPMENTAL DISORDER

- It is **not** an illness

What Does This Mean?

- YOU CANNOT 'TREAT' AUTISM per se;
- YOU CAN TREAT:
 - CO EXISTING PHYSICAL ILLNESS;
 - CO EXISTING MENTAL ILLNESS;
 - TROUBLESOME FEATURES OF AUTISM including anxiety

Implications

- Correct recognition and diagnosis of autism is vital.
- Correct recognition and diagnosis of co existing physical and / or mental illness essential.
- Correct recognition and diagnosis of other co existing conditions essential.
- Detailed assessment to develop full and accurate understanding of nature and cause of new or different behaviours is essential.

Co Existing Physical Illness

- “..significant physical health problems can also be present in adults with autism.”
- “..may be unrecognised or not treated, in part because the person with autism had not complained of any such problems or had not been able to communicate their concerns in a way that had been understood.”

NICE 142 page 132-3 *‘Assessment of coexisting conditions’*

Co Existing Physical Illness

- **Epilepsy**
- **Constipation**
- **Pain** - teeth
 - abdominal
 - injury

Co Existing Mental Illness

- Identification and treatment of co existing mental illness affects the long-term outcome
- People with autism are at increased risk of mental illness (Joshi et al, 2013)
- 9% of children & adolescents with autism (Ghaziuddin et al, 1992)

Co Existing Mental Illness

- **Affective disorders:**
 - depressive disorder;
 - bipolar disorder;
- **Neurotic disorders:**
 - anxiety disorder;
 - obsessive compulsive disorder

Other Co Existing Conditions

- **Personality traits / disorders**
- **ADHD**
 - increasingly recognised
 - differential diagnosis can be difficult and complex
 - co existing or feature of ASD?
 - which is primary, ASD or PD / ADHD?

Assessment

- Full physical history and examination
- Full psychiatric history and mental state examination
- Specialist autism assessment
- Psychological assessment
- Environmental review
- Communication assessment
- Sensory assessment

NICE Quality Statement 7

Assessing possible triggers for behaviour that challenges.

“People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.”

Formulation

- Diagnosis
- Aetiology
- Interventions / treatment

Diagnosis

- Autism

? plus

- Co existing illness / condition

Aetiology

	Predisposing	Precipitating	Perpetuating
Biological			
Psychological			
Social			

Aetiology in Autism

	Predisposing	Precipitating	Perpetuating
Biological			
Psychological			
Social			
Environmental			
Communication			
Sensory			

Interventions / Treatment

- Biological
- Psychological
- Social

- Environmental
- Communication
- Sensory

Biological – Physical Illness

- Anticonvulsants
- Laxatives
- Analgesics
- Antibiotics
- Antacids
- Surgery

Accessing Healthcare

4.2 “Adults with autism should be able to benefit fully from mainstream public services to live independently and healthily.”

4.5 “Autism Passports....allow people to carry with them information about themselves....to share with services what adjustments they need.”

Think Autism – update to the Autism Strategy, April 2014.

My Hospital Passport

- Intended to assist hospital staff to provide the best possible healthcare to the individual with autism.
- Available from the NAS.
- Guidance notes to help in completion with the most useful information to aid assessment and treatment.

Biological – Mental Illness

- Informed by NICE guidance for the specific disorder
- **Psychotropic medication**
 - antidepressants
 - mood stabilisers
 - anxiolytics
 - antipsychotics

Psychological – Mental Illness

- Informed by NICE guidance for the specific disorder
eg Cognitive Behavioural Therapy (CBT) for depressive disorder
- Delivered with an understanding of the core features of autism
- Adapted

Psychological – Personality Disorder

- Informed by NICE guidance for PD
eg Dialectical Behaviour Therapy (DBT)
- Delivered with an understanding of the core features of autism
- Adapted

Psychological – ‘Challenging Behaviour’

- Behavioural therapy (functional analysis)
- Anger management interventions
- Supportive

Functional Analysis

- Antecedents
- Behaviour
- Consequences
- Intervention
- Reassess

Social

- Social learning programme
- Structured leisure activity programme
- Supported employment programme
- Support for families, partners and carers

Environmental

- Carers – family/staff
- Physical environment
- Structure/routine
- Fellow residents/patients

Communication

- Carer awareness
- SaLT
- Visual cues
- Specific strategies

Sensory

- Full sensory integration assessment
- Ensure all carers know and understand sensory integration profile
- Strategies and interventions to modulate sensory integration difficulties
 - Weighted blanket
 - Low lighting
 - Colours

NICE Quality Statement 8

Interventions for behaviour that challenges

“People with autism and behaviour that challenges are not offered antipsychotic medication unless it is being considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour.”

So, Can Psychotropic Medication ever be the Least Restrictive Intervention for Behaviour that Challenges?

Choose Psychotropic Medication:

- After having considered the following:
 - physical illness
 - mental illness
 - other co existing conditions
 - social issues
 - environmental issues
 - communication issues
 - sensory issues

Only if:

- There is an identified mental illness, in accordance with NICE Guidelines

Or

- There has been no or limited response to relevant/appropriate non-pharmacological interventions

Or

- Relevant / appropriate interventions cannot be delivered because of the severity of the behaviour.

- Psychotropic medication should be prescribed by a specialist and quality of life outcomes monitored carefully and regularly
- Remember, psychotropic medication can cause side effects and produce problems as well as benefits
- Review 3-4 weeks after initiation and discontinue if no benefit after 6 weeks

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