

INFORMATION SHEET



The Use of Medication for Challenging Behaviour

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Introduction

Challenging behaviours displayed by people with learning disabilities may occur for multiple reasons and it is important to understand the person's behaviour in order to find the best support strategies. Similar behaviours may arise for different reasons and therefore intervention is only likely to be effective if the particular reasons in the individual and his/her environment have been identified and interventions tailored for that individual. **Medication should only be prescribed following a proper assessment and where a clear rationale for medication use has been identified.**

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There is a long history of excessive and inappropriate use of usually major tranquillising medication (referred to as neuroleptic medication) for "treating" challenging behaviour.

The logic appears to have been that someone has been aggressive or self-injurious and therefore needs 'tranquillising' or 'sedating'. This is a serious misunderstanding of how medications should be used. Research has confirmed that the routine use of such medication in the management of challenging behaviour brings no additional benefit.

Medications used in psychiatric and neurological practice have been developed and tested for the treatment of specific illnesses. For example, this includes anti-depressant medications in the case of depression, anti-psychotic medications for the treatment of psychosis, and anti-convulsants to reduce seizures in the case of epilepsy. These medications have been tested and licensed for the treatment of those particular disorders. There is no medication licenced for challenging behaviour unless the behaviour is a result of a mental illness or any other illness that is known to improve with the use appropriate medication.

It may be considered that a medication licenced for a mental health condition may have a beneficial effect for the person displaying challenging behaviour. The doctor concerned needs to make a judgement as to whether the likely benefits of the medication outweigh any likely disadvantages with respect to the potential side effects.

Length and course of treatment

In addition to deciding what medication to give, it is necessary to consider how long the medication should be given. In practice there are three common situations:

First, medication may be given on a one off basis, for example, in a crisis situation (often referred to as on “a PRN” basis). This is the use of medication in the short term to help manage a particular problem and it is only given when that problem occurs. Examples include the use of ‘rescue’ medication for the treatment of repeat seizures occurring in a short space of time or the use of sedative medication when a person is extremely distressed or anxious.

Secondly, medication can be given for a specific period of time to treat an identified illness. In psychiatric practice the use of anti-depressants will usually be time limited depending on the person’s response to the treatment.

Thirdly, medication may be used over the longer term and sometimes for life. In these cases medication does not ‘cure’ the illness but whilst it is being taken the medication effectively controls it. This may include the use of anticonvulsant medications for treating epilepsy or the long-term use of antipsychotic medication for treating and preventing the relapse of a psychotic illness. In these cases, any judgement about the long-term use of medication needs to be made over time and the decision to continue will largely depend on how individuals have responded to medication and whether there is evidence of a relapse when such medication is reduced.

Medication and challenging behaviour: some general principles

The prescribing of medication in the context of challenging behaviour affecting a person with a learning disability is a process with specific stages as follows:

1. There should be a detailed analysis of the reasons for a person’s challenging behaviour. This will often require the skills of different professionals, input from family carers and the collecting of information over time.
2. The bringing together of evidence from the person’s history, their physical and mental health, and specifically whether the person’s challenging behaviour might be occurring in the context of a mental health problem. In addition, physical health problems may be identified and require use of medication, for example, antibiotics to treat infections or the use of painkillers if someone is in discomfort.
3. If a mental health problem is diagnosed, then medication may be prescribed if that medication is known to be effective in treating that disorder. For people with a learning disability, who have differences in brain function and development, medication that acts on the brain needs to be prescribed with care. Starting doses are usually less and have to be increased carefully depending on observations of the person.
4. How long the medication is continued will depend on the response to treatment and any concerns about side-effects. The risks and benefits should be weighed up again having started medication. In the case of anti-convulsants, the frequency and severity of seizures should be measured and in the case of

depression, anxiety or psychotic illness, the person's mood and mental state should be evaluated over time. Where the underlying problem (e.g. epilepsy, depression etc) is thought to be a factor in the cause of the person's challenging behaviour, the relationship between any improvements in the above and the frequency and severity of the challenging behaviour should also be monitored.

5. The regular use of medication should be agreed by one of the following:
 - with the person's consent
 - in the case of a child, the parent's or guardian's consent
 - if the person lacks the capacity to consent, the decision about use of medication should be made in line with the legislation of the country where the person is living. In England and Wales this is the Mental Capacity Act 2005 (MCA) and in Scotland the Adults with Incapacity (Scotland) Act 2000. In the case of the former, treatment can be given to a person unable to consent to that treatment if it is considered to be in his/her 'best interests'. The views of family carers should be included in the decision making process.

Whilst the diagnostic process should guide prescribing in the field of learning disability this can be problematic. Obtaining the necessary information can be more difficult if the person has limited language and cannot easily describe how they are feeling. It may therefore, on certain occasions, be acceptable to prescribe medication in situations of some uncertainty, providing the rationale is clearly established and the monitoring of outcomes is in place.

The key questions that should always be asked are:

1. For what reasons is the medication being prescribed?
2. What underlying disorder is thought to be present and is it known to respond to medication?
3. What are the potential risks and benefits of such treatment?
4. How will the outcome of the intervention be monitored?
5. For how long and at what dose will the medication be given and what reviews will be undertaken?
6. Has the person given consent, or does he/she lack the capacity to consent and if not is its use in that person's best interest? Where medication is given, particularly in an emergency, what is the legal justification for such an intervention?

Common medications in psychiatric and neurological practice

a) Antipsychotic medication

One of the first effective psychiatric medications to be developed was chlorpromazine. This medication was shown to reduce the hallucinations and delusions that were known to occur in those affected by major psychotic illness, such as schizophrenia. This and the subsequent "neuroleptic medications" became known as major tranquillisers or antipsychotic medication. There is now a new generation of such medication including, for example, risperidone, olanzapine and quetiapine.

Psychotic illness is generally considered to be a disorder that usually occurs for the first time in adult life and is characterised by a change in the person's mental experiences, such as the onset of hallucinations or delusions, and/or a deterioration in a person's ability to think. This can be difficult to diagnose in people with a more severe learning disability but a good history makes it possible to diagnose such illnesses, if they occur, in people with spoken language and less severe learning disabilities.

If there is evidence that a person's challenging behaviour has developed for the first time in the context of a developing psychotic illness, then the use of such medication is appropriate and is likely to be effective in reducing the abnormal experiences suffered by the person concerned and the associated challenging behaviours.

This group of medications are associated with short and longer-term side effects; affecting the motor systems of the body and leading to some rigidity or tremor, or problems with weight gain and increased risk of diabetes and cardiovascular disease. Such risks can be minimised by keeping to the lowest dose and careful monitoring of how much medication is needed.

b) Anti-depressant medication

Like the neuroleptic medications, these medications have developed over time and are now generally very effective in the treatment of depression. The most commonly prescribed antidepressants are from the group referred to as the selective serotonin reuptake inhibitors (SSRIs).

Depression is something that can occur during life, and is usually characterised not only by a deterioration in a person's mood, sometimes with associated tearfulness, but also in a change in sleep pattern, often a loss of appetite (or occasionally an increase of appetite), and a loss in concentration and in general interest. Sometimes a person's depression is worse at a particular time of the day. Depression, particularly in people with learning disabilities, can be associated with increasing irritability and poor concentration and so may present with new or worsening challenging behaviours.

Some of the new anti-depressants are also helpful in those with significant anxiety or obsessive behaviours. In choosing which anti-depressant to use, consideration needs to be given to the exact characteristic of the depressive illness, and if anxiety or obsessional features are a key feature, then certain anti-depressant medications may be more helpful than others.

c) Mood-stabilizing medication

A well-recognized psychiatric illness is referred to as bi-polar disorder (or manic-depressive illness). Such illnesses are characterised by extreme changes in mood including periods of depression to episodes of 'hypomania' or 'mania'. In the case of hypomania (a lesser form of mania) or mania a person can become very over-active, disinhibited, and irritable.

Treatment of bipolar disorder may include the use of both anti-depressant and major tranquilising medications depending on the person's mental state. Longer-term treatment could also include the use of specific anti-convulsant medications that have also been shown to be effective in the stabilisation of abnormal moods and are referred

to as “mood stabilisers” (e.g., carbamazepine, sodium valproate and lamotrigine). The medication lithium can also be used.

The use of this medication has to be monitored regularly through the use of blood tests to check levels of the medication in the blood. Also kidney function and the function of the thyroid gland should be monitored where lithium is used.

d) Sedative and anti-anxiety medications

This is potentially a more problematic area for the prescription of medication. As described above some anti-depressant medications can reduce anxiety and may be of considerable value.

The main group of sedative medications are referred to as the ‘benzodiazepines’ and include medications such as diazepam (valium). Their long-term use is not recommended because of the risk of becoming dependent but they are used occasionally in acute situations on a ‘PRN’ basis. Where a person has become highly anxious or frightened such medication may be of value as part of an established plan that includes a range of strategies aimed at preventing challenging behaviour arising and managing it when it does occur.

The use of medication under these circumstances must be monitored very carefully and issues of consent or the legal justification for its use carefully addressed.

e) Anti-convulsant and other medications

As described above anti-convulsant medication may also be used as “mood stabilising” medication. However, occasionally challenging behaviour may occur in relationship to seizures. Under these circumstances the treatment of the epilepsy may result in a reduction in the challenging behaviour. Careful observations are required to disentangle the role of epilepsy in such situations but if such a relationship was found to exist, the treatment of epilepsy with anti-convulsants may be useful in reducing challenging behaviour. There are an increasing number of anti-convulsants and the choice of what to use largely depends on the exact type of epilepsy.

Particularly in older people with Down’s syndrome, the onset of the memory and cognitive problems associated with dementia may result in changes in behaviour. Increasingly medications are being developed that may temporarily improve functioning and behaviour. The best known of such ‘anti-dementia’ medication is that of donepezil.

Conclusions

Medication may have a role to play in the treatment/management of challenging behaviour. If it is used it should be for clearly defined reasons and in the context of a specific treatment plan. Special care needs to be taken as people with learning disabilities (or with specific syndromes) may be more at risk for adverse affects. Where challenging behaviour may be due to an underlying psychiatric illness, such as depression, the effective treatment of the depression is likely to be of considerable benefit.

Suggested reading

Deb, S., Clarke, D. and Unwin, G. (2006) *Using Medication to manage behaviour problems among adults with a learning disability*. University of Birmingham. Free to download: www.LD-Medication.bham.ac.uk

Stopping over medication of people with a learning disability, autism or both (STOMP). Free to download:

www.england.nhs.uk/learning-disabilities/stomp

CBF Medication Information Pack: for families of people with learning disabilities and/or autism who take psychotropic medication. Copies available from CBF or view online at: www.challengingbehaviour.org.uk/medication

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The Challenging Behaviour Foundation

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- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
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- Running workshops which reduce challenging behaviour

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