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UNDERSTANDING AND IMPROVING THE PRESCRIPTION OF PSYCHOTROPIC DRUGS IN THE ELDERLY IN FRANCE

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Brief outline of context: The remit of the French National Authority for Health (HAS) is to contribute toward the quality and safety of care. Since 2006, it addressed an issue of concern, the prescribing of psychotropic drugs in the elderly.

Brief outline of problem: The consumption of psychotropic drugs is higher in France than in other European countries, especially true in the elderly: over 50% of the over-70s take psychotropic medicines. However, elderly patients are more prone to side-effects. Apparently, these medicines are often inappropriately prescribed, as in patients with Alzheimer's disease who are especially vulnerable.

Assessment of problem and analysis of its causes: The analysis of the prescription of psychotropic drugs in the elderly is quite complex: overuse of hypnotics/anxiolytics is probably associated with sleep disorders and anxiety and of neuroleptics with behavioural disorders; underuse of antidepressants is associated with depression, which is common in the elderly. So, to monitor prescribing practices, accurate and valid data are required for each drug class. These can then be shared with prescribers and patients in order to set improvement objectives.

Strategy for change: To identify actions to be developed, (1) we analysed the clinical context of prescriptions, in order to identify which drugs to use as markers of good or poor practice; (2) we established drug use, by distinguishing those used to treat depression, sleep disorders and anxiety, and behavioural disorders; (3) we determined drug consumption using the French National Health Insurance database, with a special emphasis on the oldest patients and those with Alzheimer's disease, who are excluded from most epidemiology studies; (4) we analysed the data with health professionals and published them online (webpages on improving prescribing practices).
Work was carried out in close collaboration with prescribing doctors, public health bodies, insurers, and patients, within a group on practice improvement created by HAS.

**Measurement of improvement** (preliminary results): Clinical context and drug use were described in a report published in November 2007. The first analyses of drug consumption were performed on the last quarter of 2007 on 3 age groups (65-74 – 75-84 – over 85 years). Prescriptions for long-term neuroleptic drugs were written out for 2%, 3%, and 5% of individuals in the three age groups, respectively, and for 15% of patients with Alzheimer’s disease, regardless of age group. Long-term anti-depressants were prescribed to 10%, 15%, and 18% of individuals in the three age groups, respectively; hypnotics/anxiolytics to 30%, 36%, and 39%. A selection of these results is going to be published on the HAS web site.

**Effects of changes:** Analysis of these results led to the sharing of a number of improvement objectives with health professionals. The highest priority objective was to reduce inappropriate prescription of neuroleptic drugs in patients with Alzheimer’s disease. Data will be monitored 3 times/year as part of the follow up of improvement actions. Individual teams or doctors will be able to use the same criteria for benchmarking purposes.

**Lessons learnt:** We have confirmed that many elderly people in France regularly consume hypnotics/anxiolytics. HAS has undertaken a number of key actions to urge health professionals to reduce first prescriptions and prescription renewals. However, it will probably be necessary to set up a media campaign on the consumption of these drugs, targeted at the general public, to sustain the changes in practice.

**Message for others:** To resolve problems relating to the consumption of medicines, a shared analysis of clinical situations enables (i) the development of improvement actions jointly with prescribers, (ii) to limit the risk of the switch from a drug to another one (iii) to inform patients better.