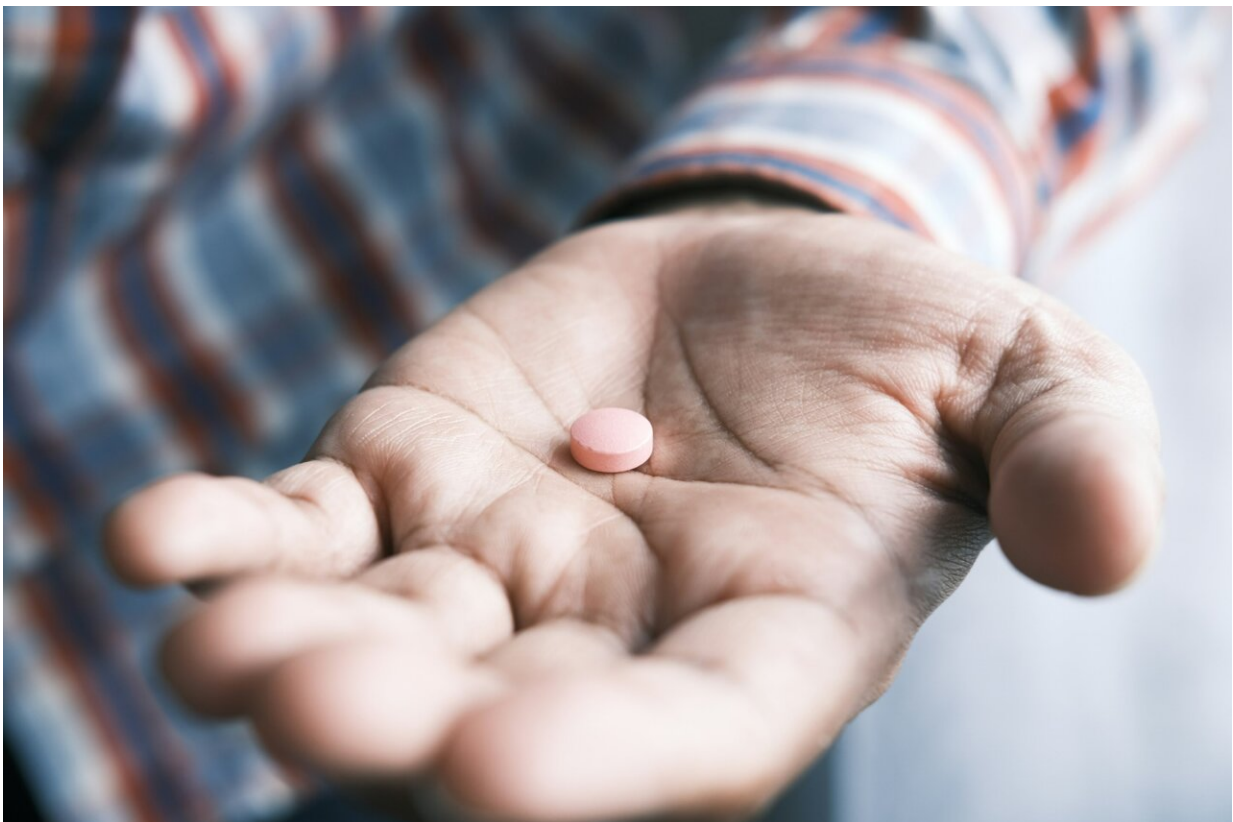


More than half of older adults with intellectual disability take psychotropic medicines, shows study

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The Examining Quality, Use and Impact of Psychotropic (Use) in older adults with intellectual disabilities (EQUIP) study, has revealed that

more than half of older adults with intellectual disability take psychotropic medicines, including antipsychotics and antidepressants used to treat mental illness.

While these medicines are critical to treat [mental illness](#) and improve quality of life, inappropriate use can increase risks of side effects including constipation, falls and impact levels of activity. Historically, these medicines may have been prescribed for behaviors of concern in the absence of mental illness.

Key findings

The findings, which use data from a long-term study of [older adults](#) with intellectual disability in Ireland, the Intellectual Disability Supplement to the Irish longitudinal Study on Aging (IDS-TILDA), include:

- Over 10 years, approximately 6 in 10 participants were taking at least one psychotropic medicine for mental illness.
- Antipsychotics remained the most reported psychotropic across 10 years of data, with 4 in 10 older adults with intellectual disability reporting taking an antipsychotic.
- There was a significant decrease in the use of anxiolytic medicines (medicines for anxiety) over time for those who took part in all waves of the study, with 25% of this group taking them in 2010, compared to 17.6% in 2020.
- There was a similar decrease in use of hypnotic medicines (sleeping tablets) with 14% taking these in 2010, reduced to 9% in 2020.
- There was a notable increase in antidepressant use over time

(Wave 1 26.2% v Wave 4 31.8%), with women more likely to report antidepressant use.

- Those with Down syndrome were significantly less likely to report taking psychotropics and reported lower rates of mental illness compared to people with intellectual disability of other causes.
- For participants reporting behaviors of concern in the absence of any mental illness, 35.5% reported taking a psychotropic medicine but only 40% reported having access to critical non-pharmacological support services.
- Psychotropic polypharmacy (use of two or more psychotropic medicines together) was not associated with falls, chronic constipation or dementia but was associated with increased dependence for daily activities.
- New participants aged 40–49 years recruited for Wave 4 of the study in 2020 reported lower use of psychotropics, with 26.6% of 40- to 49-year-olds in 2020 reporting antipsychotic medicines, compared to 40.5% of 40- to 49-year-olds in 2010.

Dr. Maire O'Dwyer, assistant professor in the School of Pharmacy and Pharmaceutical Sciences, Trinity College and principal investigator of the EQUIP study, said, "This study is the first of its kind and highlights the need for comprehensive, regular reviews of medicine use to avoid inappropriate prescribing of multiple psychotropic medicines.

"Decreased use of hypnotics and sedative medicines over time highlight that medicines are being reviewed which is reassuring. Lower use of psychotropic medicines among younger participants recruited into the study in 2020 also highlights that change is taking place."

The research also highlighted the critical need for access to non-medication supports for people with intellectual disability who experience mental illness, including access to psychological therapies, occupational therapies. Finally, it was noted that initiatives to address concerns about the use of psychotropic medicines in people with [intellectual disabilities](#) will also likely benefit all older people, especially those with dementia.

Professor Mary McCarron, founder and principal investigator for IDS-TILDA, and co-principal investigator said, "Issues with [psychotropic medications](#) are complex. Nevertheless, the findings of the EQUIP study show very high levels of use of these medications which is concerning and challenges us to consider and prescribe alternatives where appropriate.

"Regular reviews are imperative as well as well greater use of non-pharmacological approaches and wider access to multi-disciplinary team members, to improve health and quality of life for this increasingly at risk population."

Dr. Maeve Moran, consultant psychiatrist, medical psychotherapist, senior lecturer in RCSI, faculty member and former chair of psychiatry in learning disability faculty in college of psychiatrists Ireland, Fellow of the Royal College of Psychiatrists UK, said, "The impact of unmet psychosocial needs on this population; which includes access to specialist psychology, occupational therapy, social work and speech and language interventions is an under-researched area.

"In the absence of specialist inpatient units appropriate to the needs of people with intellectual disability and co morbid mental illness people are forced into a community only model of treatment which will not always meet their needs. The impact of this unmet on psychotropic medication prescribing is also an under researched area."

Provided by Trinity College Dublin

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