

SYSTEMATIC REVIEW OF PRESCRIBING PATTERNS OF ANALGESIC MEDICATIONS FOR OLDER PEOPLE LIVING IN CARE HOMES OVER TIME

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Introduction Historically care home residents, including people with dementia, have been under-treated for pain (Nygaard and Jarland, 2005). Recent research suggests increased prescriptions within this population but trends are unclear (Sandvik *et al.*, 2016, Jensen-Dahm *et al.*, 2015).

Aim To explore changes in the prescription of analgesic drugs over time; (2) to compare the prescriptions of analgesic medication between the general care home population and cognitively impaired (CI): residents; (3) to carry out subgroup analyses on drug type (opioid; non-opioid; paracetamol) and prescription type (regular vs. regular + 'as required').

Method(s) English-language articles indexed under care homes and analgesic medication; bibliographies of retrieved papers; correspondence. We searched for published and unpublished studies (no restriction on publication year) representative of the care home population that included number of participants, country and year(s) of data collection, and prescription rates of analgesics and/or subtypes. Correlations were generated between the percentage of residents prescribed an analgesic and year of data collection. Studies were rated for quality.

Results Sixty-two studies met our inclusion criteria. Regular prescription rates for analgesics, including subtypes of opioids and paracetamol, have increased over time for both the general care home population and residents with CI. There were no studies reporting regular prescriptions of analgesics post-2006 for CI residents. There is no trend when also considering PRN medication.

Conclusion(s) Consistent with recent research, regular prescriptions appear to be increasing. We are unable to comment on whether, currently, residents with CI: receive less analgesic medication.

REFERENCES

- 1 Jensen-Dahm C, Gasse C, Astrup A, Mortensen PB, Waldemar, G. Frequent use of opioids in patients with dementia and nursing home residents: A study of the entire elderly population of Denmark. *Alzheimers Dement* 2015;**11**:691–699
- 2 Nygaard HA, Jarland M. Are nursing home patients with dementia diagnosis at increased risk for inadequate pain treatment? *Int J Geriatr Psychiatry* 2005;**20**:730–737
- 3 Sandvik R, Selbaek G, Kirkevold O, Husebo, BS, Aarsland D. Analgesic prescribing patterns in Norwegian nursing homes from 2000 to 2011: trend analyses of four data samples. *Age Ageing* 2016;**45**:54–60