Antipsychotic Drugs

Individuals detained under mental health legislation are frequently forced to take antipsychotic drugs. A high proportion of care home residents are also given those drugs. They have many serious side-effects to which the elderly are particularly susceptible. Because of this the British National Formulary (BNF) advises that “Antipsychotic drugs should not be used in elderly patients to treat mild to moderate psychotic symptoms”.

One little publicised side-effect of antipsychotics is known as tardive dyskinesia (rhythmic, involuntary movements of tongue, face and jaw). According to the BNF, “It is of particular concern because it may be irreversible on withdrawing therapy and treatment is usually ineffective”.

The BNF notes that “Tardive dyskinesia occurs fairly frequently, especially in the elderly”. Regrettably many elderly care home residents and elderly mental health patients are given antipsychotics. It is known that elderly mental health patients are not given antipsychotics only when they have severe psychotic symptoms and it would be disingenuous to claim that in care homes antipsychotics are only prescribed when those symptoms are present.

The Health Committee at Westminster observed that medication was “in many cases, being used simply as a tool for the easier management of residents” (Elder Abuse. Second Report of Session 2003-04, para 65). Also a joint report by the Scottish Care and Mental Welfare Commissions stated that “We also found evidence of GPs prescribing medication (to manage challenging behaviour) without having seen the person” (Remember, I’m still me; May 2009). That is reprehensible as is the fact that the Scottish Care Standards for Care Homes for Older People permit “sedative or tranquilising (sic) drugs” to be used “for the symptomatic treatment of restless or agitated behaviour”. Given what is now known about those drugs and also about ways of caring for elderly people with dementia, it would be unforgivable if those Care Standards are not suitably amended. It would also be unforgivable if mental health legislation is not suitably amended to ensure that psychiatrists cannot administer antipsychotics to patients against their will. Perhaps legislators should now note that in the USA there was a $1.5 million jury award in a tardive dyskinesia case in February 2014 and a £700,000 settlement in May 2014. In each case Dr Peter Breggin was the medical expert. It would be obviously imprudent to permit doctors and psychiatrists to continue to prescribe antipsychotic drugs to patients without their informed consent or the approval of a court since that could lead to punitive damages being awarded. These could amount in total to billions of pounds if all of those who developed tardive dyskinesia were awarded damages.