

# One in six adults with intellectual and developmental disabilities newly prescribed an antipsychotic

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ONTARIO DRUG POLICY  
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## Background

### Why is this important?

- The use of antipsychotics is known to be high among adults with intellectual and developmental disabilities (IDD) internationally. While some antipsychotics are prescribed to treat psychiatric disorders, others are used as a means to manage behaviour in the absence of a mental health disorder.
- Long-term use of antipsychotics has been associated with adverse effects and is particularly concerning in adults with IDD because this population has high rates of health issues and may have difficulty reporting side effects.

### What were we investigating?

- This study describes factors associated with starting antipsychotics and the patterns of continuing antipsychotic therapy in a large population of adults with IDD.

## Key Points

- Approximately 1 in 6 adults with IDD started an antipsychotic medication over our 6-year study period.
- Over 1 in 4 of these individuals had no indication of a psychiatric condition being diagnosed in the prior 2 years. These individuals were more likely to remain on the medication for a shorter time.
- Adults with IDD without a psychiatric diagnosis who had received multiple other medications in the year prior were more likely to be started on an antipsychotic, whereas the opposite was observed for those with a psychiatric diagnosis.

## Study Details

### How was the study conducted?

- We conducted a cohort study among 39,244 eligible Ontario adults with IDD aged 18 to 64 who received disability support benefits between April 1, 2010 and March 31, 2016.
- The primary outcome was adults with IDD who were newly prescribed an antipsychotic.
- We explored sociodemographic characteristics, measures of clinical comorbidity, and health service use as potential factors associated with antipsychotic initiation.
- Among new antipsychotic users, we characterized prescriber specialty for the initial antipsychotic prescription and the initial antipsychotic dose. Ongoing antipsychotic use was defined on the basis of a refill within 180 days of a previous prescription.

## For more information

Gomes et al. Antipsychotic Initiation among Adults with Intellectual and Developmental Disabilities in Ontario: A population-based cohort study. *BMJ Open*, 2019.

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### What did we find?

- Among the cohort of adults with IDD in Ontario eligible for this study, 6,924 (17.6%) initiated an antipsychotic.
- Adults with IDD initiating antipsychotics were more likely to: be male; reside in a group home; have past use of antidepressants, benzodiazepines, or cognitive enhancers; have an ED visit or mental health hospitalization in the past 2 years; have a visit to a psychiatrist or family physician in the previous 90 days; and have a prior diagnosis of a mental health disorder.
- Adults with IDD were less likely to start antipsychotics if they had a history of diabetes, hypertension or heart attacks.
- 1,863 (26.9%) adults with IDD starting antipsychotics had no evidence of a psychiatric diagnosis in the past 2 years. These individuals were more likely to be taking 2 or more medications in the previous year, while among those with a psychiatric diagnosis, taking multiple medications made them less likely to start antipsychotics.
- When comparing patterns of use among adults with IDD initiating antipsychotics, those without a psychiatric diagnosis were more likely to receive their first antipsychotic prescription from a family physician, while those with a psychiatric diagnosis were more likely to continue therapy for at least a year.

## Recommendations

### Policymakers and Clinicians

- Clinical resources and expertise should be made more readily available as first line treatment for adults with IDD exhibiting mental health issues or challenging behaviour, before antipsychotics are prescribed.

### Clinicians

- Clinicians should carefully assess and monitor patients with IDD when prescribed antipsychotics, particularly among those taking a large number of other medications and those with a high degree of comorbidity.

### Patients

- It is important to work with your doctor to assess the risks and benefits of starting a new antipsychotic medication in order to understand what to watch for, whether it is working and to track any side effects.