**EVALUATION OF PSYCHOTROPIC MEDICATION PATTERNS ACROSS INDIVIDUALS WITH ID THAT TRANSITIONED FROM ONTARIO FACILITIES FROM 2004 TO 2009**

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**Objectives:** For over one hundred years, institutionalization of individuals with intellectual disability (ID) represented the model of care in Ontario (Martin & Ashworth, 2010). Former residents received health services from physicians and medical staff who worked in the institutions (Phillips, Morrison, & Davis). As a result of deinstitutionalization, health care responsibilities shifted from government departments to the community. Individuals with ID are at risk of health complications and medical issues (Condillac, Griffiths, Frijters, & Martin, 2012). Furthermore, adults with ID are often prescribed higher levels of psychotropic medication, resulting in increased risks of polypharmacy (Koch et al., 2015). As such, medication patterns for this population should be monitored accurately across settings and time

An earlier Facilities Initiatives (FI) study conducted a longitudinal comparison of medications across two points in time (last assessment in the institution and first assessment in the community (Rahim, 2012). However, the measure used to record medication (interRAI ID) only documented medications that were administered within the last three days (Martin & Hirdes, Fries, & Smith; Rahim, 2012). The results from this measure may not have reflected all the medications administered for each participant. As such, this study will include an examination of the medication administration records (MARs) from the institutions to facilitate a more accurate comparison of medications administered to the participants across settings and over time. This study will also include data from a third point in time that was previously collected for the FI study conducted by Condillac et al. (2012) (second assessment in the community).

**Method:** Participants include adults with ID that transitioned from Ontario facilities from 2004 to 2009. The MARs from the institutions will be examined and analyzed to identify patterns across settings and over time. The number, classes and combinations of medication usage will be compared in order to understand the medication prescription patterns across community and institutional settings in Ontario and over time. A linear regression will be conducted to examine the relationship between psychotropic medication and various factors, including age, problem behaviour, adaptive functioning, health status, and mental health status.

**Results:** Since the interRAI ID only recorded medications that were administered within the last three days, the authors hypothesize that the numbers and types of medications were underestimated in the institutions and that a larger amount of polypharmacy may be evident. As such, there may be inconsistencies between the medications when comparing the MARs. The authors also hypothesize that distinct patterns of medication usage may change across settings and over time for the participants.

**Discussion/Conclusions:** Individuals with ID are more likely to experience medical problems as well as increased levels of psychotropic medication prescriptions (Koch et al., 2015). Given the vulnerability of this population, it is critical that we accurately assess the medication patterns of individuals with ID. Results will increase understanding of how to support individuals with ID in the current health care system and may inform the usage of psychotropic medication in this population.

References

Condillac, R., Griffiths, D., Frijters, J., & Martin, L. (2012). *Final report of quasi-longitudinal study*. Brock University, St. Catharines.

Cox, A. (2010*). Predictors of primary health care utilization by former residents of institutions in Ontario* (Unpublished master dissertation). Brock University, St. Catharines.

Koch, A., Vogel, A., Becker, T., Salize, H. J., Voss, E., Werner, A., Arnold, K., & Shutzwohl, M. (2015). Proxy and self-reported quality of life in adults with intellectual disabilities: Impact of psychiatric symptoms, problem behaviour, psychotropic medication and unmet needs. *Research in Developmental Disabilities, 45*(46), 136-146.

Martin, L., & Ashworth, M. (2010). Deinstitutionalization in Ontario, Canada: Understanding who moved when. *Journal of Policy and Practice in Intellectual Disabilities, 7*(3), 167-176.

Martin, L., Hirdes, J., Fries, B., & Smith, T.F. (2007). Development and psychometric properties of an assessment for persons with intellectual disability: The interRAI ID. *Journal of Policy and Practice in Intellectual Disabilities, 4*, 23-29.

Phillips A., Morrison, J., & Davis, R. W. (2004). General practitioners’ educational needs in intellectual disability health. *Journal of Intellectual Disability Research, 48*, 142-149.

Rahim, N. A. (2012). *Description of psychotropic medication use in institution and community settings in Ontario* (Unpublished master dissertation). Brock University, St. Catharines.