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Medication Review in Patients with Learning Disabilities: A Quality Improvement Project in Primary Care in Midland Medical Partnership MMP in 2021

Dr. Aisha Fareed[1], Dr Maisa Ibrahim El Zain Saghairoun[2]*, Dr. May El-Attar[3]

[1]General Practitioner – UK
[2]Family Physician Consultant - Qatar
[3]General Practitioner - UK

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***Corresponding author:** Dr Maisa Ibrahim El Zain Saghairoun
Family Physician Consultant - Qatar

Abstract **Original Research Article**

Background: People with learning disabilities experience significant health inequalities and may have difficulties communicating symptoms, adverse effects, treatment concerns and medication adherence. The over-prescribing and long-term use of psychotropic medication, particularly antipsychotics, has also been identified as an important area for improvement. This quality improvement project examined whether patients with learning disabilities receiving repeat medication were receiving appropriate medication reviews. ***Aim:*** To assess whether patients on the learning disability register who were receiving repeat medication had received an appropriate medication review annually. ***Methods:*** All patients on the learning disability register were reviewed. Patients who did not have medication on their repeat template were excluded. For included patients, medication reviews over the preceding five years were assessed for evidence of patient contact and appropriate documentation, including medication compliance, adverse effects, relevant investigations and consideration of whether treatment should be continued or discontinued. A separate analysis was undertaken for patients prescribed antipsychotic medication. ***Results:*** Of 316 patients identified on the learning disability register and receiving medication, 22 were excluded, leaving 294 patients for analysis. Medication reviews had been completed for 125 patients (43%), while only 87 patients (30%) had evidence of an appropriate medication review. Eighty-five of 294 patients (29%) were prescribed antipsychotic medication. Of these, 58 patients (68%) had received a specialist antipsychotic medication review, but only 17 of those 58 patients (29%) also had evidence of review by a general practitioner. ***Conclusions :*** Appropriate medication reviews were documented in only 30% of the study population. The findings suggest a need for more structured and explicit medication review processes for patients with learning disabilities, particularly for those receiving psychotropic medication. Specialist review should complement, rather than replace, appropriate medication review in primary care.

Keywords: learning disabilities; medication review; primary care; antipsychotics; quality improvement; STOMP.

INTRODUCTION

People with learning disabilities experience substantial inequalities in health and healthcare outcomes. Previous reports have highlighted disparities in health indicators and concerns regarding discrimination and inequitable access to healthcare. A particular area of concern is the prescribing and ongoing monitoring of psychotropic medication.

Public Health England estimated that, on an average day in England, between 30,000 and 35,000 adults with a learning disability, autism, or both may be prescribed an antipsychotic, an antidepressant, or both without an appropriate clinical indication such as psychosis or an affective or anxiety disorder. These concerns contributed to the development of initiatives aimed at reducing the over-medication of people with learning disabilities, autism or both.

Patients with learning disabilities may experience communication difficulties and may be less likely to present to healthcare professionals when experiencing adverse effects or problems with treatment. Consequently, the absence of patient contact should not be interpreted as an absence of medication-related

problems. Structured and proactive medication reviews may therefore be particularly important in this population.

The purpose of this quality improvement project was to examine whether patients with learning disabilities receiving repeat medication were receiving appropriate annual medication reviews and to identify opportunities for improving prescribing safety and documentation.

Aim and Objectives

The primary aim of this project was to determine whether an appropriate annual medication review had been undertaken for patients with learning disabilities who were receiving repeat medication.

The objectives were:

1. To review patients on the learning disability register who were receiving repeat medication.
2. To determine whether an annual medication review had been documented during the previous five years.
3. To assess whether the documented medication review was appropriate.
4. To examine medication review practices among patients prescribed antipsychotic medication.
5. To develop recommendations for improving medication review processes in primary care.

Standards for Medication Review

The project used standards based on learning disability healthcare guidance and the principles of structured medication review.

For patients with learning disabilities and behaviour that challenges who are prescribed antipsychotic medication, medication should be reviewed 12 weeks after initiation and subsequently at least every six months. Reviews should assess treatment effectiveness, adverse effects and the continuing need for medication.

Annual health reviews should also include medication review, including assessment of adverse effects, adherence, the ongoing indication for treatment and relevant investigations.

An ideal medication review within this project included direct patient contact, either in person or remotely, together with assessment of compliance, adverse effects, relevant blood tests or ECG monitoring where appropriate, and consideration of whether medication should be continued or safely discontinued.

METHODS

This was a retrospective quality improvement project conducted using the learning disability register and medication records.

All patients identified on the learning disability register were reviewed. Patients who did not have medication on their repeat medication template were excluded.

The included patients were assessed to determine whether they had received medication reviews during the preceding five years. Reviews were evaluated for evidence that the patient had been contacted and that key aspects of medication management had been considered and documented.

A medication review was considered appropriate where there was evidence of relevant patient contact and assessment of issues such as medication adherence, adverse effects, appropriate monitoring and the ongoing need for treatment.

A separate analysis was performed for patients prescribed antipsychotic medication. This included examination of the documented indication for treatment and whether medication had been reviewed by specialist and/or primary care services.

RESULTS

Patient Population

A total of 316 patients were identified as being on the learning disability register and receiving medication. Twenty-two patients were excluded because they did not have medication on their repeat template. The final study population therefore consisted of 294 patients.

Age Distribution

The age distribution of the study population was:

Age group	Number of patients
Under 18 years	25
19–25 years	28
26–40 years	70
41–64 years	126
Over 65 years	45

The largest group was aged 41–64 years.

Diagnoses and Comorbidities

The patient population included a broad range of diagnoses. A substantial proportion of patients did not have a specific diagnosis or severity of learning disability clearly coded. One hundred and two patients had no specific diagnosis recorded as the cause of their learning disability, representing approximately 35% of the population. Down syndrome was the next most common specific diagnosis, affecting 37 patients.

Among patients with no specific diagnosis recorded, 42 of 102 also had epilepsy.

Common comorbidities included:

Comorbidity	Number of patients
Epilepsy	63
Mental health conditions	49
Asthma	24
Diabetes	20
Hypertension	19

Epilepsy and mental health conditions were particularly common within the study population.

Medication Burden

Most patients were prescribed five or fewer repeat medications. Fifty-eight percent were prescribed fewer than five repeat medications, 33% were prescribed between five and ten, and 9% were prescribed more than ten repeat medications.

Medication Review Outcomes

Of the 294 included patients, medication reviews had been documented for 125 patients, representing 43% of the study population.

However, only 87 patients, representing 30% of the total population, had evidence of an appropriate medication review according to the criteria used in this project.

The findings suggested that many patients were not receiving a clearly documented, specific consultation focused on their medications. Appropriate review rates appeared to improve among some patients receiving annual nurse-led reviews, particularly those with asthma or diabetes. However, patients receiving antidepressants did not appear to consistently receive an adequate review of their mental health treatment.

Antipsychotic Medication

Eighty-five of the 294 included patients were prescribed antipsychotic medication, representing 29% of the study population.

The most commonly documented reason for prescribing was aggression, agitation or challenging behaviour, accounting for 54% of cases. In 15% of cases, no clear indication for antipsychotic treatment was documented. The remaining patients were prescribed these medications in the context of autism, anxiety or psychosis.

Of the 85 patients prescribed antipsychotics:

1. 58 patients had received a medication review by a specialist service, representing 68%.
2. Of these 58 patients, 17 also had evidence of antipsychotic review by a general practitioner, representing 29%.

DISCUSSION

This quality improvement project identified a substantial gap between the number of patients who had a medication review documented and the number who had evidence of an appropriate, structured medication review. Although 43% of patients had some form of medication review recorded, only 30% met the project's criteria for an appropriate review.

These findings are particularly important in a population in which communication difficulties may reduce the likelihood that patients independently report adverse effects, poor adherence or concerns regarding treatment. Patients with learning disabilities may also have multiple comorbidities and complex medication requirements. A lack of patient contact should therefore not be assumed to indicate that medication is well tolerated or remains appropriate.

The findings relating to antipsychotic medication were also significant. A considerable proportion of the study population was prescribed antipsychotics, and specialist review provided an important safety mechanism. However, the findings suggested that specialist involvement did not consistently translate into documented primary care review.

The project identified limited documentation regarding plans for continuation, reduction or discontinuation of antipsychotic medication in primary care. Where specialist review was absent, medication could be continued without a clearly documented plan for future review.

Antipsychotic medications have a substantial adverse-effect profile, and prolonged treatment without a clear ongoing indication or plan for review may expose patients to unnecessary harm. Although these medications may be initiated or reviewed by secondary care, they are frequently prescribed in primary care and should therefore also be considered during annual learning disability reviews.

Recommendations

Based on the findings of this project, the following recommendations were developed.

1. Strengthen annual medication reviews

Annual learning disability reviews should include a structured assessment of all regular medications. Documentation should include:

1. the indication for each relevant medication;
2. assessment of effectiveness;

3. adverse effects;
4. medication adherence;
5. relevant investigations and monitoring;
6. whether medication should be continued, reduced or discontinued.

Patients and carers should also be supported to understand the purpose of prescribed medication and important potential adverse effects.

2. Improve review of chronic disease medication

Medication reviews should be integrated more consistently into the management of chronic conditions, including:

1. diabetes;
2. asthma;
3. depression and anxiety.

3. Introduce a specific antipsychotic review template

A structured antipsychotic medication review template should be introduced to provide clear evidence that the following have been considered:

1. the current indication for treatment;
2. treatment effectiveness;
3. adverse effects;
4. relevant monitoring;
5. the decision to continue, reduce or discontinue treatment.

Where the decision cannot be made within primary care, communication and liaison with the relevant specialist should be documented.

Where investigations such as blood tests cannot be undertaken because of a documented best-interest decision, this should also be recorded clearly to avoid ambiguity regarding ongoing monitoring.

CONCLUSION

This quality improvement project demonstrated that only 30% of patients with learning disabilities receiving repeat medication had evidence of an appropriate medication review according to the criteria used.

The findings highlight the need for a more proactive, structured and clearly documented approach to medication review for people with learning disabilities. Particular attention should be given to patients receiving psychotropic medication and antipsychotics, for whom both specialist and primary care involvement may be necessary.

The implementation of structured annual learning disability reviews and specific medication review templates may improve documentation, medication safety and the identification of opportunities to optimise or discontinue treatment.

Further audit following implementation of these recommendations would be valuable to determine whether structured interventions improve the proportion of patients receiving appropriate medication reviews.

REFERENCES

1. NHS England. *Stopping over medication of people with a learning disability, autism or both (STOMP).*
2. National Institute for Health and Care Excellence. *Learning disability: annual health checks and related quality standards.*
3. NHS England. *STOMP: Stopping over medication of people with a learning disability, autism or both.*