



# Evaluating Antipsychotic and Other Psychotropic Medications in Individuals with Dementia

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# Objectives

- Share results of reducing antipsychotic use
- Share strategies to avoid starting antipsychotic and other psychotropic medications for behaviors of dementia
- Share strategies to eliminate antipsychotic medication use



# Dr. Gifford-Focus 2012

## #1 Challenge: Changing attitudes

- Most families and healthcare providers believe these medications are effective to treat “problem behaviors”
- Behaviors are believed to be a symptom of dementia
  - ▣ Most behaviors are either normal for a person with cognitive impairment or are modes of communicating an unmet need
- Use of antipsychotics in dementia are mainly a problem in nursing homes

# Dr. Gifford: Focus 2012, cont.

## Antipsychotics are used everywhere

- 13% of individuals with dementia in the community are receiving an antipsychotic
- 17% of admissions from the community to a skilled rehab center are on antipsychotics
- 75% of individuals (in a facility >90 days) who are on an antipsychotic, were receiving the antipsychotic at admission to the facility
- 3% of new admissions to nursing home have an antipsychotic started in the first 100 days

# Black Box Warning on Antipsychotics

- **Increased Mortality in Elderly Patients with Dementia Related Psychosis**

“Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of seventeen placebo controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5% compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. This drug is not approved for the treatment of patients with dementia-related psychosis (See WARNINGS in package insert).”

# Medications NOT Indicated

- Wandering
- Stealing
- Intrusive behavior
- Hoarding
- Restlessness
- Resistance to ADL assistance
- Pacing
- Poor self care
- Impaired memory
- Unsociability
- Indifference to surroundings
- Fidgeting
- Nervousness
- Screaming

# Invalid Use

- Substitute medication use vs. behavioral support
- Caregiver/Family convenience/treatment
- Lack of assessment/reassessment
  - Not getting to root cause



# Antipsychotic Cliff Notes

- Have non-pharmacological or behavioral interventions been attempted?
- Is the behavior
  - Persistent?
  - Harmful?
  - Caused by other treatable reasons?





# Differential Diagnosis

- Environmental
- Social
- Basic Need
- Medical
- Mental Illness
  - Depression, obsessive compulsive disorder etc.



# Focus of Interventions

- Indications
  - Persistent, Harmful, Other Causes Ruled Out
- Start with a telephone order
- Pre-monitor trends (Watchful Waiting)



# Focus of Interventions

- Drug Review prior to start?
- Line List?
- Stop Order?



# Psychotropic Medication Use

- Baseline data
- Plan
- Collect outcome data
- Match data to plan
- If it's not working get rid of it
- Entry and Exit Plan



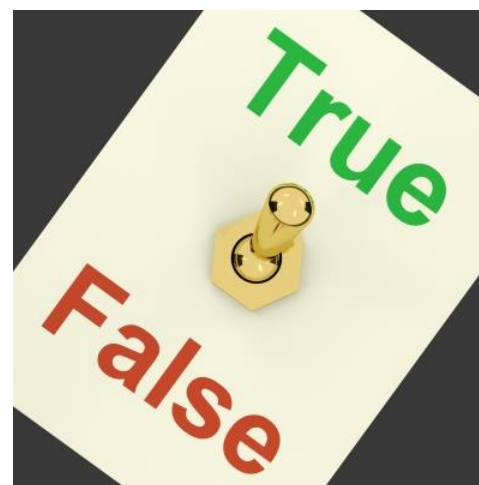
# Antipsychotic/Psychotropic Tapering

- Assessment history
- Individualize
- Prepare and warn



# Antipsychotic/Psychotropic Tapering

- Support
- Resume taper for false failures
- Non-pharm supplement



# Antipsychotic/Psychotropic Tapering

- DHS/DQA Publication, Antipsychotic Medication Dose Reduction Resources P-01025:
  - <https://www.dhs.wisconsin.gov/publications/p01025.pdf>



# Non-Pharm Interventions

- Music and Memory
  - <http://musicandmemory.org/>
  - <http://www.dhs.wisconsin.gov/music-memory/>
- Validation therapy
- Reminiscence therapy





# Non-Pharm Interventions, cont.

- Light therapy
- Activities
- Aromatherapy
- <http://www.nursinghometoolkit.com/>

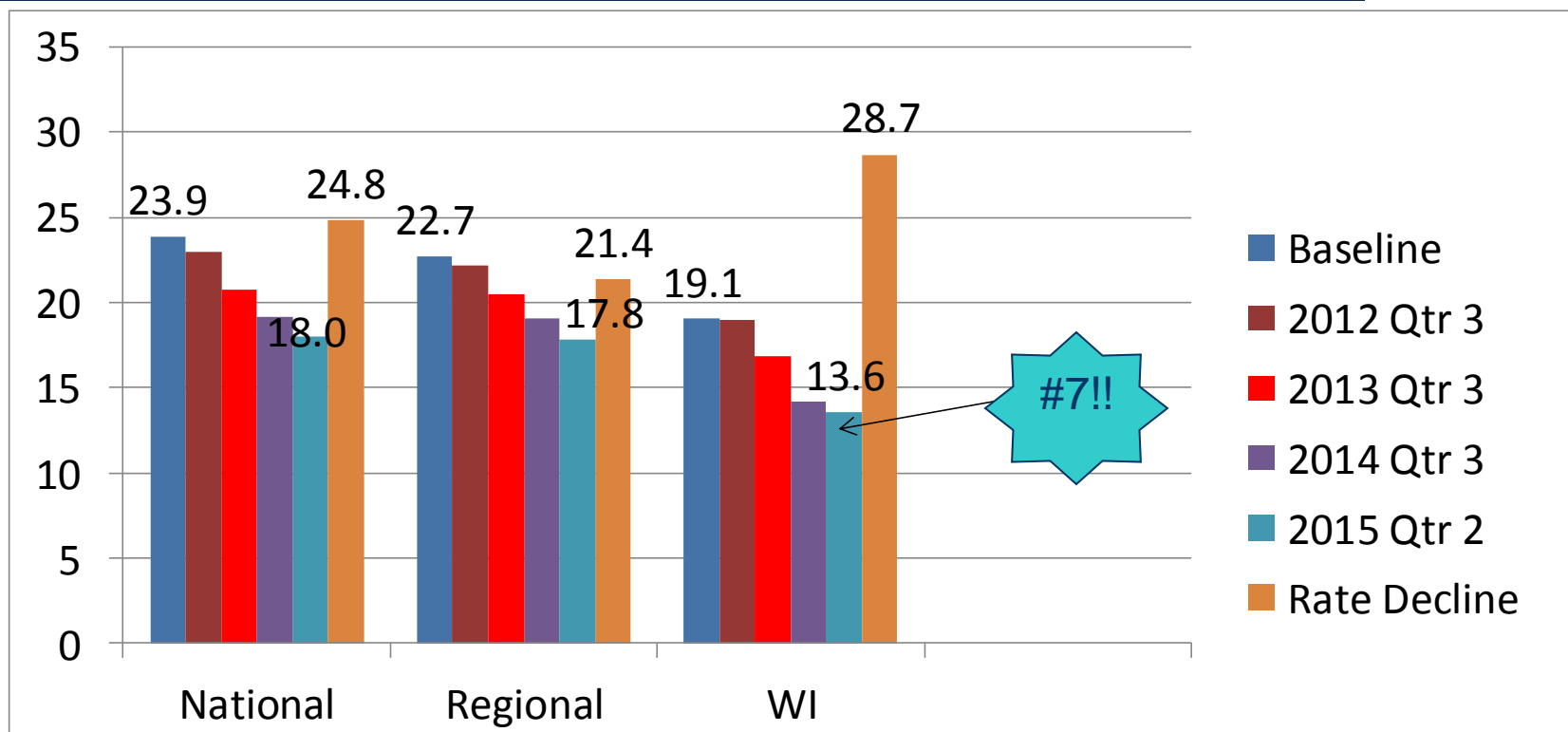


# Non-Pharm Interventions, cont.

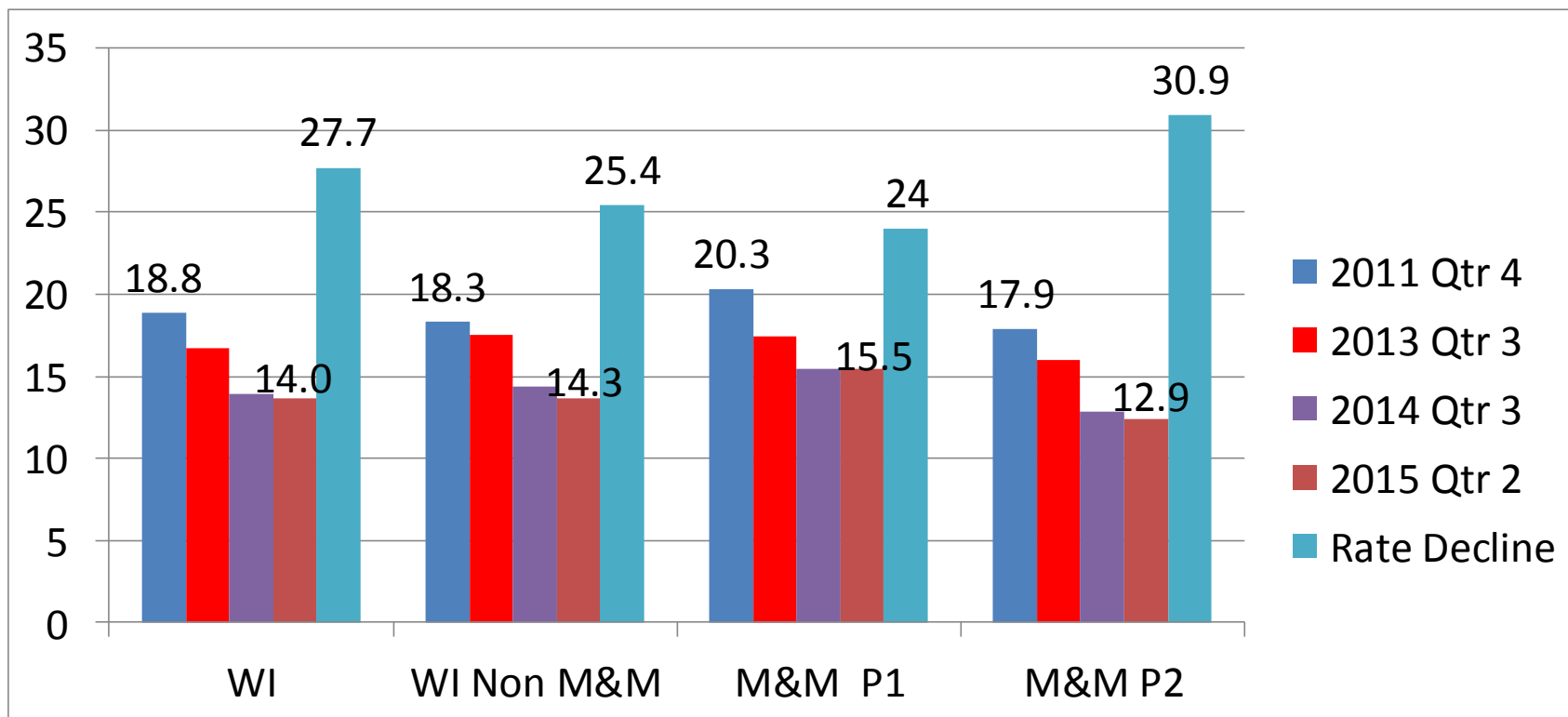
- Use your line list
- Use your assessment
- Give it a try



# How Are We Doing?



# How Are We Doing?



# M&M Facilities-Phase 1

- Quarter 4-2011 20.3 % Antipsychotic Use
- Quarter 3-2014 15.5% Antipsychotic Use
- Total Rate Decline is 24% vs 25.4%  
for non-participants



## M&M Facilities-Phase 2

- Quarter 4-2011 17.9 % Antipsychotic Use
- Quarter 3-2014 12.9% Antipsychotic Use
- Total Rate Decline is 30.9 % vs 25.4 for non-participants



# Goals On Reduction

- 25% by end of 2015
- 30% by end of 2016



# General Resources

- Advancing Excellence
  - <https://www.nhqualitycampaign.org/>
- American Geriatrics Society
  - <http://www.americangeriatrics.org>
- WI Clinical Resource Center
  - <https://crc.chsra.wisc.edu/>



# Next Steps

- Sustain
  - [http://www.ltccc.org/publications/documents/LTC\\_CCRReport-LEFTBEHIND-ImpactoftheFailureoftheFederalCampaigntoImproveDementiaCare.pdf](http://www.ltccc.org/publications/documents/LTC_CCRReport-LEFTBEHIND-ImpactoftheFailureoftheFederalCampaigntoImproveDementiaCare.pdf)
  - <http://www.gao.gov/products/GAO-15-211>
- Expand: Assisted living, hospitals and community





# Questions?

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