



Pharmacy Newscapsule

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Gradual Dose Reduction or Tapering Scenarios

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The following is a scenario that provides some general guidance for medication dose reduction or tapering, based on the Centers for Medicare and Medicaid Services (CMS) guidance. The scenarios listed below are only examples of what may occur and are intended to provide guidance for the investigation of, and compliance with, F329 - Unnecessary Drugs. Real situations involving individual residents identified during survey may have different characteristics and complexities that can affect compliance with F329.

Scenario: A nursing home resident has behaviors of dementia and has been on the same dose of risperidone for eight months. What are the requirements for a dose reduction?

The requirements for dose reduction for this resident include two attempts in the first year, performed over two separate quarters, with at least a month between attempts. This resident will need to have the first attempted dose reduction in month eight or nine in order to meet the quarterly requirement. After the first attempted dose reduction, the second dosage reduction must be attempted in the last quarter of the year, with at least a one month separation from the first attempt. The second attempted dose reduction can be avoided if there is clinical contraindication.

Failure of the first dosage reduction, along with a clinical rationale provided by the physician, constitutes evidence of clinical contraindication.

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There is an APP for That!

AHRQ ePSS

The following is the description from iTunes:

The ePSS application was developed to assist primary care clinicians to identify the screening, counseling, and preventive medication services that are appropriate for their patients. The ePSS information is based on the current recommendations of the U.S. Preventive Services Task Force (USPSTF) and can be searched by specific patient characteristics such as age, sex, and selected behavioral risk factors.

Take a look, it's free. Bring it to your next wellness visit and ask your physician questions.

Gradual Dose Reduction or Tapering Scenarios *(Continued from Page 1)*

The key components in this example:

- 1) Antipsychotic treating behaviors of dementia.
- 2) Has been on same continuous dose for nine months or longer.

Clinical Contraindication key components:

- 1) Evidence that the first reduction failed. Often, if a resident has been on the antipsychotic medication they may experience some withdrawal symptoms. A true failure is if the resident's harmful, persistent, clearly documented behavior returns. Other symptoms of withdrawal do not count as a dose reduction failure.
- 2) Clinical rationale: First and foremost, rationale shows the drug has worked where persistent harmful behavior is no longer occurring. Second, rationale shows the underlying causes of the persistent harmful behavior are likely still present; e.g., underlying stage of dementia has not changed.

Gradual dose reduction requirements for antipsychotics in dementia really present a bare minimum and extended period for review. Clinically, if a resident is started on an antipsychotic medication within a facility, within four to eight weeks there should be an evaluation of effectiveness to determine if medication is still needed. For residents admitted to a facility already on an antipsychotic, this scenario needs immediate evaluation within 14 days to truly determine the reason for the medication and what should be monitored. If no reason can be identified the medication should begin a dose reduction immediately.

Consultant Corner

1. **I have been all over the Wisconsin Department of Health Services web site and can't find anything that would indicate what a medication aide might need to do to become recertified. From what I read, my guess is that they need to have current Nursing Assistant certification and be currently working at a Nursing Home under the supervision of an RN.**

There is formal medication training for Community Based Residential Facilities (CBRF), Hospices, and Nursing Homes. All of them have specific, separate requirements.

CBRFs

The medication training for CBRFs is now documented on the following web page: http://www.uwosh.edu/ccdet/CBRF/employee_registry.htm.

Unlicensed persons administering medications in a CBRF should be on this list or be grandfathered and have a certificate of training which was issued by the approved training programs prior to 2010. If this involves medication aide training for nursing homes, the following web page has memos that indicate to keep their med aide status:

http://www.dhs.wisconsin.gov/rl_DSL/NHs/MedAides.htm

Hospice & Nursing Homes

The med aide needs to maintain nurse aide status, they must work 100 hours as a med aide each calendar year, and must complete four hours of in-service each calendar year. They must keep records of the three most recent years to prove this. The Wisconsin Nurse Aide Registry will list nursing home med aides, indicating the date they successfully completed the course. However, since we do not have a requirement for individuals to pay for their med aide status or have a way for them to be required to submit evidence, the Nurse Aide Registry only indicates they were a medication aide. To determine if their status is up to date requires confirmation of the hours of work and in-service. For hospice, if they are not on the Pearson VUE web site, you must contact the DQA pharmacist to confirm on an internal database.

For nursing home and hospice, if a medication aide does not meet the 100 hour work or the four hour in-service requirements, they must contact the DQA pharmacist as each case is handled individually. Sometimes someone misses the requirement for one year because they had a baby, broke their leg, or had a back injury. In these cases they may receive a medical waiver of requirements letter for that year.

In other cases, individuals have stopped doing anything medical or medication related for over five years. In these cases individuals may have to take the course over. Between the two endpoints of a waiver letter or retaking the course there is a range of options available.

- 2. We are on survey and have a physician who is doing a study on a new medication which is for the treatment of subjects with agitation associated with Dementia of the Alzheimer's type. The medication is a psychotropic, but is not yet categorized. He has numerous residents here and has asked us to participate in the 12 week study. We have concerns regarding the current direction regarding dementia DX and treatment with psychotropic medications in nursing home or with assisted living residents and if this would be subjected to citations in the survey process.**

From a survey perspective, you need to consider the following:

Consent: The residents have a right not to be involved in a study and, if they do participate, to be informed. Since this is for residents with the potential for severe agitation, sometimes making sure this right is not violated may be difficult. It is possible that, in an emergency situation of severe agitation, the initiation of the study drug protocol may violate a resident's rights if this was not discussed with the resident ahead of time.

Dementia Care: Assessment of dementia behaviors and other interventions still need to occur, no matter if the resident is in a drug study or not. If the drug study protocol is designed in such a manner that the facility cannot care plan and monitor the resident's dementia care, then there is a potential for violations for dementia care planning, implementation, monitoring, and changes.

Medication and other medical studies can occur in residents of assisted living facilities and nursing homes; however, facilities need to ensure residents' rights are not violated and that they still receive required care.