

# Curbing Unnecessary Use of Antipsychotic Medication

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All too often, residents of long-term care facilities are prescribed antipsychotic medications despite not having a proper diagnosis that supports their use. While these medications have been approved for conditions such as schizophrenia and bipolar disorder, they increasingly are administered to older patients with behavioral difficulties or cognitive impairments, especially dementia.

Off-label use of antipsychotics in nursing facility residents is associated with adverse events such as heart failure, strokes, and falls, as well as corresponding increases in hospitalizations. The Food and Drug Administration released a black box warning in 2005 that notified prescribers that elderly patients with dementia-related psychosis who are treated with antipsychotic drugs are at an increased risk of death compared to those given a placebo.

Because of the powerful sedative effects of antipsychotics such as aripiprazole or olanzapine, such medications sometimes are employed as a chemical restraint for nursing home residents with undesirable behaviors. It can be easy to make incorrect assumptions about residents' needs.

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Pain and comfort may be under-addressed. It takes time and resources to assemble an interdisciplinary team to look at residents' social history, and to conduct targeted behavior interventions and monitoring.

In addition to the dangerous side effects associated with antipsychotic medications for the elderly, overprescribing can be expensive for consumers and for payers. A report from the Centers for Medicare & Medicaid Services (CMS) found that almost 40% of nursing home patients with signs of dementia received antipsychotic drugs at some point in 2010, whether or not there had been a diagnosis of psychosis. Ending the misuse of these medications among nursing home residents would help save millions of health care dollars that could be better used in other ways to benefit patients.

Last year, CMS launched a national initiative to improve dementia care and to ensure appropriate use of antipsychotic medications. This topic also is a current focus among Quality Improvement Organizations, such as MetaStar, that are working with health care professionals to reduce the incidence of health care-acquired conditions. Almost half of the nursing homes in the state have signed up to join MetaStar's Wisconsin Quality Coalition. MetaStar offers education and assistance to long-term care staff, familiarizing them with such resources as the Advancing Excellence in America's Nursing Homes campaign and the Wisconsin Clinical Resource Center. In addition, MetaStar is collecting baseline data on antipsychotic use in nursing homes and sharing reports with participants monthly.

In addition, under its contract with CMS, MetaStar is collaborating with teams around the state in the national Pharmacy Services

Patient Safety Collaborative (PSPC), sponsored by the federal Health Resources and Services Administration. One of the topics on which nursing teams are working is the use of potentially inappropriate antipsychotic medications. Resources from the PSPC are made available to participating facilities, whose interventions and data collection MetaStar supports to improve care in this area.

Where behavioral problems exist, caregivers should first work to treat them and their root causes on an individual basis. Is the resident too warm, too cold, overstimulated, under stimulated? Does he or she have meaningful activities to fill the days? Is there conflict with a neighbor that could be resolved by simply moving the resident to another location? Does the resident have the same staff members working with him or her every day (known as consistent or permanent assignment)? Modification of the environment and daily routines remains the best way to meet the person's needs.

Physicians working with patients with dementia should ensure that care teams have fully explored nonpharmacological interventions before resorting to medications, and should be sure the medications are appropriate to patients' conditions. They should routinely monitor the progress of any patients prescribed antipsychotics, and reassess the need for them on a regular basis. They should use the lowest effective dose for the shortest possible duration, based on findings in the specific individual. If appropriate, they should call the attention of nursing home partners to the programs MetaStar offers to educate staff on alternative solutions.

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