

Appropriate Use of Antipsychotics (AUA) Project in Long Term Care Letter for Prescribers and Pharmacists

Thank you for your support of the appropriate use of antipsychotics (AUA) project!

- More than half of Alberta LTCs now have an AUA Quality Indicator below 20%
- Alberta now has the lowest use of antipsychotics in Canada, at 18.8% (Q2 2015-16)

Sedatives were discussed at Fall 2015 AUA workshops. Sleeping pills:

- Cause day time sedation leading to night time wakefulness
- Increase light sleep at the expense of REM and deep sleep
- Cause falls, confusion and increase risk of delirium

Non-pharmacologic strategies are more effective to promote sleep: day time light and activity, night time dark and quiet/minimize interruptions for care.

Delirium prevention is the next step in the AUA project. Problematic polypharmacy, antimicrobial stewardship and dehydration will be emphasized.

- Older people taking five or more medications are at higher risk of delirium and falls, independent of medication indications.ⁱ
- Drug-induced delirium is being increasingly identified in hospitalized patients. The findings suggest that interventions focusing on adverse drug effects have the greatest potential for preventing delirium.^{ii iii}
- While delirium is a multifactorial process, it is estimated that medications alone may account for 12%-39% of all cases of delirium.^{iv}

Approximately 60% of prescriptions in the nursing home environment are potentially inappropriate according to STOPP criteria.^v We suggest medication reviews take into consideration:

- **Cumulative anticholinergic burden**
- **Protection of cognitive, physical and psychological function**
- **An Interprofessional approach** that includes family/team input on pill burden, falls, confusion, side-effects and response to medication changes.

We hope to see additional improvements in quality of life, medical stability, sleep and appropriate use of antipsychotics as we reduce problematic polypharmacy.

Sincerely,

References:

ⁱ Hubbard, Ruth E; O'Mahony, M Sinead; Woodhouse, Kenneth W. Medication prescribing in frail older people European Journal of Clinical Pharmacology, 03/2013, Volume 69, Issue 3

ⁱⁱ Yin R Y, Heacock LC, Fogel JF. Drug-Induced, Dementia-Associated and Non-Dementia, Non-Drug Delirium Hospitalizations in the United States, 1998-2005. Drugs Aging 2010;27(1):51-61

ⁱⁱⁱ Wimmer, Barbara C; Dent, Elsa; Bell, J Simon; more... Medication Regimen Complexity and Unplanned Hospital Readmissions in Older People. Annals of Pharmacotherapy, 09/2014, Volume 48, Issue 9

^{iv} Alagiakrishnan K, Wiens CA. An approach to drug induced delirium in the elderly. Postgrad Med J 2004;80:388-393

^v ibid