

Appropriate Use of Antipsychotics in Dementia

What is all the fuss?



Seniors Health Strategic Clinical Network
in Collaboration with
Addiction and Mental Health Strategic Clinical Network

Antipsychotics

- First produced in 50's for schizophrenia
- Later also used for:
 - other psychiatric disorders
 - behaviours related to dementia



Typical

- haloperidol (Haldol)
- chlorpromazine (Largactil)
- trifluoperphenazine (Stelazine)

Atypical

- risperidone (Risperdal)
- quetiapine (Seroquel)
- olanzapine (Zyprexa)
- aripiprazole (Abilify)

Appropriate Use of Antipsychotics

Confirmed mental health diagnosis:

- Schizophrenia, Huntington's Chorea
- Major refractory depression, bipolar, delusional disorder, some anxiety and personality disorders
- Distressing psychosis (**hallucinations or delusions**)

Short term use in dementia:

- Brief Psychotic Disorder (e.g. delirium)
- Physical aggression – risk of injury to self or others



Expected Progression of Dementia

Early stage

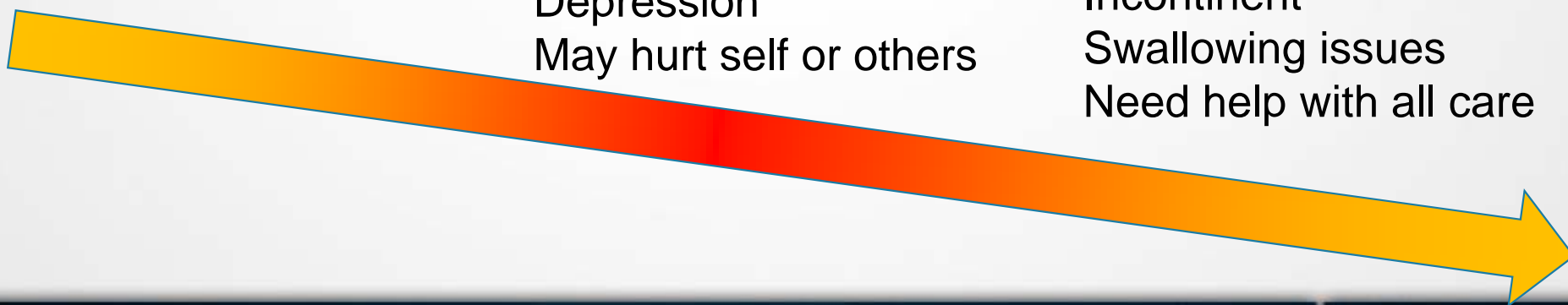
Memory loss
Language difficulties
Irritable
Withdrawn
Abusive language
Mood swings

Middle stage

Getting lost
Delusions
Hallucinations
Agitation/Anxiety
Aggression
Depression
May hurt self or others

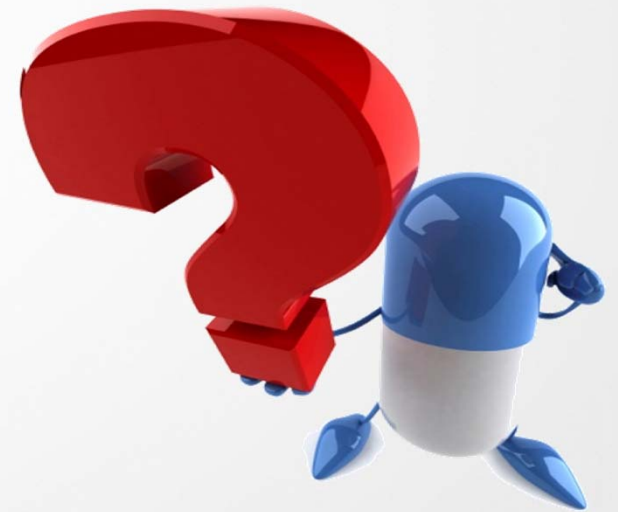
Late stage

Lose speech
Moving difficulty
Incontinent
Swallowing issues
Need help with all care



Words used to Describe Behaviours related to Dementia

- Behavioural and psychological symptoms of dementia (BPSD)
- Neuropsychiatric symptoms (NPS)
- Challenging Behaviours
- **Responsive Behaviours**
 - what is the person responding too?
- Expressive Behaviours
 - what is the person trying to tell us?



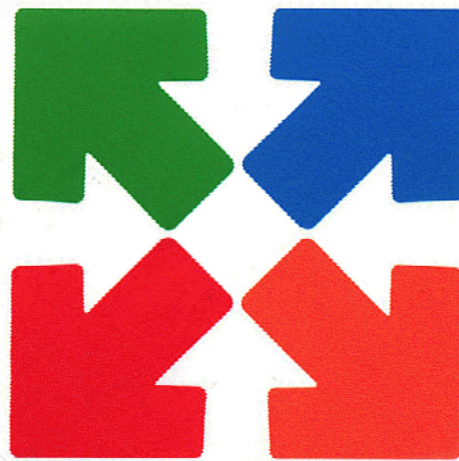
Responsive Behaviours - Possible Causes

Biological

- Delirium
- Disease process
- Medications

Physical

- Pain
- Elimination
- Fatigue
- Hunger
- Thirst
- Hot or cold



Psychological

- ↓ Stress threshold
- Loneliness
- Depression
- Relationships

Socio-environmental

- Over/under stimulation
- Overcrowding
- Inconsistent routine
- Provocation by others

Antipsychotics are NOT Effective for Responsive Behaviors such as:

- Calling out, repetitive questions
- Wandering, exit-seeking
- Inappropriate elimination
- Eating inedibles (soap, dirt, feces)
- Interfering with other residents
- Perseveration (clapping, tapping)
- Inappropriate dressing/undressing



- Socially inappropriate
- Hiding/hoarding items
- Insomnia
- Spitting
- Crying
- Fidgeting
- Nervousness/restlessness

Health Canada Warnings

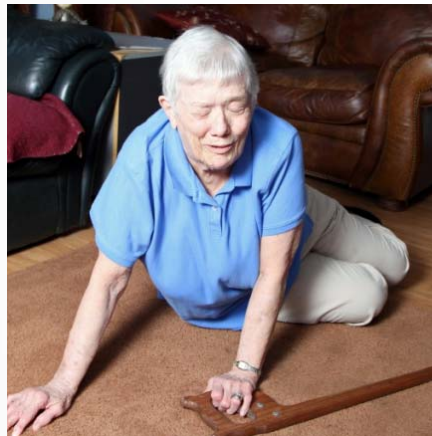
Health Canada has issued warnings (2002, 2004, 2005, 2015) of increased risk to elderly patients who take antipsychotics including:

- ❖ **Heart failure**
- ❖ **Sudden cardiac death**
- ❖ **Stroke**
- ❖ **Infection (mostly pneumonia: 60% increased risk)**



Antipsychotic Hazards

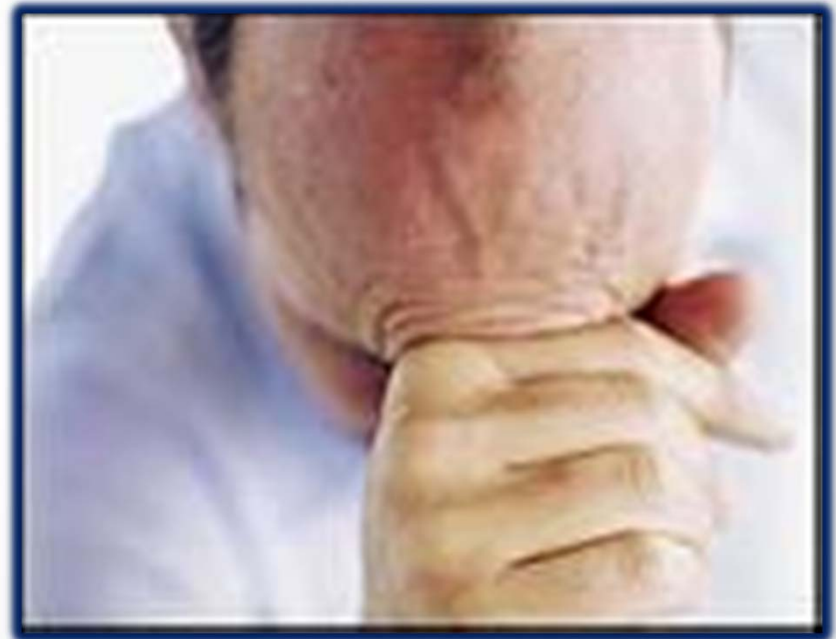
- Impaired cognition
- Impaired mobility
- Falls
- Diabetes
- Increased lipids
- Akathisia – inner restlessness or need for constant motion



- **Extrapyramidal Symptoms (EPS):**
tremor, leaning, stiffness, swallowing problems, cog-wheeling (jerky limb movements)
- **Tardive Dyskinesia (TD):**
lip-smacking, facial grimacing, jaw swinging, tongue thrusting
- **Neuroleptic Malignant Syndrome:**
high fever, rigidity, reduced level of consciousness, rapid heart rate and arrhythmias

Potential Side Effects of Antipsychotics

- Confusion, agitation, sleepiness
- Nervousness, sleep disturbances
- Blurred vision, dizziness, orthostatic hypotension
- Muscle stiffness and weakness
- Pain in the arms, legs, back or joints
- Hyper-salivation: Drooling, spitting, difficulty swallowing
- Nausea, heartburn, loss of appetite, stomach pain
- Difficulty urinating, acute kidney injury



Appropriate Use of Antipsychotics

Clear role in:

- **Schizophrenia***, Schizoaffective Disorder
- Delusional Disorder
- **Huntington's Chorea***
- Brief Psychotic Disorder (e.g. troublesome **hallucinations and delusions*** from **delirium**)
 - Use SHORT time (weeks *not months or years*)
- **Aggression and severe agitation**
 - Use short term, *when nothing else works*

***RAI 2.0 QI AUA definitions**



Key Messages

Appropriate Use of Antipsychotic in dementia means:

- Always consider other alternatives first
- Involve the family or alternate decision maker
- Use only when clinically indicated / absolutely necessary
- Start low and go slow; monitor closely
- Reduce / discontinue as quickly as possible

The care team needs to always ask:

- *What is the reason for the behaviour?*
- *What else can we try?*



Part II - AUA Project Overview

Who leads the AUA Project?

Seniors Health Strategic Clinical Network (SCN) in Collaboration with Addiction & Mental Health SCN

SCNs re-shape health care:

- Focus on what Albertans need
- Use scientific evidence to guide care decisions
- Support good care approaches across the province

In collaboration with:

Front-line physicians and clinicians, zone/clinical leaders, researchers, content experts, public, families, patients

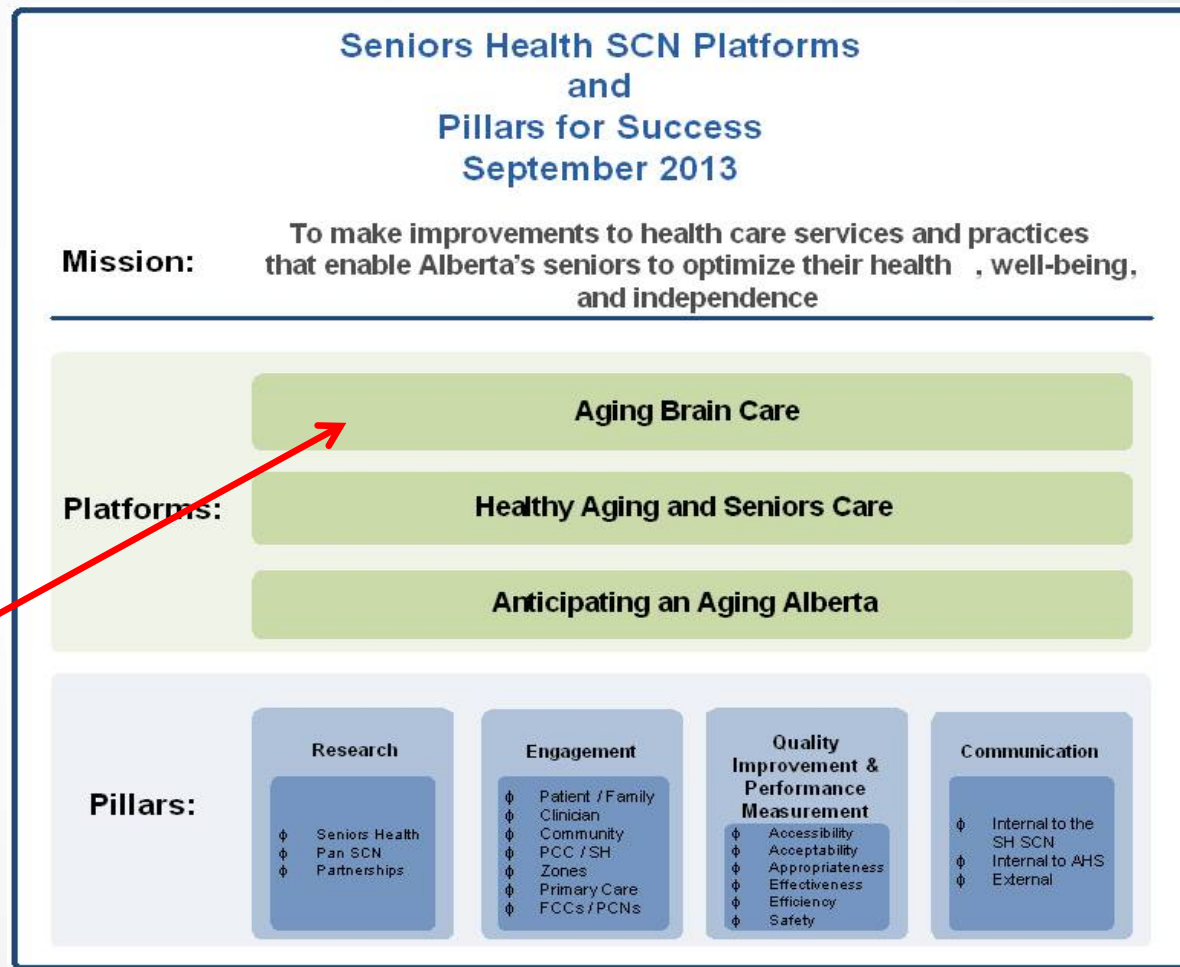


For more information, search SCN on the AHS External or Internal websites

Seniors Health SCN

Platforms and Pillars for Success

Appropriate Use of
Antipsychotics
(AUA) project



Phase 1: Guideline & Toolkit



Alberta AUA Guideline

- Assess the behaviour
 - treat underlying cause(s)
- Try non-pharmacologic alternatives
- Required medication reviews/assessments
- **Involve family/alternate decision maker**

AUA Toolkit

- Assessment tools
- Medication review requirements
- Prescribing information
- Family information
- Resources to support medication reduction/discontinuation

AUA Toolkit

Google
AUA Toolkit
or
Search on AHS
External Web

The screenshot displays the Alberta Health Services website. At the top left is the logo for Alberta Health Services. To its right is a search bar with the text "search for ..." and a "Search" button. Further right is the "811 Health Link Health Advice 24/7" logo. Below these are navigation tabs: "About AHS", "Find Health Care", "Health Information", "Information For", "Careers", "News & Advisories", and "AHS In My Zone".

The main content area is titled "AUA Toolkit" and includes two links: "AUA Toolkit" and "Back to Seniors Health SCN". The breadcrumb trail reads: "Home > About AHS > Strategic Clinical Networks > Seniors Health SCN > AUA Toolkit".

Appropriate Use of Antipsychotics (AUA) Toolkit for Care Teams

The Alberta Guideline on the Appropriate Use of Antipsychotic (AUA) Medications (2013) and accompanying resources provide health care professionals with direction regarding assessment and management of responsive behaviours associated with dementia.

The AUA Toolkit Working Group reviews all resources, and will continue to identify promising and leading practices for the Toolkit.

The AUA project is sponsored by the Seniors Health SCN in collaboration with the [Addiction and Mental Health SCN](#)

+/- Expand and collapse headings for resources

AUA Guideline	+
Consent for Treatment with Antipsychotic Medication	+
Responsive Behaviours	+
Person-Centred and Non-Pharmacologic Approaches	+
Care Planning for Responsive Behaviours	+
Prescribing Antipsychotic Medication	+
Medication Review Requirements of Antipsychotics	+
Project Resources	+
Staff Resources to Support and Involve Families	+
Dementia Education Resources	+

Success Stories

Dementia patients are "Coming Alive". [Watch the video...](#)

More success stories

- [Her eyes sparkle again](#)
- [New perspective for dementia patients \(YouTube\)](#)
- [AUA bulletin Archive: News](#)

New in the Toolkit

- [July AUA Project Bulletin](#)
- [April AUA Project Bulletin](#)
- AUA Learning Modules: See Dementia Education Resources and MyLearningLink
- Staff Resources to Support and Involve Families

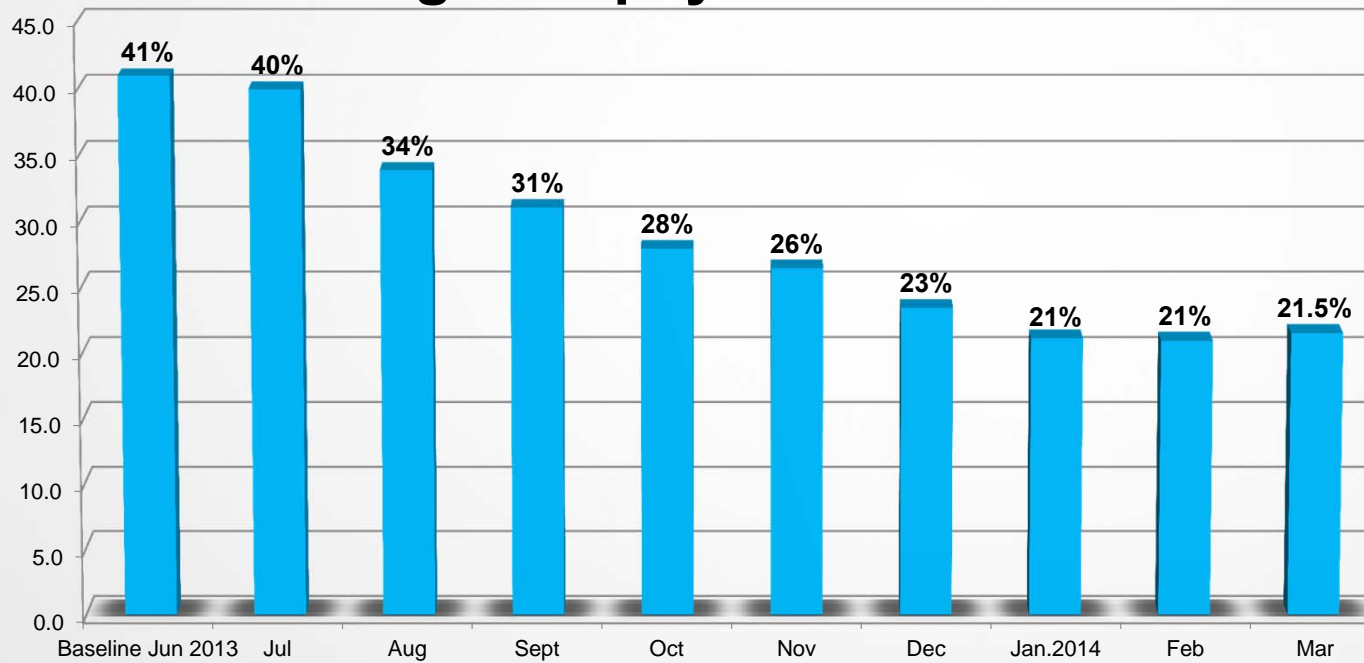
Contact Us

For further information: AUA@albertahealthservices.ca

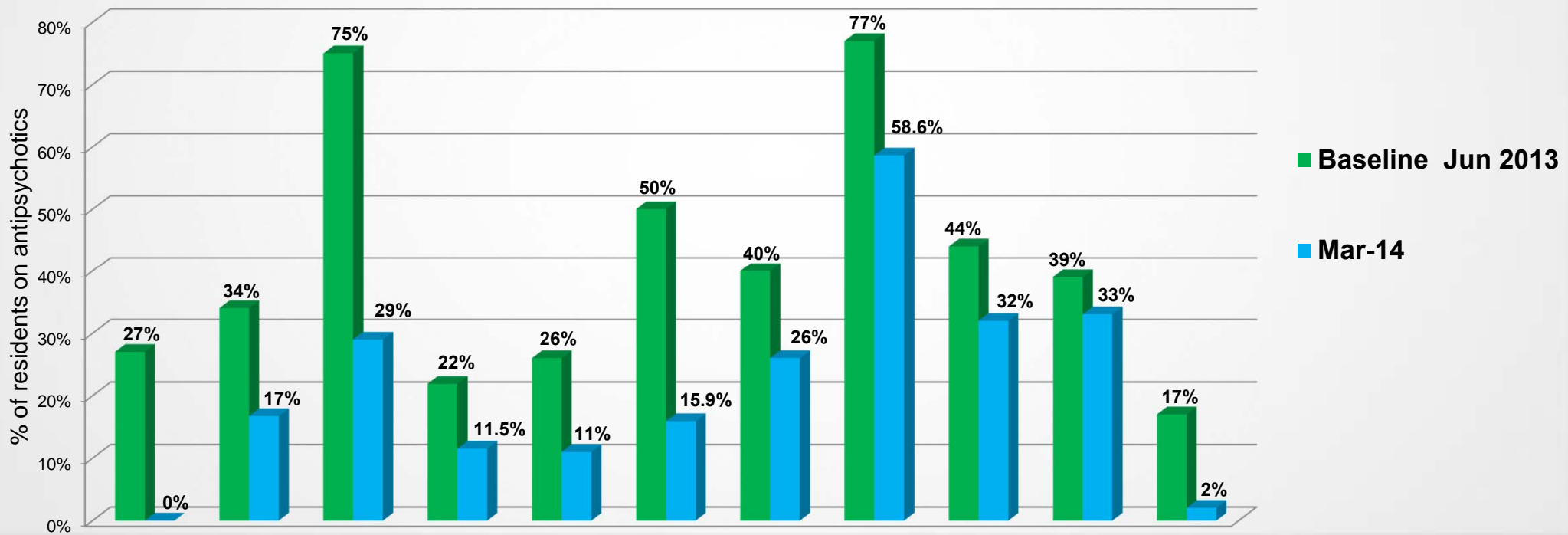
<http://www.albertahealthservices.ca/auatoolkit.asp>

Phase 2: Early Adopter Sites

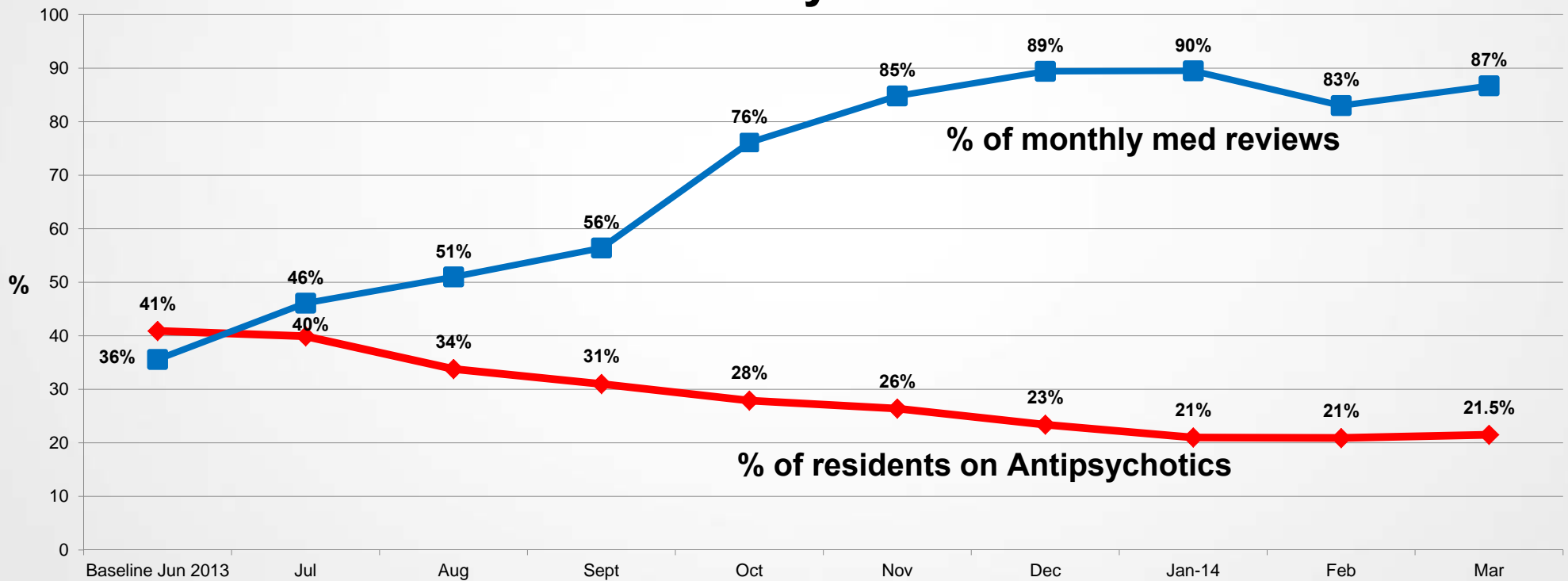
11 units: average antipsychotic medication use



Early Adopter Sites Jun 2013 – Mar 2014 Unit Level Data on Antipsychotic Medication use



Percent of Residents on Antipsychotics & with a Monthly Medication Review



Stories from Care Teams

Families report:

- Increased communication, more alert
- More independent – e.g. feeding self

Staff report:

- Units quieter now
- Easier to provide care to residents
- Fewer falls
- Encouraged to see front line staff more involved in problem solving

Administrators report:

- Downward trend in medication costs



Family, Staff & Resident Experiences

Marshall and Evelyn Bye

Bow View Manor, Calgary

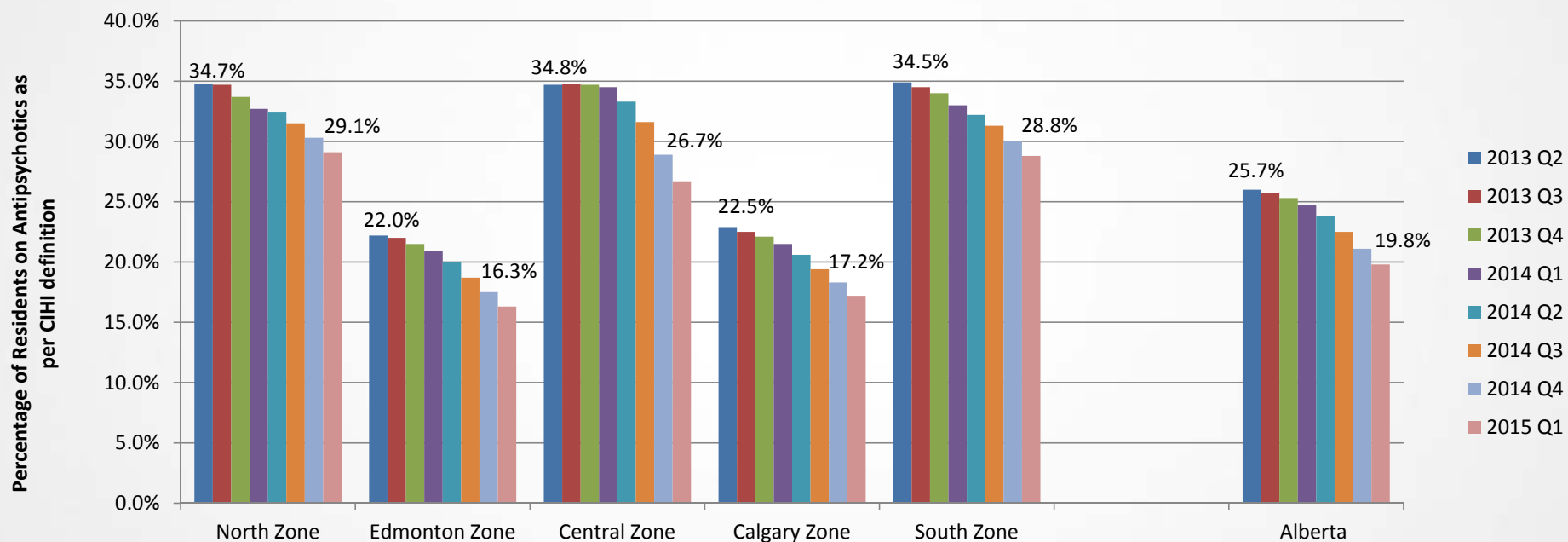


Yvonne Verlinde

Youville Home, St. Albert



Phase 3: Provincial Implementation



AUA Project resources were shared with all 170 LTC sites in Alberta in 2014/15. Antipsychotic use continues to decline.