

Step 1: Why Address Antipsychotic Use in Your Facility?

Global attention is focused on the inappropriate use of antipsychotics in the elderly.

- Despite Health Canada warnings and lack of evidence of clinical benefit, antipsychotics such as haloperidol (Haldol), quetiapine (Seroquel), risperidone (Risperdal) and olanzapine (Zyprexa) continue to be inappropriately prescribed for those with dementia.
- Drug companies have been fined for fraudulent marketing of atypical antipsychotics.
- Family members have access to many resources on the internet, describing the controversy and risks associated with antipsychotic medicines.
- The Canadian Institute of Health Information (CIHI) will make antipsychotic use publicly available at a zone and provincial level in September 2014, and at a facility level early in 2015.

Antipsychotics often worsen confusion and agitation, increase falls and decrease quality of life. They are ineffective for most dementia behaviours such as insomnia, wandering and calling out, and may worsen these behaviours by adding akathisia (restlessness) and impaired communication. They mask pain and reduce independence. They worsen cognitive function at a magnitude consistent with one year's deterioration compared to placebo.ⁱ

Many staff believe antipsychotics work well to manage resident behaviourⁱⁱ: that they save time, and protect staff from aggression. "Direct care staff... may have no training or knowledge regarding non-pharmacological approaches for managing challenging behaviours and may believe that medication is the only treatment choice. Others may interpret sedation caused by these medications as a positive outcome."ⁱⁱⁱ

Alberta LTC centres have identified that although doctors and mental health consultants write prescriptions for antipsychotics, the requests often originate with HCAs, LPNs and RNs. Antipsychotic use is dramatically reduced when dementia education and skills are provided to front line staff.

Institutions tend to be task-focused versus person-centred in an effort to schedule the care of large numbers of residents around facility and staff considerations. Many resources have been developed to support facilities in the shift toward more person-centred care. This shift not only improves quality of life for residents, it creates a more satisfying work environment for staff.

It does not take more staff to provide person-centred care – but it does take knowledge and skill.

Many of those requesting and administering antipsychotics are unaware of the risks, side-effects and adverse effects: Health Care Aides (HCAs) are often the ones who request antipsychotics: only 4% were aware of antipsychotic risks.^{iv} In the same study only 37% of Licensed Practical Nurses (LPNs) and 44% of Registered Nurses (RNs) were aware of antipsychotic risks and side-effects; and only 13% of LPNs and 12% of RNs were able to list at least 1 severe adverse effect (such as aspiration pneumonia, or sudden death from stroke or cardiac events).

Here's one family's experience: *"We used to go in every day to every other day to see him and check on him. We'd find him literally walking sideways down the hall or bent completely in half stumbling down the hall, he'd be drooling non-stop, he'd sometimes have lip or gum smacking, he'd have repeated falls nearly every single day when they had him so over medicated that he'd bent in half. It was just awful to see and so unnecessary... I counted all the antipsychotics/sedatives he was on at one point, and he was on a total of 7!!"*

Monthly reviews of antipsychotics are required under the Alberta Continuing Care Standards. "Antipsychotic medication reviews... should always be undertaken from the perspective of discontinuing or reducing therapy rather than simply confirming that the therapy is working and not causing any harm."^v

What's in it for You?

Appropriate use of antipsychotics has been shown to lead to many positive outcomes:

- **Residents:** improvements such as increased alertness, communication, mobility, independence and appetite, along with reduced agitation, aggression or insomnia.
- **Families** are thrilled to see small improvements: that their loved one is awake when they come to visit, there's a spark of recognition, a conversation where there were no words before, or regained independence
- **Staff:** the work environment becomes quieter and calmer, it's easier to provide care, there's improved team-work and HCAs are more involved in problem-solving.
- **Administrators** report a downward trending in medication costs.

ⁱ Vigen CL1, Mack WJ, Keefe RS, Sano M, Sultzer DL, Stroup TS, Dagerman KS, Hsiao JK, Lebowitz BD, Lyketsos CG, Tariot PN, Zheng L, Schneider LS. Cognitive effects of atypical antipsychotic medications in patients with Alzheimer's disease: outcomes from CATIE-AD. *Am J Psychiatry*. 2011 Aug;168(8):831-9

ⁱⁱ Lemay CA RN, Mazor KM EdD, Field TS DSc, Donovan J PharmD, Kanaan A PharmD, Briesacher BA PhD, Foy S BA, Harrold LR MD, MPH, Gurwitz JH MD, Tjia J MD, MSCE. Knowledge of and Perceived Need for Evidence-Based Education About Antipsychotic Medications Among Nursing Home Leadership and Staff. *JAMDA* 14 (2013) 895-900

ⁱⁱⁱ Lemay CA RN, Mazor KM EdD, Field TS DSc, Donovan J PharmD, Kanaan A PharmD, Briesacher BA PhD, Foy S BA, Harrold LR MD, MPH, Gurwitz JH MD, Tjia J MD, MSCE. Knowledge of and Perceived Need for Evidence-Based Education About Antipsychotic Medications Among Nursing Home Leadership and Staff. *JAMDA* 14 (2013) 895-900 p. 899

^{iv} Ibid

^v Prentice A, Wright D. Reducing antipsychotic drugs in care homes. *Nursing Times*; 110:22, 12-15