

SENIORS' HEALTH STRATEGIC CLINICAL NETWORK

September 2016

What's new

- Dementia Advice Line update
- Community Innovation Grant Update
- Antipsychotic toolkit now available nationwide
- Welcome to our new Senior Medical Director and Scientific Director
- Polypharmacy: Appropriate and Problematic



We say Farewell but not 'So Long'



Dr. Duncan Robertson has been with the Seniors' Health, SCN since it's inception in 2012 as the Senior Medical Director. At the end of August 2016, he will be stepping into a new role as a consultant on the Dementia Strategy.

Duncan migrated to Canada in 1966. After three years in rural General Practice followed by training as a specialist in Internal Medicine at Western University he returned to Oxford for further training in Gerontology and Geriatrics and in 1981 he became one of the first Canadian physicians recognized by the Royal College of Physicians and Surgeons of Canada as a Specialist in Geriatric Medicine.

As a clinician and Professor of Medicine at the Universities of Toronto, Saskatchewan, Alberta and British Columbia he participated in developing Specialized Geriatric services in 11 cities in 4 provinces. In Toronto he was also Director of the Regional Geriatric Program of Metropolitan Toronto.

He is a Fellow of the Royal Colleges of Physicians of Edinburgh, London and Canada and also a Fellow the Royal Society of Medicine and of the American College of Physicians. He was awarded the Queen Elizabeth II Diamond Jubilee Medal for Services to Gerontology and the Distinguished Service Award by the Canadian Geriatrics Society.

Welcome OUR NEW TEAM MEMBERS

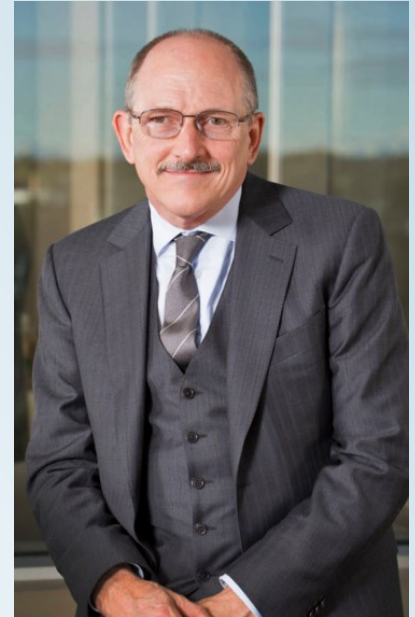
Dr. Jim Silvius, BA (Oxon), MD, FRCP

On September 1st, 2016 Dr. Jim Silvius will join the Seniors' Health team as the new Senior Medical Director of Seniors' Health SCN. He is an Associate Professor in the Department of Medicine, Division of Geriatric Medicine, and University of Calgary.

He has held numerous leadership positions over his career including Division Head, Geriatric Medicine, University of Calgary; Executive Medical Director Southwest Community Portfolio, Calgary Health Region; and most recently a combined role of Medical Director, Seniors Health and Medical Director, Pharmacy Services at Alberta Health Services.

External to AHS he has served as Chair of the Health Issues Council, AMA; Chair of the Expert Committee on Drugs and Therapeutics, Alberta Health; and the current Vice-Chair of the Canadian Expert Advisory Committee, CADTH.

He maintains a clinical practice in geriatrics at Rockyview General Hospital. Other interests include being a co-founder of the Canadian Deprescribing Network (CaDEN), participation in TREC and the DementiaNet, and distance health care delivery. Welcome, Dr. Silvius!



Dr. Adrian Wagg MB BS FRCP(Lond) FRCP(Edin) FHEA (MD)



We are pleased to announce the appointment of Dr. Adrian Wagg as Scientific Director for the Seniors' Health SCN. Dr. Wagg MB BS FRCP(Lond) FRCP(Edin) FHEA (MD) has held the Capital Health Endowed Professor of Healthy Ageing and Division Director for Geriatric Medicine at the University of Alberta in Edmonton since 2010. He has an academic interest in urinary incontinence, knowledge translation, and clinical effectiveness. He is recognised for his continence expertise both nationally and internationally.

He has published over 200 peer reviewed articles, papers, chapters and other works in senior's health and on the subject of urinary incontinence. His interests are in incontinence in the elderly, the effects of medication and co-morbidity on continence status, the epidemiology and aetiology of incontinence in the elderly in addition to community participatory research and education on healthy aging behaviours.

He is Chairman of the International Consultation on Incontinence Committee on management of incontinence in frail older people, and Co-Chair of the International Consultation on Incontinence. He is General Secretary of the International Continence Society and President of the Canadian Continence

Foundation, a national consumer focused not for profit organisation in addition to holding a visiting professorship at the Sahlgrenska Academy at Gothenburg University. He runs a multidisciplinary research focused continence service locally in Edmonton. Dr. Wagg took up the role of Scientific Director in June 2016. Welcome, Dr. Wagg!

Alberta Leads the Country

Appropriate Use of Antipsychotics in Long Term Care

Presented by Duncan Robertson; Senior Medical Director, Seniors' Health Strategic Clinical Network

Most residents of long-term care (LTC) and supportive living facilities have experienced cognitive decline which compromises their ability to live independently and up to 75% of residents of LTC facilities have moderate to severe dementia. Many people living with dementia exhibit altered behaviors that cannot easily be managed by families and caregivers in the community. These Behavioral and Psychological Symptoms of Dementia (BPSD) include agitation, resistance to care, sleep disturbance and aggression towards caregivers and other residents.

Antipsychotics, a class of drugs developed for managing psychotic disorders such as schizophrenia, have been used to treat these behaviors. In some circumstances, despite their potential adverse effects, use is clinically indicated and appropriate. Research findings support that overuse of antipsychotics can have significant adverse effects, particularly in frail older persons living with dementia, and that successful reduction in their use can be achieved.

The AHS Seniors' Health Strategic Clinical Network, established in 2012, identified Aging Brain Care as one of 3 platforms of work. A signature project to reduce inappropriate use of antipsychotics engaged frontline teams, programs/facilities, zones and private sector leaders in all health care zones of Alberta and by 2015 included participation of all 170 LTC facilities in Alberta.

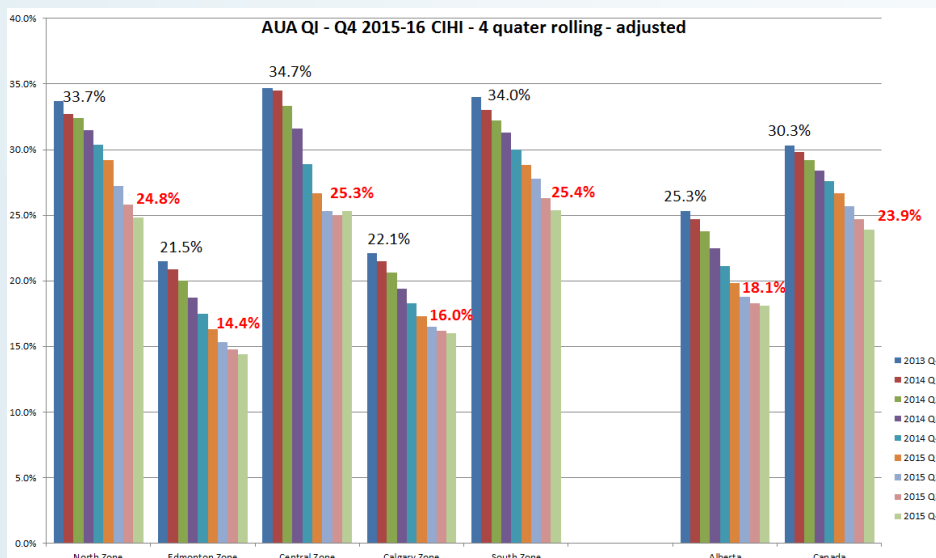
We adapted the Institute for Healthcare Improvement Breakthrough Series methodology (bringing LTC teams together for 3 full-day learning workshops over a 9 month period). AHS adapted that process by including a facility "measures of success" score card that was submitted each month to the project staff we have called the adapted process an Innovation Collaborative. Practice Leads were available to support LTC sites. We also used stories at local and provincial level as an important aspect of getting local teams to share their successes and promote awareness of their good work.

The AUA Project team developed Clinical Guidelines and an online Toolkit which provides guidance for physicians, other clinicians and care staff managing responsive behaviors without using antipsychotics and on safely deprescribing medications. Guidance was also provided on non-pharmacological approaches to assess and manage responsive behaviours, a subset of BPSD, and on site and remote support by Practice Leads. Monitoring and measuring throughout the project included use of a nationally accepted indicator (Resident Assessment Instrument Minimum Data Set 2.0 tool) which has since become publically accessible on the CIHI website and reported for all LTC facilities.

The Alberta provincial average for antipsychotic use, without an approved indication, across all LTC facilities in the Province, has declined from 26.8% in 2011-12 to 18.1% in Q4 2015-16. This is the lowest reported in

Canada. Spread of AUA to supportive living facilities is now in pilot phase and further initiatives in deprescribing and avoiding "problematic polypharmacy" in older Albertans are planned.

The AUA Guidelines and Toolkit are available on our web site



22nd Annual Western Canada Nutrition Day Conference

Seniors First - Nutrition and Aging.

Discussion will focus on hot topics including nutrition and brain health, the progression of frailty and its connection to malnutrition, advance care planning and clinical ethics models, cognitive decline and dysphagia strategies and much more. Our audience for this event includes: Dietitians, physicians, nurses and allied healthcare professionals interested in learning more about nutrition and aging.

Where: Robbins Learning Centre, Royal Alexandra Hospital , 10240 Kingsway Avenue, Edmonton AB

When: October 29, 2016 7:30am-4:00pm

Online Registration opens: **August 15, 2016**

Early bird deadline: **October 7, 2016**

Online registration: <http://www.cvent.com/events/EventRsvp.aspx>

Event code: **RJNBY8K23JF**

Email address: DCL.NFLES@ahs.ca



Antipsychotic toolkit now available nationwide



Clinicians across the country can now access an AHS toolkit on the appropriate use of antipsychotics (AUA) in long term care through Choosing Wisely Canada. The toolkit, called *When Psychosis Isn't the Diagnosis*, focuses on reducing the amount of antipsychotics patients receive in long-term care and shifts the culture to a more patient-friendly approach.

"Many of the resources were developed by the AUA project team in response to questions staff had," says Mollie Cole, manager, Seniors Health Strategic Clinical Network. "They develop(ed) an outline for the care teams to follow that guides them to think about building awareness and creating a desire to make a

change, strategies (to) help the teams learn skills to set up medication review meetings and to discuss what other care strategies could work to address the needs of residents long-term care."

The AUA Toolkit has evolved over the past few years to include videos, interactive learning modules, helpful links and quality improvement resources to engage families, support sleep and prevent delirium. Choosing Wisely Canada recognized the effectiveness of the toolkit, and was eager to share it with the rest of the country.

"We continue to try to find examples of organizations that have done really good work to address these areas and have had meaningful results come from their work," says Tai Huynh, co-founder of Choosing Wisely Canada.

"The work out of Alberta was interesting to us. They have really good results to show for it. That's pretty amazing."

One example of the impact of the AUA project is showcased through the George Boyack long term care facility. Fewer than 18 per cent of residents are taking antipsychotic medicines, down from 26 per cent two years ago.

"People are really collaborating. The project has given them a lot more confidence and you notice the difference is very dramatic and with that comes their enthusiasm," says Peggy Jones, Care Manager with George Boyack. "The nursing aids and LPNs have the confidence now to speak to other nursing aids...they will suggest maybe try something different."

You can learn more about the impact the appropriate use of antipsychotics has on a patient and their family, and the role the care team has in that process, by [watching this video](#).

Polypharmacy: Appropriate and Problematic
written by Dr. Duncan Robertson SMD, Seniors' Health SCN
(first published by the College of Physicians and Surgeons of Alberta)

The term polypharmacy dates back at least to the mid-19th century and has had many definitions. Usually it refers to more than four or five medications used concurrently.

Issue: Recent adoption of the terms “appropriate polypharmacy” and “problematic polypharmacy” reflect both the realities of treating multi-morbidity in the population and the potential harm associated with prescribing multiple medications to some individuals, particularly frail older persons and those with cognitive disorders.¹

Bottom Line: Polypharmacy may be appropriate in managing multiple co-morbidities such as diabetes, cardiovascular disease and COPD when, by following disease-specific guidelines concurrent prescription of eight or more medications may be justified. These drugs may be considered appropriate when they are prescribed and used according to best evidence, and when they improve longevity without adverse effects and negative impact on quality of life.

The term problematic polypharmacy describes circumstances when

- Multiple medications are prescribed or used inappropriately.
- Medication use is not based on evidence of efficacy for the condition or for the individual for whom they are prescribed.
- The intended benefit of medication is not realized.
- The risk of harm from a drug, or combinations of drugs, outweighs the benefits or is likely to result in unwanted drug interactions.

Achieving a balance that is acceptable both to the patient and one prescriber is a challenge which is further compounded when multiple prescribers are involved in the care of an individual patient. This becomes a particular concern when patients transition from home to hospital and back or into residential care, and when the receiving physicians may be reluctant to alter an existing drug regimen.

While the focus on polypharmacy is often on the prescriber, it should be noted that patient non-adherence with prescribed medications may sometimes be protective. Individuals who note adverse effects from certain prescribed medications may themselves reduce the dose or cease using it. When admitted to hospital or to a care facility and, for the first time, receive all prescribed drugs in full doses, the patient may then develop adverse effects.

Problematic polypharmacy includes use of drugs, alone or in combination, with high propensity for causing adverse reactions in older individuals. In addition to prescribed drugs many older individuals use over-the-counter preparations and herbal remedies which interact with prescribed drugs. While a wide range of adverse drug effects may manifest in elderly people, particular attention should be directed to those that impair independent function and may result in avoidable hospitalization. This includes drugs that impair cognitive function, alter balance and mobility, leading to falls and injury, and those that impair urinary continence. “Prescribing cascade” describes the addition of a new drug to treat symptoms that are potentially iatrogenic resulting from other drugs or drug combinations. It is most commonly found in older persons. Thoughtful review of medications at each encounter and particularly when new symptoms arise should lead to consideration of de-prescribing or at least trial withdrawal or dosage reduction of drugs most likely responsible for new symptoms.

A number of prescribing indicators have been used to identify problematic or inappropriate polypharmacy and provide guidance as to appropriate prescribing¹. One of earliest was the Medication Appropriateness Index which requires clinicians to rate explicit criteria to determine whether a medication is appropriate, marginally appropriate or inappropriate for an individual². [Continued on page 6](#)

Polypharmacy: Appropriate and Problematic [continued from page 5](#)

More recently, and familiar to many prescribers, are the Beer's criteria for potentially inappropriate medication use in older adults, reference³ and the STOPP/START (Screening Tool of older Peoples Potentially Inappropriate Prescribing/Screening Tool to Alert Doctors to Right Treatment Criteria)⁴. These two tools appear to have greatest appeal to the busy clinician. Other published prescribing tools for clinicians include the PINCER indicators⁵; IPET⁶ and Prescribing Indicators, a tool for Elderly Australians⁷.

A pragmatic support for appropriate prescribing is provided in a "Stopping Medicines report from Wales"⁸. It suggests eight questions that a clinician might ask regarding the value of continued drug therapy. They include: whether the drug is being used to treat an iatrogenic problem; changes in evidence in clinical guidelines; anticipated effects of discontinuation; and ethical issues around withholding care.

Choosing Wisely, launched in the United States in 2012, now in Canada⁹ and spreading world-wide, challenged National Medical Specialty Societies to create lists of evidence-based recommendations regarding treatments and investigations which practitioners in their field may overuse and which physicians and patients should discuss and consider carefully. American and Canadian geriatric and psychiatric associations made clear recommendations regarding avoidance or caution in using antipsychotics in older patients, particularly those with dementia. Other drugs of concern in older patients include benzodiazepines, hypnotics, opioid analgesics, older treatments for the overactive bladder, tricyclic antidepressants and antihistaminic, antihypertensive and hypoglycemic drugs.

Drugs with anticholinergic activity have greater potential for both systemic as well as central nervous system adverse effects in older persons and particularly those who are frail or have dementing disorders. The anticholinergic effects of tricyclic antidepressants and other drugs such as solifenacin, tolterodine, quetiapine, olanzapine and hydroxyzine are well-known. Other pharmaceuticals commonly prescribed for cardiovascular disease such as digoxin and furosemide and warfarin, and for other disorders have possible anticholinergic activity. Anticholinergic burden is summative and more likely to result when multiple drugs, even those with lower levels of anticholinergic activity are used in combination. A useful anticholinergic cognitive burden scale rates commonly used drugs in categories and permits an anticholinergic burden score to be calculated¹⁰. This enables prescribers to determine the drugs most likely to be contributing to cognitive decline or peripheral anticholinergic symptoms, and to prioritize dosage reduction or discontinuation.

Medication reconciliation is defined as "systematic and comprehensive review of all the medications a patient is taking to ensure that medications being added, changed or discontinued are carefully assessed and documented."¹¹ It focuses on ensuring that medications received in one care setting are continued in the new setting. "If it's on the list, it won't be missed"¹² is a first step in avoiding problematic polypharmacy. The next step, structured medication review and planned medication optimization, that involves the patient, caregiver and, where appropriate, other health care providers can reduce the hazards of inappropriate polypharmacy through drug dosage reduction and discontinuation. "If it won't be missed; strike it from the list" may serve as a useful reminder to busy clinician.

<http://www.cpsa.ca/polypharmacy-appropriate-problematic/>

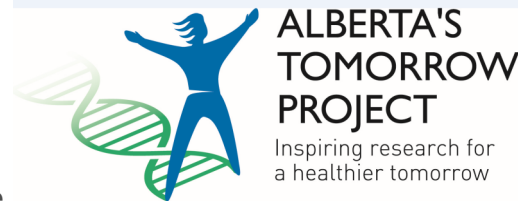
References

1. Duerden M, Avery T, Payne R. Polypharmacy and medicines optimization: Making it safe and sound. *The King's Fund* 2013 ISBN: 978 1 909029 18 7.
2. Hanlon JT, Schmader KE, Samsa GP. 'A Method for assessing drug therapy appropriateness'. *Journal of Epidemiology* 1992 vol 45, 99 1045-51.
3. Fick D, Selma T, Beizer J, et al. American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2012 Apr;60(4):616-31. doi: 10.1111/j.1532-5415.2012.03923.x. Epub 2012 Feb 29.
4. Gallagher P, et al. STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment). Consensus validation. *International Journal of Clinical Pharmacology and Therapeutics* 2008, vol 46, pp 72-83
5. Avery AJ, et al. A pharmacist-led information technology intervention for medication errors (PINCER): a multicenter, cluster randomized, controlled trial and cost-effective analysis. *The Lancet*, 2012a, vol 329, pp 1310-9.
6. Naugler CT, et al. Development and validation of an improving prescribing in the elderly tool. *Canadian Journal of Clinical Pharmacology*, vol 7, no 2, pp 103-7.
7. Basger BJ, et al. Inappropriate medication use and prescribing indicators in elderly Australians: development of a prescribing indicators tool. *Drugs Aging*, 2008, vol 25, no 9, pp 777-93.
8. WeMeRec. 'Prescribing for Older People'. 2011 Welsh Medicines Centre Bulletin (online). Available at: www.wemerec.org
9. <http://choosingwisely.org/> 10. http://agingbraincare.org/uploads/products/ABC_scale_-_legal_size.pdf 11. <http://accreditation.ca/sites/default/files/med-rec-en.pdf> 12. <http://www.albertahealthservices.ca/hp/if-hp-medrec-public-posters.pdf>

Alberta's Tomorrow Project (ATP)

Alberta's Tomorrow Project (ATP) is the province's largest health research study, aiming to reveal what causes and what may prevent cancer and chronic diseases.

ATP is a 50-year long-term cohort study and has enrolled 55,000 Albertans since the year 2000. Through the participation of these Albertans, ATP has data and biological samples that scientists will be able to use to explore how lifestyle, genetics, and environment influence the health of generations to come. ATP is inviting requests from researchers for access to the data and bio-specimens, for advancing knowledge in the areas of cancer and chronic diseases.



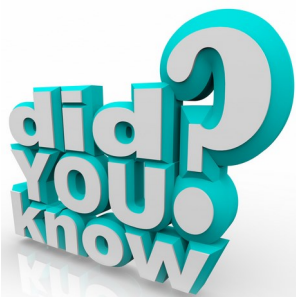
For more information on the use of ATP for research, please visit <http://myatp.ca/> or write to ATP.Research@ahs.ca.



The Seniors' Health SCN Appropriate Use of Antipsychotics project will be represented at the upcoming American Society of Consultant Pharmacists (ASCP) Annual Meeting and Exhibition on November 4-6th, 2016 in Dallas Texas.

The ASCP represents pharmacists that have specialized in senior care with a focus in long term care and supportive living. Visit <http://annual.ascp.com/>

Dementia Advice Update



- About 25 referrals are received by Dementia Advice through Health Link per week
- A single referral is benefitting at least two people, the caregiver and the person with dementia, if not more (other family members, for example)
- At any given point, Dementia Advice through Health Link has a case load of about 60 open referrals, all in various stages of assessment
- Important inquiries are made prior to each and every assessment (recent acute care admissions, home care services in place, etc.) to gain as complete a picture as possible before the main conversation
- Significant follow-up is required after each assessment, identifying relevant resources, sharing information, and facilitating connections
- The Dementia Advice Nurses spend over half their time talking on the phone to clients, related to either the initial assessment or to follow-up conversations
- The remainder of their time is spent conducting pre-assessment inquiries and post-assessment follow-up, completing administrative duties, and nurturing relationships with important community partners and resources
- The Dementia Advice Nurses follow up with callers about a month after the issue was addressed, to check on the original concern, to inquire as to the effectiveness of suggested strategies, and to see if connections to resources had been made

Dementia Advice
Available through Health Link



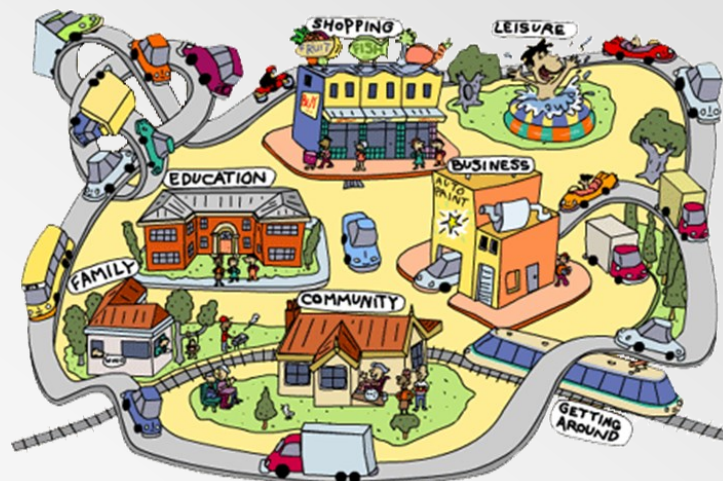
Articles and Quick Links of Interest

- **Demystifying Delirium, ABRN Magazine Summer 2016 (page 18) By Verdeen Bueckert, MCL, BScN, Practice Lead, Seniors' Health, SCN** Reprinted with permission from *Alberta RN* (ISSN 1481-9988) Summer 2016 Volume 72 No 2 © College and Association of Registered Nurses of Alberta (CARNA).” [Article Link](#)
- **“IHE Innovation Forum XV - Presentation on High Needs & High Cost Patients in Healthcare – Dr. R. Lewanczuk”** <https://vimeo.com/channels/907291/173161427>
- **Why rehabilitation must be a part of acute care, British Geriatric Society** [Article Link](#)
- **Prevalence and Monetary Costs of Dementia in Canada, Alzheimer Society** [Read More](#)
- **Heathrow becomes world's first 'dementia-friendly' airport, CTV News** [Read more](#)

Community Innovation Grant For People Affected by Dementia

Albertans have clearly expressed a desire to remain in their homes and communities as they age and experience health concerns. In order to support individuals to remain at home, integrated community based health and social services are required that optimize individuals independence, quality of life and wellbeing, including those Albertans that have dementia.

Increasing knowledge and capacity to provide integrated, person-centred services for Albertans impacted by dementia (including people living with dementia and their caregivers) is key to supporting people affected by dementia to live well in their communities.



Opportunity

An internal and external request for proposal was issued by AHS on July 7th, and closed on July 29th, 2016. This grant initiative, funded by Alberta Health will provide one time funding to support community and health service providers to develop and implement innovative projects and/or introduce or build on new and creative approaches to person-centred dementia services in Alberta. Grants of a minimum \$25,000.00 to a maximum of \$75,000.00 will be issued to the successful proponents.

This opportunity was open to interested and eligible community based organizations, recreation or arts and cultural organizations, continuing care service providers, public, not for profit and for profit organizations and residential care providers. This included community groups, non-governmental and governmental organizations in urban and rural communities, including native band lands.

Stay tuned for the announcement of the successful project teams next month!

For more Information...

In the coming months we will keep you posted on the work of our Seniors Health SCN.

If you wish to learn more, or become more involved, please contact us at seniorshealth.scn@ahs.ca