

Reducing Antipsychotic Usage in Long Term Care Facilities

**By Ken Brummel-Smith, MD
FAHA H&S Medical Director**

For a number of years, experts in geriatric medicine and psychiatry have been questioning the use of antipsychotic medication in persons with dementia. Symptoms that look like those seen in non-demented psychotic patients are commonly seen in persons with dementia – hallucinations, delusions, resistance to care, irritability, and many others. It seems natural that antipsychotic drugs would be used for these symptoms. However, as the problem was more closely studied, it became apparent that not only were these drugs often ineffective, they actually increased the harm experienced by patients with dementia. Over-sedation, parkinsonian movements, and falls are common. More concerning, these drugs increase the death rate of people on them. At first, we thought this may be due to using older drugs, like thiorazine or haloperidol. But then studies showed the newer drugs had the same effects. For this reason, the American Geriatrics Society released this “Choosing Wisely” recommendation: “Do not use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.”ⁱ

Gradually a movement to reduce the use of these drugs in people with dementia began. Similar to the movement decades ago to reduce the use of restraints in LTC facilities, this movement has seen some successes and some stumbles. Like the former movement, the Center for Medicare and Medicaid Services (CMS) has adopted the reduction in the use of antipsychotic drugs as a quality marker. The states have followed their lead, and our state has gone further in connecting a facility’s use of these drugs to the credentialing process for managed care organization’s contracts with facilities. CMS has formed the National Partnership to Improve Dementia Care in Nursing Homes with the mission to deliver care that is truly person-centered.ⁱⁱ

While this subject can create stress for providers and staff, it is important to go back to the basics of why these changes are actually very good in the long run. The bottom line has to be the quality of care of our residents. The real goal of the change in the use of these drugs is not to get their number down. The real goal is to ensure that interventions that really work – optimizing the environment of the resident, better staff training, and the use of other non-pharmacologic measures – get implemented and used effectively.

There are a number of steps that facilities can implement to improve the life of people with dementia and reduce the use of antipsychotic drugs. These measures fall in 6 major categories – create a physical environment that is welcoming and calming, have an adequate number of well-trained staff who know how to deal with a person with behavioral expressions, properly assess any person with behavioral expressions for treatable medical conditions (such as pain, a new illness, or medication side effects), have available non-pharmacologic treatments (such as music or pet therapy), when an antipsychotic medication is used ensure that the target symptom is appropriate and the usage is time-limited, and institute a continuous quality improvement program to monitor

interventions and adjust as needed. An excellent summary can be found at:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC181170/>

One thing is certain – as CMS moves away from a fee-for-service model towards pay for performance and quality, the use of antipsychotic drugs will play a large role. These drugs are one of the only class of medications which have a “black box warning” starting that they are “not approved for dementia-related psychosis.” Facilities that continue to use them above expected rates will not only experience contracting problems, but are likely to expose themselves to litigation. On the positive side, adoption of a more person-centered approach will not only make for a better experience for persons with dementia, but is likely to lead to greater staff satisfaction and lower costs.

ⁱ <http://www.choosingwisely.org/societies/american-geriatrics-society/>

ⁱⁱ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html>