Psychotropic Medications and Common Psychiatric Disorders in the Long Term Care Setting

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Objectives

1. The learner will be able to recall the most common psychiatric diagnoses seen in the long-term care setting and common treatment modalities.
2. The learner will be able to apply non-pharmacological techniques to psychiatric diagnoses in the long-term care setting.
3. At the end of the presentation, the attendees will be able to identify the rules of Medicare and Medicaid services for prescribing psychotropic drugs in the long-term care setting.
4. At the end of the presentation, the attendees will be able to determine the difference between dementia and delirium.

Criteria for Dementia

- DSM-5 criteria replaces dementia with mild and major neurocognitive disorder
- Dementia refers to a decline severe enough to interfere with daily life
- Common characteristics in dementia:
  - Memory impairment (STM and LTM)
  - Communication and language impairment
  - Ability to focus or pay attention
  - Reasoning and judgment
  - Visual perception

Dementia Testing

- MMSE
- Mini-Cog
- MOCA
- SLUMS

MMSE

Mini-Cog
1. Alzheimer Dementia

- The most common type of dementia
- Causes: Amyloid plaques and Tau tangles in the brain
- Usually can be seen on MRI/CT scan as atrophy to the brain
- Common symptoms: LTM and STM deficits, poor executive functioning, difficulty communicating as the disease progresses, and behavioral disturbances in 20-30% of cases
- A dementia diagnosis is based on history from family and neuro-psych testing, however the definitive test can only be done by biopsy of the brain showing amyloid plaques
- Nothing can cure Alzheimer dementia but the use of Cholinesterase inhibitors (Exelon (Rivastigmine), Aricept (Donepezil), and Razadyne (Galantamine) in combination with NMDA receptor antagonist (Namenda (Memantine) can slow down the progression of the disease
- Sometimes other medications are needed to manage behavioral disturbances if present. Symptom management may be necessary when non-pharmacological approaches are uncontrolled

2. Vascular Dementia

- Second most common type of dementia accounts for 10% of dementia cases
- Often referred to as “post-stroke” dementia as it is caused by micro-strokes or cardiovascular problems
- Common symptoms: vary from mild to severe confusion, expressive or receptive aphasia, and trouble with STM and executive functioning
- These changes can be seen on an MRI scan of the brain
- Treatment: it is important that patients are controlled on medication for their risk factors (heart disease, diabetes, high cholesterol, etc). NMDA receptor antagonist, such as Namenda (Memantine), can be helpful
- It is important that we screen patients for depression and other underlying symptoms as they are common in vascular dementia
Lewy-Body Dementia

- This is the third most common dementia, seen in 10-25% of cases.
- Hallmark symptom is the alpha-synuclein protein (Lewy body deposits) that occur in the brain, usually seen post-mortem on autopsy.
- Most patients with this type of dementia also have Parkinson's type symptoms: hunched posture, rigid muscles, and shuffling gait.
- Common symptoms: confusion, memory loss, anxiety, depression, and hallucinations.
- Treatment options include medication and behavior management.

Fronto-Temporal Dementia

- Also called 'Pick's disease'.
- Characterized by protein tau deposits in the frontal and temporal regions.
- Common symptoms: poor judgment, progressive aphasia, and behavioral changes.
- Usually seen at an earlier age, most common in 45-65 year olds.
- This type of dementia is highly genetic.
- Treatment: behavior management is important in this type of dementia. Treatments for agitation, mood fluctuations, and depression are necessary to improve their symptoms.

Dementia Versus Delirium

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<tr>
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<tbody>
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<td>Reactivity</td>
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Other Psychiatric Disorders in Older Adults

- Depressive Disorders
- Anxiety Disorders
- Behavioral Disturbances
- Sleep Disorders
- Psychosis
- Chronic Major Mental Illness

Depressive Disorders

- Common problem among older adults.
- Life changes in the older adult give rise to depression symptoms.
- Depression symptoms in the older adult are harder to recognize than in the younger population.
- Older adults present first with increased irritability, insomnia, somatic complaints, and irritability.
- Older adults have more medical conditions increasing depression risk.
- Treatment: combination of medication and therapy is best.
- SSRI agents.
- SNRI agents.
- Cognitive behavioral therapy and reminiscence therapy.

Anxiety Disorders

- A very common disorder in older adults.
- Causes significant impact on patients' quality of life.
- Generalized anxiety disorder is the most common type of anxiety in this older adult population.
- Combination of therapy and medications is best care practices.
- Treatment: SSRI/SNRI are favored in treatment of anxiety, benzodiazepines should be avoided in this population due to co-morbidities and fall risk.
Behavioral Disturbances

- 90% of patients with dementia progress to developing behaviors
- Motor and non-motor symptoms
- Causes immense caregiver burden, hospitalizations, and increased nursing home stays
- Ruling out medical causes for behaviors is VERY important before initiating medications
- Non-pharmacological behavioral interventions are more successful for this condition over using medications
- Staff-patient interactions is a common precipitating factor for behaviors in nursing homes

Psychosis

- Most common cause of new-onset psychosis is usually dementia or delirium related
- Rule out medical causes: lab work (CBC, CMP, Ammonia level, UA/CBS, and heavy metal), x-ray, and prescription drugs (anti-cholinergics and sedative-hypnotics)
- If dementia-related psychosis attempt to use non-pharmacological approaches before antipsychotic medications

Sleep Disorder

- Sleep disturbances are common in older adults
- Common issues with sleep in the elderly: decreased REM, nighttime wakefulness, increased onset of sleep, and daytime hypersomnia
- Physical activity and mental stimulation during the day is most important
- Anticholinergic and "Z" sleep aids should be avoided in this age group (ex: Benadryl (Diphenhydramine) or Tylenol PM (Acetaminophen))
- Use of natural approaches such as Melatonin should be tried first before sedative-hypnotics
- If using sedative-hypnotics should be used short term 3 weeks or less and in small dose with a short half-life (Trazodone (Desyrel), Remeron (Mirtazapine))

Chronic Major Mental Illness

- As patient’s age, chronic mental illness (Bipolar and Schizophrenia) for patients becomes less problematic and they need less medication
- Older men have the highest completed suicide rate out of all age groups
- Chronic mental illness can exacerbate medical co-morbidities

Non-pharmacological Approaches

- Environmental interventions are very important as we have to keep the patient/other residents safe while allowing for patient to remain as independent as possible. Use of environmental techniques has proven to be successful in managing behaviors while keeping medication use low
- Local retain (familiar objects, consistent routines, and contact with family/familiar people)
- Minimize clutter by changing their living space to allow for wandering or moving of objects
- Initiate standard calm/rest times to decrease patient fatigue
- Keep environment calm and keep noise to a minimum
- Keep the environment as consistent as possible - minimize change in permanent
- When a patient is agitated do not “gang up” or ask excessive questions which will only exacerbate the situation
- Listen to the patient talk about their losses

Non-Pharmacological Interventions

- Most patients respond best to non-pharmacological approaches that decrease behaviors and promote independence
- Important to remember that older adults in a nursing home no longer are able to adapt to changes so the environment must adapt to them
- Music
- Aromatherapy
- Pet Therapy
- Regular Exercise
- Art therapy
- Cognitive activities
- Presence Therapy
- Massage Therapy
Medicare and Medicaid Services

- Centers for Medicare and Medicaid Services (CMS) has been implementing rules for quality care for residents including use of antipsychotic medications
- Recently, CMS has focused on the overuse of psychotropic medications for behavioral disturbances under the Black Box Warning
- The definition for a psychotropic medication per CMS is any drug that affects brain activities associated with mental processes and behavior
- Includes the following drug categories: antipsychotics, antidepressants, antianxiety, hypnotics, central nervous system agents, neuro stabilizers, anticholinergics, etc.

Medicare and Medicaid Services PRN Rule

- Limit use of PRN medications:
  - All PRN medications are limited to a 14-day supply as of November 2017
  - Most PRN medications can be extended per the MD/NP if benefits exceed the risks without making a visit
  - Antipsychotic PRN medications cannot be extended beyond the 14 days unless the patient has been seen and clinical rationale is documented in the note and a new prescription is written for the medication every 14 days

Medicare and Medicaid Services GDR Rule

- Residents who receive psychotropic drugs in a nursing home must receive a gradual dose reduction (GDR) and behavioral intervention unless clinically contraindicated to help remove unnecessary medications
- GDR requests are sent out on all patients receiving psychotropic medications every 6 months to determine if patient still needs current psychotropic medication regimen
- This is a requirement per CMS guidelines

Medicare and Medicaid Services Appropriate Use of Antipsychotics

- Only approved diagnosis for antipsychotics in nursing homes: Schizophrenia, Schizoaffective, manic-depressive, and Tourette's syndrome
- May be used for Bipolar, treatment resistant depression, and PTSD with documentation of clinical rationale in the note
- Use of antipsychotic medications for behavioral disturbances in dementia is considered a chemical restraint and an unsupervised reason for use without proper documentation showing progression of medication trials and documentation

Medicare and Medicaid Services Black Box Warning

WARNING: INCREASED MORTALITY IN SENIOR PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (median duration of 1 year) of antipsychotic drugs, largely in patients with chronic psychotic symptoms, showed a risk of death in drug-treated patients of between 1.6 to 1.7 times that of placebo-treated patients. Although the causes of death were variable, most of the deaths appeared to be either cardiovascular (e.g., heart failure, arrhythmia, myocardial infarction, ischaemic heart disease) or infectious (e.g., pneumonia). Observational studies suggest that similar to patients with dementia-related psychosis, treatment with conventional antipsychotic drugs may increase mortality. The risk to benefit ratio of antipsychotic drug use for elderly patients with dementia is unknown. Black Box Warning and Precautions 05-22

References


References (Cont)


Questions