ACR Fact Sheet #2:

Antipsychotic Medications In Long Term Care

November 2012

What Are "Antipsychotics" and Why Are They Used in Long Term Care?

Antipsychotic medications are drugs used to treat the psychotic symptoms of psychiatric illnesses such as schizophrenia. These symptoms include hallucinations as well as delusions which are fixed, false beliefs. Examples of antipsychotic medications commonly used in long term care settings are risperdone, quetiapine, olanzapine, clozapine, haldol and loxapine.

In recent years, many individuals and organizations from around the world, including the Office of the British Columbia Ombudsperson have published papers and reports that argue against the use of antipsychotic drugs for persons with dementia except in extreme or emergent circumstances, i.e., where there is danger to self or others. Unfortunately, in hospitals and care facilities, antipsychotic drugs continue to be given for dementia-related symptoms (often referred to as Behavioural and Psychological Symptoms of Dementia ["BPSD"] and neuropsychiatric symptoms of dementia) such as calling out, wandering, agitation and resistance to care.

Research *does not support* the use of these drugs for behaviours that are not aggressive or psychotic. In addition, antipsychotics can lead to serious outcomes including increased risk of falling, agitation, functional decline, urinary problems and worsening of confusion. Also, they can increase the risk of death related to stroke and heart attack. Health Canada has issued a "black box" warning (2005) in reference to the use of antipsychotic drugs in older adults with dementia. This is the highest warning level Canada Health can provide. In 2011, the British Columbia Ministry of Health published a report entitled "A Review of the Use of Antipsychotic Drugs in British Columbia Residential Care Facilities" which guides health care professionals to look for non-pharmacological interventions for behaviours related to dementia.

When words are lost because of dementia, behaviour becomes the person's best means of communication. Before considering drugs for behaviour, members of the interdisciplinary team must complete a thorough assessment to rule out the many reversible and/or treatable causes of behaviours such as pain, delirium, constipation, nausea, fear, anxiety, medication side effects, depression, fatigue, sensory stimulation and loneliness.

Where antipsychotic drugs may be indicated, several factors should guide ordering and administration:

- It is very important to "start low and go slow" – a *lower* dose than prescribed for a middle-aged person with *gradual increases if this is necessary.*
- The medication ordered must take into account the diagnosis and *type of dementia* – there are important differences between Alzheimer's disease, Fronto-temporal dementia, Lewy Body dementia, etc.
- Staff must closely monitor the patient or resident for side effects and adverse reactions. Side effects can include problems such as increased confusion, dizziness, unsteadiness and excessive sedation. In some cases, "adverse" reactions can be life threatening.
- *A plan to gradually reduce and discontinue the drug should be undertaken as soon as feasible.*

Are There Alternatives to Antipsychotic Medications in Dementia Care?

Definitely yes!

Working with a "person-centred" philosophy of care, staff members are able to modify the environment to meet the specific needs of the resident, support his or her existing strengths and abilities, and provide non-drug interventions. The purpose of modifying the environment is to reduce or eliminate issues that could trigger problematic behaviours. Staff plan care based on their knowledge of the resident – this allows them to honour long-standing preferences and schedules such as time of waking in the morning, enjoyable foods, meaningful activities, bedtime routines, etc.

Care giving staff members who *know the person* should be able to recognize how each resident reacts to pain, fear, frustration, anxiety, thirst, boredom and other stressors. Does a need to use the washroom result in agitated behavior? Will a "directive" tone of voice result in resistance? If the fire alarm goes off, does the person become fearful and anxious? Will boredom lead to restlessness? Does sensory overload cause frustration and tears? Is the resident calling out repeatedly to ask for a connection with the world? When staff members "listen to" behavior, they can usually assess for, and resolve, the unmet need or problem.

Many non-drug interventions work well to reduce anxiety and agitation: hand massage, music, physical exercise, aromatherapy, meaningful activity, looking at photographs,

visiting with companion animals and gardening. Try these strategies before starting medications – they may eliminate the need for drugs and/or restraints.

Are you hearing that staffing levels are inadequate to provide non-drug interventions? The reality is these "person-centred" approaches actually take less time in the long run. When staff know how to communicate and interact effectively with the individual, care is easier: preventing a problem is always easier than fixing one. When the philosophy of care tells staff that "the person is more important than the task", they don't have to rush care – this helps the resident and also contributes to improved work satisfaction. Examples of such philosophies of care are the "Eden Alternative" and "Gentle Care".

What You Can Do As An Involved Family Member …

If you have questions about the use of antipsychotic medications, here are some approaches you may find helpful:

- Express your desire to be involved in all decisions surrounding use of medications and stay in touch with the nursing staff.
- If your loved one is receiving medications, ask to speak with the doctor and/or the facility's pharmacist about possible side effects and adverse reactions.
- Approach the nurse if you notice any change in physical status, mental capacity and/or behaviour that may be related to medications.
- Attend care conferences where these issues are discussed.
- Give the nurse information that will support person-centred care: your loved one's strengths, usual routine, food preferences, values and beliefs, fears, phobias and comfort measures.
- Offer personal history about your loved one such as preferred name, personality type, career highlights, religious affiliation if any, level of education and first tongue if English is a second language.
- Know that behaviours related to dementia change over time – they can decrease in intensity and frequency or even disappear. Also remember that "relocation stress", experienced by the person at the time of facility admission or transfer to hospital, can *temporarily* cause an increase in behavioural challenges. Where possible, getting through these transitions without medications is ideal.
- When you visit, try some of the therapeutic activities outlined above, for example giving your loved one a hand massage or enjoying music together. Encourage other visitors to do the same.
- Join the facility's Family Council and encourage the group to support managers and staff in providing non-drug interventions for dementia-related behaviours.
- Learn more about the various types of dementia from the B.C. and Canadian Alzheimer's Societies and care giver support associations in your area.

Further Reading

Office of the B.C. Ombudsperson. Part Two of the Seniors Report, 2012. *The Best of Care: Getting it Right for Seniors in British Columbia; Public Report No.42 February 2012.* (Overview*: Antipsychotics pg107; Chemical Restraints pgs 103-106;* Volume 2*: Restraints pgs 282-294)* This important Report is downloadable from: www.bcompudsperon.ca or call 250-387-5855 or 1 800 567 3247 for a copy.

Health Canada, Health Products and Food Branch (2005). Subject: "Increased Mortality Associated with the Use of Atypical Antipsychotic Drugs in Elderly Patients with Dementia" cadrmp@hc-sc.gc.ca

British Columbia Ministry of Health (2011) *A Review of the Use of Antipsychotic Drugs in British Columbia Residential Care Facilities.* http://www.health.gov.bc.ca/library/publications/year/2011/use-of-antipsychotic-drugs.pdf

British Columbia Ministry of Health (2012) *Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care – A Person Centred Interdisciplinary Approach* http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf

Wipond, R. (June, 2011) Crisis behind closed doors. *Focus Magazine*. http://www.focusonline.ca/sites/default/files/Focus_2011-06_June.pdf