

WHY IS THIS IMPORTANT?

Risks of Antipsychotic Use in Dementia

- **Increases mortality/morbidity**
 - Death or stroke for 1 in 80
 - Sedation for 1 in 10
 - Trouble walking for 1 in 15
 - Movement disorders for 1 in 30
- **Side effects**
 - Cardiac issues
 - Confusion
 - Constipation
 - Delirium
 - Dry mouth
 - Falls
- **Does not treat/manage the underlying problem**

WHAT ELSE IS CONTRIBUTING TO THIS INITIATIVE?

- Annual Care Conferences
- Bi-Annual Medication Reviews
- Antipsychotic reassessment every 3 months
- DementiAbility
- Gentle Persuasive Approach (GPA)
- Violence Risk Prevention Education
- Assessment using RAI-MDS 2.0

LEARNINGHUB MODULES

- NHA-CL-Elder Services Antipsychotics and their Appropriate use for clients with Dementia **Code: 29148**
- NHA-RAI-RAI 2.0 and Appropriate Use of Antipsychotic Medications in LTC homes **Code: 26281**
- NHA-CL-Dementia Observation System (DOS) **Code: 29300**

References:

1. Kirkham J, Sherman C, Velkers C, et al. Antipsychotic Use in Dementia: Is There a Problem and Are There Solutions? *Can J Psychiatry* 2017; 62:170–181.
2. Bueckert V, Cole M, Robertson D. When Psychosis Isn't The Diagnosis: A Toolkit For Reducing Inappropriate Use of Antipsychotics in Long Term Care. *Choosing Wisely Canada*: 2019.
3. Nerius M, Johnell K, Garcia-Ptacek S, et al. The Impact of Antipsychotic Drugs on Long- term Care, Nursing Home Admission, and Death in Dementia Patients. *The Journals of Gerontology: Series A* 2018; 73: 1396–1402.
4. Van Leeuwen E, Petrovic M, van Driel ML, et al. Withdrawal versus continuation of long-term antipsychotic drug use for behavioural and psychological symptoms in older people with dementia. *Cochrane Database of Systematic Reviews*; 2018. Epub ahead of print 30 March 2018. DOI: 10.1002/14651858.CD007726.pub3.
5. Ton J, Ramji J, Allan GM. Agitation in Dementia: Quantifying the effects of antipsychotics. *Tools for Practice*; 2018, available at: https://gomainpro.ca/wp-content/uploads/toolsforpractice/1519252543_tfp206agitationanddementiafv.pdf



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Reducing Inappropriate Use of Antipsychotics in Long-Term Care



northern health
the northern way of caring

ANTIPSYCHOTICS INCLUDE:

- Quetiapine
- Risperidone
- Olanzapine
- Haloperidol
- Aripiprazole
- Loxapine, and others

WHAT IS APPROPRIATE USE?

- Confirmed mental health diagnosis
 - Schizophrenia
 - Delusional disorder
 - Bipolar disorder, and others
- Distressing hallucinations and delusions not caused by delirium
- Behaviour that places self/others at risk of injury or harm

INAPPROPRIATE USE?

Behaviours where Antipsychotics are NOT appropriate to treat or may worsen

- Pacing, restless, fearful/upset, wandering
- Sleep disturbance, sundowning
- Shouting/calling out/cursing
- Repetitive questions
- Socially or sexually inappropriate behaviours (e.g. masturbation, spitting)
- Aggression during personal care
- Hoarding/protective of territory

EVALUATING POSSIBLE CAUSE(S) OF RESPONSIVE BEHAVIOUR

Discomfort

- Too hot, cold or itchy
- Hunger, thirst
- Elimination difficulty (constipation, unable to find or recognize bathroom)
- Fatigue

Medical/Biological

- Pain
- Dehydration
- Delirium
- Disease progression
- Excessive medications/combinations

Psychosocial

- Loneliness, depression
- Stress
- Relationship influences
- Language/Cultural factors

Environmental

- Over/under stimulation
- Boredom
- Inconsistent routine
- Overcrowding, noise, lighting
- Provocation by others

HOW TO MANAGE/PREVENT UNDERLYING CAUSES

- Reassurance
- Sleep routine, sleep hygiene
- Redirection/offer choices
- DementiaAbility/ GPA training
- Treat potential underlying issues:
 - Depression/anxiety
 - Sleep disturbances
 - Uncontrolled pain
 - Constipation
 - Other un-voiced needs

TOOLKIT/RESOURCES

- **10-500-5013** Dementia Observational System (DOS) Tool
- **10-315-2023** Violent Behaviour Assessment of Underlying/ Contributing Factors
- Choosing Wisely Canada Toolkit: When Psychosis isn't the Diagnosis
- Appropriate use of Antipsychotics (AUA) Toolkit – Alberta Resource

QUESTIONS?

- Ask your LTC Pharmacist

