



Guidelines for Reducing the Use of Antipsychotic Medications in Nursing Homes

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Colorado Health Care Association's (CHCA) Safely Reducing the Off-Label Use of Antipsychotic Medications Task Force designed this pamphlet for use by long-term care staff. It is not intended as THE ANSWER but rather as a guideline or template to assist you in providing the best quality, safest care to your residents.

The intent of the American Health Care Association's (AHCA) Quality Initiative to safely reduce the off-label use of antipsychotics is to encourage alternative strategies for responding to challenging behavioral expression in persons living with dementia before considering medications and to ensure that antipsychotic medications, when used, are as appropriate and safe as possible.

These drugs can produce negative outcomes, such as:

- Sedation,
- Falls with fractures,
- Hospitalizations,
- Reduced quality of life,
- Increased risk of death,
- Other complications resulting in poor health and high costs.

The use of antipsychotic medication to treat behavior associated with dementia is not supported clinically and is considered off-label by the FDA, which issued a "black box" warning for older adults with dementia.

In 2012, CMS launched the National Partnership to Improve Dementia Care in Nursing Homes, which AHCA supported, setting the goal of a 15% reduction. That goal was achieved by the end of 2014.

In September 2014, CMS along with AHCA and others set new goals to continue reducing the use of antipsychotic medications: **safely reduce the off-label use of antipsychotics in long-stay nursing center residents by an additional 10% by December 2015 and by 15% December 2016.**



The progress of this goal is measured by the Center for Medicare and Medicaid Services' (CMS) quality measure on the prevalence of off-label use of antipsychotic medications in skilled nursing care centers for long-stay residents, which is published on Nursing Home Compare:

www.medicare.gov/nursinghomecompare

Performance from the first quarter of 2011 to the fourth quarter of 2014:

23.9% = National decrease in use of antipsychotic medications.

17.8% = Region 8 decrease, which includes Colorado.

20.2% = Colorado decrease, which ranks 13th in the nation.

In addition, in 2015 CMS added the use of antipsychotic medications for both short-stay and long-stay residents to the Quality Measures by which skilled facilities are scored on the Five-Star Rating System. The public has access to this information so they can evaluate a nursing home's quality of care.

Person-Centered Care is a key concept in the culture change movement. Embraced by the long term care community in Colorado, this philosophy of care requires health care professionals to provide care and assistance in such a way that the individual is honored and valued and not lost in the daily tasks of caregiving. Emphasis is based on well-being and quality of life as defined by the individual. Reducing use of antipsychotic medication is a big

step in embracing wholeness of the individual and honoring the authentic self.

This pamphlet includes:

- Best Operational Practices to Eliminate the Off-label Use of Antipsychotic Medications
- Clinical Assessments Best Practices to Safely Reduce the Off-label Use of Antipsychotic Medications
- Understanding Federal Regulations F329 Related to Antipsychotic Use in Dementia Patients
- Addressing Unmet Need in Long Term Care to Eliminate the Off-label Use of Antipsychotics
- Family Education Letter: “Use of Antipsychotic Medications in Nursing Homes”

Colorado is a leader among states in these reduction efforts--through research, participation in task forces, such as this one, and collaboration with other organizations (e.g., Colorado Department of Public Health and Environment, Colorado Medical Directors Association, Colorado Department of Health Care Policy and Financing). By conducting a thorough assessment and risk-benefit analysis, offering staff, residents and families education, developing tracking systems, and by emphasizing person-centered care and providing non-pharmacological, environmental and alternative interventions, facilities can develop a systematic and effective method to reduce the use of antipsychotic medications and eliminate their off-label usage.

These tools are voluntary. For further information and resources, please refer to www.cohca.org to discover many additional tools and educational documents to further assist you in your efforts.

Please Note: *The recommendations contained herein as to the nature and scope of “best practices” are for general consideration in determining how to safely reduce off-label use of antipsychotic medications. The nature and scope of specific services with respect to any individual resident depends upon the health care needs of that resident. Such needs should be determined in consultation with the resident’s physician or other medical practitioner, facility health care staff and the resident, including the resident’s family or responsible party. As such, this consultation and the manner in which such needs will be addressed should be documented in the resident’s care plan and accordingly, the “best practices” represented in these guidelines and accompanying pamphlet should not be relied upon as the sole determinant for such specific purposes. The Colorado Health Care Association, and the authors and contributors to these guidelines and pamphlet disclaim any responsibility for the manner in which this information is utilized in any specific resident care situation.”*

CHCA Safely Reducing the Off-Label use of Antipsychotic Medications Task Force

Best Operational Practices to Eliminate the Off-Label Use of Antipsychotic Medications

In this section you will find recommendations from our Task-Force on some best operational practices to assist your community to reduce the off-label use of antipsychotic medications.

We believe these recommended practices will assist you to improve quality in other systems and processes within your community as well.



Policies, Procedures and Protocols

→ Create a Culture of Elimination Within Your Community

Professionals at all levels must be on the same page in regard to this initiative, including: corporate personnel, owners, administrators, the Director of Nursing, and all department managers. Through education, setting expectations, application of appropriate resources, and policy and procedure development and implementation, a culture of elimination can be created.

→ Review the Diagnoses of All Residents when Completing an MDS

Do this to ensure that residents' diagnoses are accurate. (Remember, the initiative does not currently penalize communities for the use of antipsychotic medications for residents with Schizophrenia, Huntington's Chorea, or Tourette's Syndrome.)

→ Implement a Protocol

Implement a protocol that requires the Director of Nursing, the Director of Resident Services, or other appropriate management designee to be contacted prior to requesting an antipsychotic medication from the physician; this management designee must be available 24/7. Ensure the Registered Nurse on duty completes an SBAR prior to contacting the management designee so information is accurate. The management designee must be knowledgeable about clinical assessments and behavioral interventions in order for this protocol to be effective. Additionally, you can inform your pharmacy of protocols, so they can provide extra support.

→ Implement Re-Hospitalization Prevention Initiatives Within Your Community

Re-hospitalization prevention initiatives recommend a thorough assessment of residents who demonstrate a slight change of condition. Often these assessments assist clinical teams to find an infection or other acute condition that can help to avoid hospitalization. The free *INTERACT* program provides tools to assist with the early detection of changes in condition, including the onset of new behaviors. The tools also provide interventions.

You'll find these tools at: <https://interact2.net/>

Policies, Procedures and Protocols (continued)

→ Implement Consistent Assignments Within Your Community

Consistent assignments means that the same staff members care for the same resident, so they are better able to identify changes in behavior and condition and learn the best ways to communicate with the resident. A goal for consistent assignments is to have 15 or fewer direct care givers (CNAs) work with a resident in one month. Advancing Excellence offers a free program for you to track your community's baseline as well as support to achieve your benchmarks.

You'll find this program at: <https://www.nhqualitycampaign.org/goalDetail.aspx?g=ca>

→ Obtain a Detailed Social History

A detailed social history is important for all residents, but particularly important for individuals who have impaired communication skills or dementia. A detailed social history assists your community to provide meaningful activities for each resident. www.crisisprevention.com

→ Pre-Admission Screening

Before admitting new residents into your community, ensure you have the programming and clinical capability to meet their needs. Invest the time in an on-site visit with the potential resident and their family. Review the potential resident's current history and physical, ER notes, nursing, therapy, and social services notes to get a complete picture of their needs. *INTERACT* provides a free, basic checklist.

You can access the checklist here:

https://interact2.net/docs/INTERACT%20Version%204.0%20Tools/Nursing_Home_Capabilities_List%20Dec%2016%202014.pdf

→ Communication with Hospital

If a resident is in the hospital, touch base with the case manager frequently prior to discharge to help plan goals and discuss the elimination of any antipsychotic medications initiated in the hospital.

→ Educational Opportunities for Staff

If your community serves residents with dementia, it is critical you offer education to all staff on Person-Centered Care and Dementia Care. The best practice is to provide comprehensive training for new hires and annually thereafter. The Centers for Medicare and Medicaid Services (CMS) offers a free training on dementia and abuse prevention titled Hand in Hand.

You can find that training here: <http://www.cms-handinhandtoolkit.info/>

→ Ensure Support from Hospice Providers

Ensure your hospice partners are educated and supportive of your efforts to eliminate the off-label use of antipsychotic medications. Remember, an order can be obtained 24/7 by the on-call nurse, and every community has a pharmacy e-kit, so medication can be accessed when needed. In the past, hospice providers wrote orders for and provided "hospice kits" that automatically included antipsychotic medications. At present we recommend an order be written only for medications currently in use and supported by an appropriate medical diagnosis.

Policies, Procedures and Protocols (continued)

→ Track and Report Antipsychotic Usage at Monthly Quality Assurance Performance Improvement (QAPI) Meetings

Celebrate successes in reduction, even if the reduction does not impact your Quality Measures (e.g., a resident who was on three antipsychotic medications and is now only on two). A complimentary resource to track medications is available on the Advancing Excellence website. You can obtain that resource here: <https://www.nhqualitycampaign.org/goalDetail.aspx?g=med>

Psychotropic Medication Review Committee Best Practices

→ Meet Monthly

Utilize F329 guidelines from the State Operations Manual (SOM). Include prescribers, including: primary care physicians, nursing, social services, pharmacy, medical directors and psychologists.

→ Review Assessments

Review assessments like the PHQ-9, Mini Mental and SLUMS as part of the committee procedure. You can find these assessments here:

http://phqscreeners.com/pdfs/02_PHQ-9/English.pdf <http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/MiniMental.pdf>
<http://aging.slu.edu/index.php?page=saint-louis-university-mental-status-slums-exam>

→ Ongoing Activities

- Review long-term residents quarterly or when there is a change in their status.
- Report any concerns or issues about resident before initiating a Gradual Dose Reduction (GDR)..
- Social services should touch base with the family and caregivers frequently for input and to provide support.
- Include behavior-monitoring tracking sheets.
- Care planning should be generated by the Interdisciplinary team.
- Care plans must be individualized and resident specific.
- For residents with a long history of antipsychotic medication use, we recommend they not be placed on a GDR until three months after admission. This allows the resident time to settle into the community's environment and may make the GDR more successful.

Tips for a Successful Gradual Dose Reduction (GDR)

→ Ongoing Activities

- Have a tracking method that records the resident's psychotropic medication history, changes in those medications and failed reductions.
- Ensure the GDR is care planned for the resident. Include resident-specific non-pharmacological interventions that are individualized and appropriate for the individual.
- Ask the resident, "What helps you relax?" "What do you need for this to be successful?"
- Initiate daily "huddles" with direct care and support staff so the team can talk about concerns and successes. We recommend you provide an agenda with specific questions to support the staff. The agenda should include issues related to any change in resident behavior. The *STOP and WATCH* tool is a good resource: <https://interact2.net/>
- Initiate 1:1 interventions as needed.

Daily Tracking

→ Ongoing Activities

- Daily review of physician Telephone Orders (TOs)
- Walking rounds with the Director of Nursing and Resident Services. Include staff interviews and review of behavior monitoring sheets.
- Review staffing levels (hourly Per Patient Days (PPDs))
- Review 24-hour reports for new behaviors, changes in condition, and concerns.
- Review and closely monitor incident reports.
- Review all *STOP AND WATCH* tools completed by staff. <https://interact2.net/>
- Monitor residents' bowel movements, because constipated residents may become anxious, angry and/or agitated.
- Communicate with CNAs and support staff who have contact with residents about any changes they may have observed.

Clinical Assessments: Best Practices to Safely Reduce the Off-Label Use of Antipsychotic Medications

The nursing department and clinical team play a critical role in eliminating the off-label use of antipsychotic medications within a community. By utilizing assessments and implementing proper interventions, many inappropriate antipsychotic medications will not be ordered. In this section, you will find best practices around clinical assessments and interventions.



Preventative Assessments

➔ Pre-Admission Screening

Prior to admitting a resident in your community, ensure you can meet their needs. It is important to consider the person's physical, mental, social and emotional needs. Review their current history and physical, current medications, diagnoses, and Preadmission Screening and Resident Review (PASRR Level II) screens. We recommend you perform a comprehensive, on-site assessment prior to admitting a new resident in your community.

➔ Social History

Upon admission the Resident Services, Social Services, or Activities department should complete a detailed social history for each resident. This helps your community create activities and interventions that meet the individual's needs. Areas to include in a social history include (but are not limited to): where the individual grew up, their childhood and adult family structures, daily routine preferences, education, work history, hobbies and leisure time preferences, their spiritual and religious beliefs and values, as well as their emotional needs, such as being around other people or wanting to be alone, hugging or touching, and the need to laugh or to cry.

Preventative Assessments (continued)

→ Medication Review

The pharmacist's "medication regimen review" should be completed monthly, and all medications should be reviewed for "right drug, right dose, right reason and right follow-up." When a resident is on a prescribed antipsychotic medication, a careful review of the resident's clinical history and use of the medications should be conducted. This allows the facility to determine if the medication is necessary. The pharmacist reviews all medications to ensure regulations are being followed. If needed, the pharmacist notifies the attending physician to obtain a diagnosis related to the use of the antipsychotic drugs, defined target symptoms, needed lab testing, and information about required monitoring. Additionally, the pharmacist asks the physician about regulatory requirements for evaluation of possible dose reduction. Best practice is for the pharmacist to track the timing of the physician's responses in order to monitor compliance with these requirements and to leave notes to the prescriber and to the Director of Nursing. At the next monthly review, the pharmacist monitors the prescriber's response to the previous month's review, to be sure concerns are addressed and that the community is meeting regulatory requirements.

Clinical Assessments

→ Prior to Starting a Psychotropic Medication

Train all staff in the *STOP AND WATCH* Early Warning tool, which identifies changes in residents' customary activity. When a staff-member completes this tool, establish a Protocol requiring that the RN assesses the resident immediately.

You can find the tool here: <https://interact2.net/>

Prior to contacting the Director of Nursing or the Resident Services Director to discuss a resident's change in behavior, ensure that an SBAR (Situation, Background, Assessment/Appearance, Recommendations) form is completed. The SBAR guides the nurse through a complete evaluation of the resident. We also recommend that nursing staff complete an SBAR prior to communicating any resident change of condition or needs to the Physician, Nurse Practitioner or Physician's Assistant.

Follow protocols established in the *INTERACT* tool on Change in Behavior and Acute Mental Status Change. You can find that tool here: <https://interact2.net/>

It is KEY to know and understand the resident's underlying need. What are they trying to communicate?

- Do they have an infection?
- Do they need to void or are they constipated?
- Are they experiencing some kind of delirium? If so, how much and what type? What was the cause?
- Are they trying to communicate an unmet need (e.g., cold, hunger, pain, etc.)?
- Are there environmental stressors (e.g., too loud, cluttered, dark, etc.) contributing, and what can be done to change or reduce this stressor?
- Is the resident having a response to medication they are already taking?
- What happens before, during and after the resident's behavior?

Clinical Assessments (continued)

Take vital signs: temperature, blood pressure, pulse, apical HR, respirations, oxygen saturation, and finger stick glucose for diabetics. By obtaining vital signs and conducting complete assessments, you may find that a change in behavior is actually due to an infection or anxiety due to an inability to breathe. With this information, you can implement the best and most appropriate course of treatment for the resident.

If indicated, conduct assessments of mental status, functional status, cardiovascular, respiratory, gastrointestinal/abdomen, genitourinary and skin systems.

Labs are frequently necessary to identify if a resident's behavior is due to delirium or dementia. Labs can identify dehydration, an infection, or a vitamin deficiency; these conditions may require clinical interventions, rather than an antipsychotic medication. Additionally, you can familiarize yourself with medications your residents take that require regular lab work to monitor both therapeutic and toxicity levels.

Care Planning

➔ Surveyor Requirements

- The care plan must have supporting documentation to justify any antipsychotic medication use.
- The community must demonstrate a clear, clinical rationale for the use of any of the medications beyond a diagnosis of dementia, dementia-related behavior.
- The community must have person-centered, individualized, environmental interventions.
- Care plans must be regularly evaluated and updated. Compare care plans with record reviews, interviews, and observations made by staff and by the resident.
- The care planning decision to use or not use varied interventions related to dementia care must include involvement from the resident, representative, or family member at many points along the care spectrum. This involvement should occur from the time of admission, through Care Planning, and if/when changes to the plan occur due to monitoring and re-evaluation.

➔ Staffing Considerations

- Are there sufficient staff to implement the care plan?
- Does staff monitor and follow-up on care plan interventions?
- Does staff document implementation of the care plan, effectiveness of interventions relative to target behaviors, changes in symptoms or the emergence of adverse effects, and do they collaborate with practitioners to adjust interventions as needed?

Education

→ Education for Staff

- Provide education to staff on Federal Regulations that impact the use of antipsychotic medications (e.g., F329: Unnecessary Medications, F309: Quality of Care, F248: Activities).
- Help staff understand that behaviors are communication about needs or distress (e.g., hunger, thirst, fear, pain, sadness, happiness, cold or heat).
- Ensure staff understands that aggressive or agitated behavior could be due to a change in or new medication or an underlying medical condition (e.g., infection, constipation).
- If behaviors are not dangerous to the resident or others and are not seriously distressing to the resident, it is a requirement that reasonable attempts of varied, non-pharmacological interventions are utilized to address dementia-related behaviors.
- Empower staff to try various non-pharmacological interventions prior to implementing an antipsychotic medication.

→ Education for Providers

- Involve your Medical Director in the QAPI process.
- Identify and correct deficiencies related to dementia care.
- Develop policies and monitor those policies to ensure implementation.
- Provide training in dementia care.
- Analyze data to monitor non-pharmacological and pharmacological interventions for effectiveness and appropriateness.
- Monitor physician compliance with pharmacists' concerns.

Understanding Federal Regulations F329 Related to Antipsychotic use in Dementia Patients

Included in this section is information from Federal Regulation F329, which requires skilled nursing facilities to review all medications in order to prevent the use of unnecessary medications. With the CMS initiative to safely reduce the off-label use of antipsychotic medications, surveyors are closely investigating the appropriateness of medication orders and documentation around their usage.



Antipsychotic Drugs Are Not Curative

→ Effectiveness

Antipsychotics are not usually effective for depression, affective blunting, anergia and anxiety. A common residual problem for individuals who use antipsychotic medications long-term is an impaired ability to tolerate even low levels of stress. This could lead to a diminished quality of social life and impaired function in other areas.

→ Mode of Action of Antipsychotic Medications

The exact mode of action is not fully understood. Nevertheless, current research suggests that these drugs decrease dopamine activity.

→ Side Effects

- Sedation
- Anticholinergic
- Extrapyramidal Symptoms (EPS)
- Orthostatic Hypotension

Antipsychotic Drugs Are Not Curative (continued)

➔ Antipsychotic Drugs Include:

- Risperidone (Risperdal)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Clozapine (Clozaril, Fazaclor)
- Ziprasidone (Geodon)
- Haloperidol (Haldol)
- Chlorpromazine (Thorazine)
- Loxapine (Loxitane)
- Pimozide (Orap)
- Fluphenazine (Prolixin)
- Paliperidone (Invega) and
- Aripiprazole (Abilify)

Appropriate Diagnoses for Antipsychotic Usage

Federal nursing facility regulations require that antipsychotic agents only be used when one or more of the following conditions exist:

- Schizophrenia or Schizoaffective disorder
- Delusional disorder
- Mood disorders (e.g. mania, bipolar disorder, depression with psychotic features, treatment of major refractory depression)
- Schizophreniform disorder
- Psychosis NOS
- Atypical psychosis
- Dementing illness with associated behavioral s/sx
- Medical illness or delirium with manic or psychotic symptoms and/or treatment-related psychosis or mania (e.g. thyrotoxicosis, neoplasms, high-dose steroids)
- Tourette's disorder
- Huntington disease
- Hiccups (not induced by other medication).
- Nausea and vomiting associated with cancer or chemotherapy

Target Symptoms

→ Use of Antipsychotic Medication Requires Tracking

The use of antipsychotics for the diagnosis of organic mental syndrome should be accompanied by identifying target behaviors.

We recommend clarifying the order to include target behaviors, such as:

- Hitting, biting, kicking, scratching, fighting, hallucinations, delusions, continuous crying, yelling, or screaming.
- The behaviors described above should be assessed as placing the individual or others at significant risk for harm or as severely distressing to the resident.

The specific target behaviors should be quantitatively monitored according to facility policy. In addition, baseline and routine assessments for involuntary movement disorders (AIMS or DISCUS) should be conducted at baseline and every six months thereafter.

→ Examples of Appropriate Target Behaviors for Antipsychotic Use

- Number of episodes of delusions/hallucinations that cause distress to the resident.
- Number of episodes of pacing to exhaustion.
- Number of paranoid statements related to a caregiver's intent that causes distress to the resident.
- Number of episodes of verbal aggression (e.g., threatening, screaming or cursing at others).
- Number of behaviors that place the resident at risk (e.g., exit-seeking, taking items from others that place the resident at risk).
- Number of socially inappropriate behaviors (e.g., disrobing, spitting at others, sexually acting out, throwing or smearing food or body waste, rummaging that places the resident at risk).
- Number of episodes of combative behavior that cannot be redirected (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually).

→ Guiding Principles for Persons with Dementia

- Document the details of behavior symptoms (i.e., nature, frequency, severity and duration).
- Identify the risks of behaviors.
- Discuss the potential causes of behaviors with the care team and the resident's family.
- Consider if symptoms are severe, distressing or risky enough to adversely affect the safety of the residents.
- Understand that behavior is a form of communication and try environmental and other interventions. Modify the environment and daily routines to meet the person's needs.
- Assess the effects of any intervention (pharmacologic or non-pharmacologic) and identify the benefits and complications in a timely fashion. Adjust treatments accordingly.
- For residents on warranted antipsychotics and other medications, use the lowest effective dose for the shortest possible duration, based on results for the individual.

Goals

→ Regular Review of Antipsychotic Use

If there are no alternatives and an antipsychotic medication is used “off label” for a resident who is harming themselves or others, the usage must be reevaluated frequently, and these reevaluations must be documented.

→ Potential Drug Interactions

Antipsychotic drug medication plus:

- Anticoagulants -- could result in possible increase protome/bleeding.
- Anticonvulsants -- could result in possible lowering of seizure threshold.
- Alcohol -- could result in increased CNS depression.
- Lithium -- could result in neurotoxicity
- Antihypertensives -- could result in possible increased side effects (i.e. hypotension)
- Antidepressants – could increase the effects of one or both of the medications

Risks

→ Black Box Warning

The FDA added a “Black Box Warning” with safety information regarding the use of antipsychotic drugs for behavioral disorders in elderly patients with dementia. In addition to death, other adverse drug reactions may include: drowsiness, dizziness, blurred vision, rapid heartbeat, sun sensitivity, skin rashes, weight gain, diabetes, high cholesterol, rigidity, persistent muscle spasms, tremors, restlessness and falls.

→ Nursing Responsibilities

- Observe for possible extrapyramidal symptoms (EPS).
- Carefully monitor patients with accompanying conditions, such as: epilepsy, cardiovascular disease, glaucoma, urinary retention, prostate enlargement, or intestinal obstruction.
- Be cautious with activity requiring mental/physical coordination.
- Monitor for orthostatic hypotension.
- Treat dry mouth with lozenges, gum, mouthwash, hard candies.
- Observe for red or brown urine. If observed, be sure to differentiate from bleeding.
- Check Fasting Blood Sugar (FBS) with atypical antipsychotic use.

→ Dose Guidelines

Reasons for and amounts of psychotropic medications are surveyed for appropriateness. Additionally, surveyors may assess the response to medications. If a beneficial response is not documented, the surveyor might look for tapered or discontinued usage.

Requirement for Gradual Dose Reduction (GDR)

➔ Federal Requirements

Federal nursing facility regulations require for ALL antipsychotics being used, whether to manage behavior or stabilize mood, that one of two things occur:

- a) A gradual dose reduction (GDR) be attempted in two separate quarters (with at least one month between attempts) within the first year in which a resident is admitted with or started on one of these medications, and annually thereafter.
- b) Documentation exists that demonstrates a gradual dose reduction is clinically contraindicated. GDR may be clinically contraindicated if the resident's target symptoms returned or worsened after the most recent attempt at GDR AND the physician has documented the clinical rationale for why any attempted dose reduction is inappropriate.

➔ Resources for Compliance

F329 Surveyor Training from CMS

How to access these videos for non-surveyors:

- Go to <http://surveyortraining.cms.hhs.gov>
- Click on “I am a provider”
- Click on “Reduction in Unnecessary Medications in Nursing Homes” on the menu at the top of the screen
- Click on the program you wish to view.

CMS released two new Survey and Certification (S & C) Memoranda (with attachments) related to new guidance on improving care for persons with dementia and reducing antipsychotic drug use in nursing facilities:

- [S&C: 13-35-NH: Advanced Copy: Dementia Care in Nursing Homes: Clarification to Appendix P State Operations Manual \(SOM\) and Appendix PP in the SOM for F309 – Quality of Care and F329 – Unnecessary Drugs \(available at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-13-35.html?DLPage=1&DLSort=2&DLSortDir=descending\)](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-13-35.html?DLPage=1&DLSort=2&DLSortDir=descending)
- [S&C: 13-34-ALL: Release of Mandatory Surveyor Training Program on Care of Persons With Dementia and Unnecessary Antipsychotic Medication Use – Release of Third Video \(available at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-andCert-Letter-13-34.html\)](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-andCert-Letter-13-34.html)

Addressing Unmet Need in Long Term Care to Eliminate the Off-Label Use of Antipsychotics

Many individuals who reside in nursing homes experience changes in their ability to communicate and process cognitively. What in the past we labeled as a "behavior," we now realize is simply an individual's expression of unmet need. This section offers education and techniques to identify, anticipate and meet those unmet needs.



Expression of Unmet Need

➔ Understanding the Expression of Unmet Need

- An unmet need, also known as a challenging behavioral expression, is how a person reacts to situations or stimulus.
- The expression of unmet need is a form of communication and may indicate things like thirst, cold, fear, etc.

➔ Basic Techniques to Manage Challenging Behavioral Expression

Provide meaningful and stimulating activities. Some individuals "act out" because they are bored. Keeping individuals engaged in activities meaningful to them helps to prevent challenging behavioral expression.

Provide rewards not punishment. Finding activities the individual enjoys is key to success in managing the expression of unmet need. To reinforce positive behavior, when an individual is not displaying challenging behavioral expression, offer them something they enjoy as a reward. Using behavior modification programs can be effective depending on cognitive ability. Always remember that "punishment" is not allowed in nursing homes or other facilities. You can never restrict an individual's rights to activities they enjoy or items that belong to them. For example, telling a resident they cannot go to an activity, have a meal or make a phone call is never allowed.

Set limits. Setting effective and appropriate limits takes practice. Be sure to provide clear, simple statements. It is important to be consistent and offer appropriate choices. Know your policies and do not set a limit you cannot implement.

Expression of Unmet Need (continued)

Become a detective. Try to find the real cause of any challenging behavioral expression. What took place before the resident became upset? Where were they? How were they acting? Could something be hurting them or is there some basic need (e.g., hunger, thirst, etc.) you can address? How were you able to calm them?

Recognize signs of anxiety. Anxiety can cause noticeable change in how an individual behaves. Prior to challenging behavioral expression, there are often verbal and/or non-verbal signs of anxiety. It is important for staff to be able to recognize signs of anxiety so you can intervene before the individual escalates to verbal or physical negative behavioral expression.

Be realistic about abilities. Offer appropriate choices whenever possible. At most stages of dementia, individuals are able to make a choice between two options.

Sequence your request. It is best if you give step-by-step directions to individuals with dementia. Generally, give an individual only one to two steps of a task at any time.

Offer reassurance. Offering verbal reassurance or physical reassurance (e.g., a gentle pat on the hand) can be helpful. It is also helpful to offer verbal validation of a person's feelings or needs.

Use redirection. Redirection is sometimes a physical intervention, such as when you change a person's direction in movement or change their physical location. Redirection can also be a verbal process, such as when you suggest something else to think about or talk about.

Use the “therapeutic lie.” This is the practice of telling “little white lies” or “fib” to prevent further agitating or upsetting a person with dementia. Although we know it is best not to lie, at times the truth can inflict unreasonable pain and mental anguish for an individual with dementia.

What if you do not know what to do? If you are faced with a situation concerning a person with dementia and you don't know what to do, try these suggestions: contact family/loved ones, review their social history, talk with other staff about the situation, or look for patterns in the resident's challenging behavioral expression (e.g., time of day or time of year).

Tips to Manage Common Challenging Behavioral Expression

→ Bathing

Bathing is often stressful for residents and can lead to challenging behavioral expression. Here are some things to consider beforehand:

- Consistency. Set a bathing schedule and keep to the schedule.
- Involve the individual in the scheduling process.
- Provide the resident with a calendar that has their shower days marked.
- Remind them frequently when their bath, shower or spa will occur.

Be mindful. Imagine having someone else assist you in showering. Think about how you would want to be treated in regard to dignity and respect. Before taking action, always explain to the person what you are doing and why. Inform the person what area of the body is going to be cleaned and get their permission first, if possible; this is especially important when cleaning perineal areas or areas with injury. Allow the resident to assist and participate in the process as much as possible.

What to do if they refuse to bathe? First, remember that individuals have the right to refuse. However, your job is to assist the resident to understand the importance of bathing. You may also try to negotiate: maybe the resident would be more willing to shower before bed or in the morning when they wake up. Wait a few minutes and re-approach the resident or try another caregiver. Sometimes all the approaches will not work; some people absolutely hate showering and for those individuals a bed bath or using the Bathing Without a Battle technique can be successful.

Traumatic experience. Some people have had past traumatic experiences with water or bathing. It is important to understand a person's history with bathing, including when and how a person bathed prior to living in your community.

Spa Day. Change the name of your bathing time or bathing area from "shower" to "spa" and create a spa like atmosphere. Use/provide special soaps, aromatherapy, and add decorations to the "spa room." To encourage residents, you might use a therapeutic lie by saying that they have a reservation at the spa, which has already been paid for, and they will not get their money back if they do not go.

Tips to Manage Common Challenging Behavioral Expression (continued)

→ Sundowning

Beginning at dusk, and sometimes earlier, residents may experience increased confusion, disorientation, anxiety, agitation, restlessness, insecurity, suspicion, delusions and hallucinations. This is called “sundowning.”

Tips to manage sundowning:

- Plan activities, appointments and trips during the day so there are fewer demands on the person in the late afternoon.
- Remember that fatigue plays a role in sundowning, as dementia (especially Alzheimer's) is often characterized by higher cognitive functioning in the morning but confusion and irritability in the evening when residents may be fatigued.
- Consider controlling the number of people who visit in the evening hours or confining noisier activities to another area.
- Reduce foods and beverages with caffeine (e.g., chocolate, coffee, tea and soda).
- Exercise can be beneficial. If a person tends to wander at sundown, you may encourage walking during the day.
- Play quiet music in the late afternoon instead of loud television.
- Help the person to feel secure and well protected.
- Prevent restlessness by engaging the individual in quiet activities they enjoy.

→ Sexually Inappropriate Expression

Clothing Removal. Remind resident that they must wear clothing outside of their room. Investigate environmental factors, such as: being excessively hot, clothing not fitting correctly or being uncomfortable. Address those issues.

Touching staff or making sexual propositions. This most often occurs when staff provides personal care. Staffs' response should be respectfully firm and direct, no matter the setting. Staff may say something like, “Please stop. [Name action] is unacceptable. If you do that again, I will need to get more help.” Staff will have to use good judgment and ensure the safety of the resident before terminating care. For individuals with a history of inappropriate sexual expression, it may be necessary to remind the resident beforehand about boundaries. A team approach is often necessary, as individuals are less likely to act out sexually when more than one staff member is present.

Tips to Manage Common Challenging Behavioral Expression (continued)

→ Aggression, Combativeness, Agitation

Tips to manage aggression, combativeness and agitation:

- If a resident is acting out verbally, the intervention should be verbal. Staff may attempt to engage in conversation about why the person is upset. They may give a respectful command or direction to the person such as, “Please come over here,” or “Let’s go to your room.” Setting limits could be effective; staff can say things like, “Your yelling is upsetting others. We can go get a snack and talk outside,” or, “If you do not stop yelling, we will need to go to your room so you do not disturb others.”
- If a resident acts out physically, the intervention must be immediate. This may include escorting the resident to a different location or removing other residents from the area to prevent altercations. Have a staff member stay with the agitated resident, and have another staff member immediately report to the Social Services Director. The Social Services Director will initiate an Interdisciplinary Team assessment of the resident.

Investigating the Cause of Challenging Behavioral Expression

Rule out treatable conditions such as infections, pain or other medical causes.

Consider if challenging behavioral expression is severe, causing substantial harm to self or others. If yes, review and reconsider diagnoses and any current interventions. Identify and address underlying needs. Consider a new or modified medication regimen. If no, identify and address the underlying need.

Rule out or address symptoms of psychosis. If psychotic symptoms are severe, consider aggressive medication treatments. If less severe, consider non-pharmacological interventions.

Rule out or address mood disorders. If mood disorders are severe, consider medication. If less severe, start with non-pharmacological interventions.

Staff Responsibilities

→ Staff Demeanor and Attitude

Staff should:

- Be calm
- Be non-threatening and non-judgmental
- Maintain non-confrontational eye contact
- Speak in a soft, calm tone of voice
- Maintain an even voice tone and cadence
- Empower residents by providing choices
- Be patient and understanding
- Give people your undivided attention
- Listen and validate their message by repeating what was said

Staff should NEVER:

- Intimidate residents verbally or physically
- Raise their voice
- Argue with residents
- Embarrass or ridicule residents
- Use slang that residents will not understand
- Be judgmental of the expression of unmet need related to dementia
- Punish residents
- Deny residents what they are entitled to (e.g., food, comfort, attention, etc.)

Staff Responsibilities (continued)

→ Staff Self-care

Self-care includes any intentional action taken to care for your physical, mental, emotional and spiritual health. Self-care is especially important for people who work in long term care because of the potential for high levels of stress and burnout.

Self-care includes things like:

- Good nutrition
- Exercise
- Adequate rest
- Medical care
- Healthy communication with co-workers
- Recreation
- Time with family and friends
- Meditation and spiritual/religious practices
- Self-expression through journaling or art
- Professional support when needed

Signs and symptoms of staff burnout:

- Poor attendance
- Frequently arriving late or leaving early
- Taking frustrations out on others
- Feeling depressed at the thought of going to work
- Having a sense of failure or self-doubt about your work
- Believing every day is a “tough” day

Use of Antipsychotic Medications in Nursing Homes

Placing people we care about into a nursing home can be difficult. Guilt, confusion about the nursing home's policies and procedures, and financial worries are only a few of the concerns you may experience. Everyone involved wants the best possible care and outcomes for the resident, and it takes everyone's input to make that happen. The use of antipsychotics is an important area of consideration and communication between you and the nursing home care team.

Medications like Haldol, Zyprexa, Seroquel, Risperdal, Abilify are considered antipsychotics. You may have anxiety or fear about suggesting or allowing any changes to the resident's prescribed medications because of past problems or behaviors. However, it is important to recognize that age, general health and other circumstances can change the situation to the point that antipsychotics may no longer be needed or that doses can be decreased.

Nursing homes have ways to manage some problems without drugs (non-pharmacological interventions). It's important to talk to the staff of the home to understand what those interventions are and to help staff understand the resident's needs, preferences or concerns

FDA Approved Conditions for Antipsychotics

- Schizophrenia
- Schizo-affective disorder
- Delusional disorder
- Mood disorders (mania, bipolar disorder, depression, etc.)
- Schizopreniform disorder
- Atypical psychosis
- Medical illness/delirium with manic or psychotic symptoms

Antipsychotics Medications Should NOT be Used to

- Stop loud or repeating questions
- Stop all hitting, biting, yelling behavior
- Calm restlessness, wandering, being fidgety or uneasy
- Stop memory problems
- Allow persons to do more for themselves
- Allow persons to do interact better with others
- Medical illness/delirium with manic or psychotic symptoms

Residents and families should be aware that use of antipsychotic medications have been known to interfere with existing treatments and may lead to unintended side effects.

Higher risk may exist with these existing health problems

Brain tumor	Head Injury
Dementia	History of breast cancer
Difficulty swallowing	Low Blood pressure or dizziness when stand up
Diabetes	Parkinson's disease
Glaucoma	Prostate trouble
Heart Problems	Suicidal Thoughts

Antipsychotics may interfere with medicines prescribed for...

Anxiety or other mood disorders	Nicotine use
Depression	Sleeping problems
Diabetes	Parkinson's disease
High blood pressure	Seizures

Side effects from antipsychotic medications vary, but may include:

Constipation/Diarrhea	Lowered blood pressure
Difficulty breathing	Restlessness
Difficulty speaking	Seizure
Difficulty swallowing	Skin rash
Excessive thirst and/or hunger	Stiffness/Spasms
Fast heartbeat	Swelling of face or legs
Fever, chills or sore throat	Tremors or trembling
Frequent need to urinate	Weight gain/loss

(This list may not describe all possible side effects, drug interactions and risks. You can obtain more information from the FDA at 1-800-FDA-1088)

Thoughtful consideration and communication about the risks versus the benefits of taking these medications is key. The attending physician, consultant pharmacist and staff can be of great help in making these decisions. With your help and input, the care team strives to ensure that your loved one receives the best possible care.



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