VIRGINIA DEPARTMENT OF SOCIAL SERVICES

VCU Gerontology College of Health Professions

Medication Best Practices in ALFs:

Part II: Psychotropic Medications

Developed by Tyler Corson, PhD
for the VCU Department of Gerontology &
Virginia Department of Social Services, Division of Licensing Programs

November 2018

PART II: Psychotropic Medications

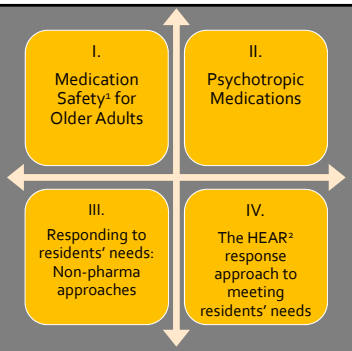
Presenter:

Tyler Corson, MS, PhD
Gerontologist
Adjunct Faculty
Virginia Commonwealth University,
College of Health Professions

corsontr@vcu.edu

agingstudies@vcu.edu

Series Overview



[1]The Medication Safety Curriculum is based on a revision of Dr. Patricia Slattum's DSS training PowerPoint, "Nutritional Needs of Older Adults and Medication Safety"
[2]The HEAR approach was developed by Dr. Andrew Heck, Geropartners. Used with permission.

AT the end of this series, you will have an increased understanding of :

- **Strategies** to prevent medication-related problems
- Healthcare providers' **role** as partners in maintaining and improving medication safety
- **Resources** for improving medication safety in ALFS
- **Psychotropic medications** and why they are used.
- The **warnings** concerning antipsychotic use, especially in persons living with dementia.
- Antipsychotics as part of a **comprehensive care plan** for persons with diagnosed mental illness.
- Behaviors and psychological **symptoms of dementia** (BPSD) as communication efforts
- Underlying causes of people's **behaviors**
- The impact of approaches/attitudes when **responding** to residents' needs
- Person-centered, non-pharma **techniques** for responding to residents' needs

Part II: Psychotropic Medications

As a result of attending this webinar, you will:

1) Know what antipsychotic medications are, and why they are used.

2) Know the warnings concerning antipsychotic use, especially in persons living with dementia.

3) Understand that antipsychotics can be an integral part of a comprehensive care plan for persons with diagnosed mental illness.

4) Know rationale for reducing APMs in ALFs

Five Medication Rights

- Right patient
- Right medication
- Right dose
- Right time
- Right route

Five "Additional" Medication Rights

- **Right education** (of patient or family)
- **Right to refuse** (the medication)
- **Right assessment** (of patient **before** administration of medication)
- **Right evaluation** (of patient **after** administration of medication)
- **Right documentation**

A Word about Adherence

- Taking medications as prescribed is important!
- The timing of administration of some medications is particularly critical.
  - *Ex: Parkinson's medications, insulin*
- Proper administration technique for inhalers, eye drops and other dosage forms is necessary for the resident to gain full benefit from the medication.

HOMEWORK - Case study: Mrs. Velazquez

- Mrs. Velazquez is an 86-year-old female whose primary complaint is dry mouth.
- She has recently moved into your AL community and is increasingly having difficulty with activities of daily living.
- She dozes off frequently during the day and seems unsteady on her feet.
- She repeats herself during conversations with her daughter and occasionally does not remember events earlier in the day.
- When her daughter tries to discuss this with her, she claims that this is "normal" for someone her age and to stop worrying her.
- Mrs. Velazquez brings up the issue of dry mouth with each of her three doctors, but the only recommendations she has received are to suck on hard candy and drink more fluids.
- She doesn't feel that these measures really help.

Mrs. Velazquez' medication list

Drug	Brand name	dosage	How long taken?
AM: Calcium		600 mg	3 years
Gabapentin	Neurontin®	800mg	2 years
Noon: Duloxetine	Cymbalta®	600mg	3 weeks
Gabapentin	Neurontin®	800 mg	2 years
Oxaprozin	Daypro®	600 mg	1.5 years
PM: Quetiapine	Seroquel®	25 mg	1 year
Amitriptyline		50 mg	3 months
Temazepam	Restoril®	15 mg	10 years
Gabapentin	Neurontin®	800 mg	2 years
PRN: Mylanta, Gas X, Tylenol, Sudafed			

Discussion questions:

1. Why is Mrs. Velazquez at risk for a medication-related problem?
2. What is her biggest concern?
3. Does she have symptoms of a medication-related problem?
4. What medication was started most recently?
5. What can you do to help in this situation?

Current climate

- More individuals with dementia in ALFs
- Antipsychotic medications (APMs) used to control behavior
- High rates of APM use in Virginia ALFs[1]
- Public awareness of issue
- Expectations of person-centered care

[1]Inker, J. (2017) The use of antipsychotic medication in assisted living facilities. Alzheimer's Disease and Related Disorders Research Award Fund (ARDRAF) Report #17-2.

Why is this important?

01

Social vs. medical model of care

02

Dementia associated with behavioral and psychological symptoms of dementia (BPSD)

03

BPSD associated with negative outcomes: hospitalization, medication misuse, increase care costs

Why Should We Reduce APM use?

- Our mission of care
- Expensive
- Serious wellness implications
- DSS regulations requirements

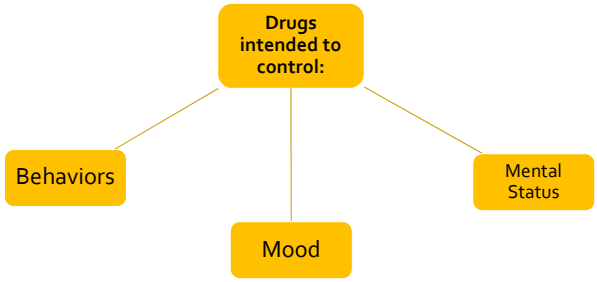
PART 1: DEFINING THE ISSUE

- Definitions
- Regulatory requirements
- Concerns about APM use

Behavioral and Psychological Symptoms of Dementia (BPSD)

Wandering & pacing	Hoarding	Unfocused screams & cries	Sundowning
Inappropriate sexual contact or language	Verbal insults	Catastrophic reactions	Hallucinations or delusions

What are Psychopharmacologic drugs?



Hit Pause and Reflect

- Think of a time when you saw (or heard of) medications being used with the intent of controlling mood, mental status or behavior.
- Could be prescriptions, OTC meds, or herbal supplements.
- Why do you think the medication was being used?
- Can you think of a better way to achieve the desired outcome?

Psychotropic/psychoactive drugs

Psychotropic drug:	Treats:
Antipsychotics	Schizophrenia, mania
Antidepressants	Depressive disorders
Anti-panic agents	Panic disorders
Stimulants	ADD, ADHD
Anti-obsessive agents	Obsessive Compulsive disorder
Anti-anxiety agents (aka anxiolytics)	Anxiety disorders
Mood stabilizers	Bipolar disorder

Antipsychotic medication (APM)

- How they work: The science behind APMs
- Side effects
- Tablets, capsules, liquids, long-acting depot injections
- Typical vs atypical

Typical	Atypical

• 1st generation
• 1950s "Miracle drugs"
• Serious neurological side effects
  • Parkinson-like symptoms (tremors or body rigidity)
  • Tardive dyskinesia (TD)
  • Akathisia (Restlessness)
• Non-compliance an issue
	• 2nd generation
	• 1980s-90s
	• No or few neurological side effects
	• BUT: Weight gain that can lead to cardiovascular complications

Two types of APMs

APMs are used:

- Appropriately to treat serious and persistent mental illness
- Off-label (inappropriately) to control BPSD, including restraint
- To stabilize mood
- As continuation of pre-LTC medications[1]

[1]Inker, J. (2017) The use of antipsychotic medication in assisted living facilities. Alzheimer's Disease and Related Disorders Research Award Fund (ARDRAF) Report #17-2.

Restraints in LTC: 22VAC40-73

Physical Restraint

Chemical Restraint

Emergency Restraint

APMS do not[1]:

- Calm restlessness or uneasiness
- Help people become more independent
- Reduce yelling, repetitiveness, inappropriate talk
- Improve or halt memory decline

[1]AHCA-NCAL. (n.d.) Fast Facts: What you need to know about antipsychotics drugs for persons living with dementia. https://www.ahcancal.org/quality_improvement/qualityinitiative/Documents/Antipsychotics%20Consumer%20Fact%20Sheet%20-%20English.pdf

Typical Antipsychotics (1st gen)	Atypical Antipsychotics (2nd gen)
Compazine (prochlorperazine)	Abilify (aripiprazole)
Haldol (haloperidol)	Clozaril (clozapine)
Loxitane (loxapine)	FazaClo (clozapine)
Mellaril (thioridazine)	Geodon (ziprasidone)
Moban (molindone)	Invega (paliperidone)
Navane (thiothixene)	Risperdal (risperidone)
Orap (pimozide)	Seroquel (quetiapine)
Prolixin (fluphenazine)	Zyprexa (olanzapine)
Stelazine (trifluoperazine)	Symbyax (olanzapine and fluoxetine)
Thorazine (chlorpromazine)	
Trilafon (perphenazine)	

DSS ALF Regulatory requirements

22VAC40-73-310-H5:

"ALFs shall not admit or retain individuals [who take] psychotropic drugs without appropriate diagnosis and treatment plans."

22VAC40-73-690-E7:

"Licensed health care professional…shall perform an annual review of all the medications of the resident [including]…consideration of a gradual dose reduction of antipsychotic medications for those residents with a diagnosis of dementia and no diagnoses of a primary psychiatric disorder."

Hit Pause and Reflect

Think about a time that you observed a medication having a negative impact on a resident.

1. How did that make you feel?
2. How did the resident feel?
3. Was the family aware? How did they react?
4. If you reported the incident, what happened as a result?
5. Did this incident change your care practices in any way?
6. Would you do anything differently now than you did at that time?

Research on APMs

https://www.youtube.com/watch?v=BiawvxlbRMI

Information for Healthcare Professionals: Conventional Antipsychotics

FDA ALERT [6/16/2008]: FDA is notifying healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis.

Hit Pause and Reflect

Does using medications to manage behavior make our jobs easier?

What might drive APM use?

Medication as a last resort

Guiding Principles

1. Know risks/benefits
2. Target specific symptoms
3. Start low and go slow
4. Discuss w/all stakeholders
5. APMs after **consistent** attempts at non-pharmaceutical approaches

Hit Pause and Test

https://quizlet.com/335812221/learn/embed

Homework: Ethical Responses

Look back at your answers to the reflection on handout 2.

Consider a way to provide an ethical, person-centered response to that situation.

Use the questions on handout 4 to guide your thinking.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

VCU Gerontology College of Health Professions

THANK YOU!

Phone: (804) 828-1565
Website: www.sahp.vcu.edu/gerontology/
Email: agingstudies@vcu.edu

Be sure to "like" us on Facebook
https://www.facebook.com/vcugerontology