Appropriate Use of Antipsychotics in Dementia
What is all the fuss?

Seniors Health Strategic Clinical Network
in Collaboration with
Addiction and Mental Health Strategic Clinical Network
Antipsychotics

- First produced in 50’s for schizophrenia
- Later also used for:
  - other psychiatric disorders
  - behaviours related to dementia

<table>
<thead>
<tr>
<th>Typical</th>
<th>Atypical</th>
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<tbody>
<tr>
<td>haloperidol (Haldol)</td>
<td>risperidone (Risperdal)</td>
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<tr>
<td>chlorpromazine (Largactil)</td>
<td>quetiapine (Seroquel)</td>
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<tr>
<td>trifluoperphenazine (Stelazine)</td>
<td>olanzapine (Zyprexa)</td>
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<td>aripiprazole (Abilify)</td>
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Appropriate Use of Antipsychotics

Confirmed mental health diagnosis:

- Schizophrenia, Huntington’s Chorea
- Major refractory depression, bipolar, delusional disorder, some anxiety and personality disorders
- Distressing psychosis (hallucinations or delusions)

Short term use in dementia:

- Brief Psychotic Disorder (e.g. delirium)
- Physical aggression – risk of injury to self or others
Expected Progression of Dementia

**Early stage**
- Memory loss
- Language difficulties
- Irritable
- Withdrawn
- Abusive language
- Mood swings

**Middle stage**
- Getting lost
- Delusions
- Hallucinations
- Agitation/Anxiety
- Aggression
- Depression
- May hurt self or others

**Late stage**
- Lose speech
- Moving difficulty
- Incontinent
- Swallowing issues
- Need help with all care
Words used to Describe Behaviours related to Dementia

- Behavioural and psychological symptoms of dementia (BPSD)
- Neuropsychiatric symptoms (NPS)
- Challenging Behaviours
- **Responsive Behaviours**
  - what is the person responding to?
- Expressive Behaviours
  - what is the person trying to tell us?
Responsive Behaviours - Possible Causes

**Biological**
- Delirium
- Disease process
- Medications

**Psychological**
- ↓ Stress threshold
- Loneliness
- Depression
- Relationships

**Physical**
- Pain
- Elimination
- Fatigue
- Hunger
- Thirst
- Hot or cold

**Socio-environmental**
- Over/under stimulation
- Overcrowding
- Inconsistent routine
- Provocation by others
Antipsychotics are NOT Effective for Responsive Behaviors such as:

- Calling out, repetitive questions
- Wandering, exit-seeking
- Inappropriate elimination
- Eating inedibles (soap, dirt, feces)
- Interfering with other residents
- Perseveration (clapping, tapping)
- Inappropriate dressing/undressing
- Socially inappropriate
- Hiding/hoarding items
- Insomnia
- Spitting
- Crying
- Fidgeting
- Nervousness/restlessness
Health Canada Warnings

Health Canada has issued warnings (2002, 2004, 2005, 2015) of increased risk to elderly patients who take antipsychotics including:

- Heart failure
- Sudden cardiac death
- Stroke
- Infection (mostly pneumonia: 60% increased risk)
Antipsychotic Hazards

- Impaired cognition
- Impaired mobility
- Falls
- Diabetes
- Increased lipids
- Akathisia – inner restlessness or need for constant motion

- Extrapyramidal Symptoms (EPS): tremor, leaning, stiffness, swallowing problems, cog-wheeling (jerky limb movements)
- Tardive Dyskinesia (TD): lip-smacking, facial grimacing, jaw swinging, tongue thrusting
- Neuroleptic Malignant Syndrome: high fever, rigidity, reduced level of consciousness, rapid heart rate and arrhythmias
Potential Side Effects of Antipsychotics

- Confusion, agitation, sleepiness
- Nervousness, sleep disturbances
- Blurred vision, dizziness, orthostatic hypotension
- Muscle stiffness and weakness
- Pain in the arms, legs, back or joints
- Hyper-salivation: Drooling, spitting, difficulty swallowing
- Nausea, heartburn, loss of appetite, stomach pain
- Difficulty urinating, acute kidney injury
Appropriate Use of Antipsychotics

Clear role in:

- Schizophrenia*, Schizoaffective Disorder
- Delusional Disorder
- Huntington’s Chorea*
- Brief Psychotic Disorder (e.g. troublesome hallucinations and delusions* from delirium)
  - Use SHORT time (weeks not months or years)
- Aggression and severe agitation
  - Use short term, when nothing else works

*RAI 2.0 QI AUA definitions
Key Messages

Appropriate Use of Antipsychotic in dementia means:
- Always consider other alternatives first
- Involve the family or alternate decision maker
- Use only when clinically indicated / absolutely necessary
- Start low and go slow; monitor closely
- Reduce / discontinue as quickly as possible

The care team needs to always ask:
- *What is the reason for the behaviour?*
- *What else can we try?*
SCNs re-shape health care:
• Focus on what Albertans need
• Use scientific evidence to guide care decisions
• Support good care approaches across the province

In collaboration with:
Front-line physicians and clinicians, zone/clinical leaders, researchers, content experts, public, families, patients

For more information, search SCN on the AHS External or Internal websites
Seniors Health SCN
Platforms and Pillars for Success

Appropriate Use of Antipsychotics (AUA) project
Phase 1: Guideline & Toolkit

Alberta AUA Guideline

- Assess the behaviour
  - treat underlying cause(s)
- Try non-pharmacologic alternatives
- Required medication reviews/assessments
- Involve family/alternate decision maker

AUA Toolkit

- Assessment tools
- Medication review requirements
- Prescribing information
- Family information
- Resources to support medication reduction/discontinuation
AUA Toolkit

Google AUA Toolkit or Search on AHS External Web

http://www.albertahealthservices.ca/auatoolkit.asp
Phase 2: Early Adopter Sites

11 units: average antipsychotic medication use

Baseline Jun 2013 | Jul | Aug | Sept | Oct | Nov | Dec | Jan 2014 | Feb | Mar
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
41% | 40% | 34% | 31% | 28% | 26% | 23% | 21% | 21% | 21.5%
Early Adopter Sites Jun 2013 – Mar 2014
Unit Level Data on Antipsychotic Medication use

% of residents on antipsychotics

Baseline Jun 2013
Mar-14
Percent of Residents on Antipsychotics & with a Monthly Medication Review

% of monthly med reviews

% of residents on Antipsychotics

Baseline Jun 2013 | Jul | Aug | Sept | Oct | Nov | Dec | Jan-14 | Feb | Mar
---|---|---|---|---|---|---|---|---|---
36% | 41% | 46% | 51% | 56% | 76% | 85% | 89% | 90% | 83% | 87%
Stories from Care Teams

Families report:
- Increased communication, more alert
- More independent – e.g. feeding self

Staff report:
- Units quieter now
- Easier to provide care to residents
- Fewer falls
- Encouraged to see front line staff more involved in problem solving

Administrators report:
- Downward trend in medication costs
Family, Staff & Resident Experiences

Marshall and Evelyn Bye
Bow View Manor, Calgary

Yvonne Verlinde
Youville Home, St. Albert
Phase 3: Provincial Implementation

AUA Project resources were shared with all 170 LTC sites in Alberta in 2014/15. Antipsychotic use continues to decline.