Medication Review of Antipsychotic Medications

The *Alberta Continuing Care Health Service Standards* (2016) require that where an antipsychotic medication is used as a pharmacological Restraint:

16.1(g) a Medication Review by a Physician and the Interdisciplinary Team will occur at a minimum of once a month to ensure the appropriateness of the medications prescribed; and where the antipsychotic medication is no longer required, a Physician or Pharmacist will document instructions regarding the process for gradual dose reduction and discontinuation.

16.2 An Operator must ensure that when a Restraint is used, it is reviewed by the Interdisciplinary Team on a frequency determined by the Interdisciplinary Team or upon significant change in the Client's behavioural symptoms.

16.3 When a Restraint is used, the following is documented in a Client's chart and Care Plan:

a) Behaviour that put the Client or others at risk of harm
b) Supportive interventions that have been considered and trialed
c) Indications for the initial use of the Restraint
d) Physician's order, within 72 hours of initiation, authorizing use of the Restraint
e) Method and frequency for monitoring the Client when the Restraint is in use
f) Assessment of the Client while the Restraint is being used and review of the ongoing need for the Restraint.

"Supportive interventions" are positive, non-restrictive and non-pharmacological interventions including, but not limited to:

a) Meaningful activity participation
b) Assessment and management of the Client's pain
c) Assisting the Client to the toilet
d) Assisting the Client with repositioning
e) Social interaction
f) Environmental interventions

The "least restrictive Restraint" means only that degree of Restraint, used for the least amount of time, which is necessary for the avoidance of harm to the Client or harm to others.

A "significant change" in the Client's behavioural symptoms is a pattern of change in the behaviour or Responsive Behaviour that led to the use of a Restraint. The assessment or determination that a significant change has occurred must be made by a Regulated Health Care Provider.

The Role of the Interprofessional Team in the Monthly Review

In the week prior to the medication review:

- Track behaviours to identify periods of calm and triggers for responsive behaviours.
- Review Medication Administration Records and progress notes for PRN antipsychotic use; look for effectiveness, patterns and rationale.
- Discuss possible underlying reasons for the behaviours with the family and care team members. Identify more effective care strategies and integrate those into the care plan.

Consider the role of pain, constipation, medication side-effects and other medical conditions (see Responsive Behaviours sections in the AUA Toolkit). The U.K. 2011 Alzheimer's Society Best Practice Guide states that many people "will experience significant improvement or resolution of symptoms over a 4-6 week period" with psychosocial interventions and assessment of medical conditions and pain. [i]

Refer to the document *Suggested Steps for Developing an Antipsychotic Medication Review Process* in the AUA Toolkit for more information.

The interprofessional team will identify:

- **Appropriate clinical indications for *long-term* use of antipsychotics** such as schizophrenia, major refractory depression, bipolar mania and psychosis. Monitor for side-effects and effectiveness of antipsychotics. Dosage requirements may change over time; psychiatrist involvement is necessary.

- **Appropriate clinical indications for *short-term* use of antipsychotics**:
  - **Behaviour (e.g. aggression) that places themselves or others at risk**. This is an example of when antipsychotics are used short term as pharmaceutical restraints. Identify and address potential reasons for agitation and aggression, while the person is pharmaceutically restrained. Discontinue use of antipsychotics when target behaviours stabilize, if ineffective or when side-effects develop.
  - **Trouble-some hallucinations and delusions from delirium**. Identify and treat underlying causes. Taper/discontinue the medication when the distressing psychotic symptoms have resolved.

- **Individuals on antipsychotics with no clinical indication.** Clarify diagnosis and goals of treatment with physician and family. Initiate gradual dose reductions and/or discontinue when:
  - Behaviours are not likely to respond
  - No behaviours are exhibited
  - Side-effects such as agitation and sedation are noticed (see Clinical Indications section of Toolkit for more side-effects)

- **Individuals admitted to the facility on a previously prescribed antipsychotic**. Attempt to determine the reason why the medication was initiated. Where and when was it started? Do they still need it? What person-centred strategies can be tried?

A 2013 Cochrane review determined that many older people with dementia can be withdrawn from antipsychotic medication without detrimental effects on their behaviour, and that discontinuation programs could be incorporated into routine practice. [ii]

Recommendations for weaning or tapering the medication dose as described by the BC Best Practice Guideline (2012, pg. 15): Attempt to decrease by ¼ to ½ of dose monthly.

Behaviour Monitoring

Continue to monitor the behaviour with each dosage change and upon discontinuation for at least one month. If there is no change in the responsive behaviour upon discontinuation, avoid re-starting the medication.

Strategies from Alberta Long Term Care Centres for Appropriate Use of Antipsychotics

Alberta LTC centres have *started* with those for whom a reduction in antipsychotics is not likely to result in increased responsive behaviours. When quality of life improves, staff have confidence to trial dosage reductions for those with more challenging responsive behaviours.

Existing Antipsychotic medications:

- **Unused PRNs**: discontinue after 30 days (where there is no scheduled antipsychotic).
- **No responsive behaviours on regularly scheduled antipsychotics**: trial dose reduction with behaviour mapping and person-centred care approaches.
- **Antipsychotics prescribed for contraindicated reasons** such as insomnia, repetitive vocalizations, restlessness: Taper and/or discontinue antipsychotics
- **New admissions**: If possible, review medications with families and the transferring institution prior to admission to determine the reason for the antipsychotic. Discontinue if the clinical indication is resolved, for example, distressing hallucinations in delirium. If prescribed for unknown or contraindicated reasons, consider tapering and/or discontinuing either upon admission or within the first 4-6 weeks.
- **Persistent agitation or aggression**: If behaviours worsen or do not respond, consider that symptoms of agitation and aggression may be *caused* by antipsychotics and other medications, or may be related to newly developed underlying medical concerns (see AUA Guideline 8.2c). Taper and/or discontinue antipsychotics; assess for underlying reasons, monitor for improvement.
- **Evidence of side-effects**: Side effects of antipsychotic medications shall be monitored and may result in reduced dosage, weaning, or immediate discontinuation depending on severity. (AUA Guideline 7.5)
- **Aggression and agitation that has improved or stabilized**: When the antipsychotic is decreased, behaviours may resurface unless:
    - Triggers and environmental stressors are identified and addressed
    - Medications are minimized
    - Pain is controlled
    - Effective care approaches and person-centred strategies are discovered and implemented (see AUA Guideline 8.2d).

Trial dose reductions with behaviour mapping. Consider the benefits of consistent care assignments.

New prescriptions:

- **PRN** rather than regularly scheduled antipsychotics, along with behaviour mapping and a clear care and treatment plan.
- **Automatic stop orders** on PRNs not used within 30 days.
- Obtain **informed consent** from the resident, family member or alternate decision-maker before starting any new antipsychotic medications.

The first step for many facilities is to use monthly medication reviews to eliminate inappropriately prescribed antipsychotics from resident populations. The monthly medication review will then follow AUA Guideline recommendations to ensure new medications are prescribed and monitored appropriately.

[i] Optimizing treatment and care for people with behavioural and psychological symptoms of dementia: A best practice guide for health and social care professionals. © Alzheimer's Society July 2011 England, Wales and Northern Ireland.

[ii] Declercq T1, Petrovic M, Azermai M, Vander Stichele R, De Sutter AI, van Driel ML, Christiaens T. Withdrawal versus continuation of chronic antipsychotic drugs for behavioural and psychological symptoms in older people with dementia. Cochrane Database Syst Rev. 2013 Mar 28;3:CD007726