

Step 6: Build Awareness within the Facility or Unit

The care team needs to learn about possible underlying reasons for responsive behaviours, such as pain, hunger, boredom, overstimulation, staff approach and the need to find a toilet. Rather than suppress behaviours with medication, staff are encouraged to look for and address underlying issues. (See the [Responsive Behaviour section of the AUA Toolkit](#).)

The care team needs to be aware of the risks and side-effects of antipsychotics. Consider inviting your pharmacist, mental health consultant, nurse practitioner or physician (as available) to provide staff in-services on antipsychotic side-effects, and to clarify with staff when use is appropriate or not appropriate. The “Why AUA” presentation is available for this type of in-service, and is also available in a self-study module (see AUA Project section of the [AUA Toolkit](#)).

When are antipsychotics appropriate or inappropriate?

- **Appropriate for Long-term treatment:** Schizophrenia, hallucinations, Huntington’s chorea according to RAI 2.0 definition (DRG01). Other potentially applicable mental health conditions are included in the [AUA Guideline](#).
- **Temporarily appropriate:** Delirium-related psychosis (if distressing or a safety risk) and for verbal and physical aggression that puts the resident or others at risk. Note: In these cases, the antipsychotic is regarded as a chemical or pharmacologic restraint. It should be discontinued as soon as the psychosis clears or, in cases of aggression, a gradual reduction is trialed:
 - Once behaviour stabilizes
 - When underlying issues and more person-centred approaches have been explored and implemented.
 - If side-effects are evident
 - If there is no improvement, or if behaviours are worsened on the antipsychotic
- **Not appropriate, no clinical indication:** Many responsive behaviours are known not to be improved (and may worsen) with the use of antipsychotics. Examples include wandering, restlessness, repetitive vocalizations (calling, screaming) and insomnia. For more information see the [AUA Guideline](#) and *Clinical Indications for Prescribing Antipsychotic Medication* in the [Prescribing Antipsychotic Medication section of the AUA Toolkit](#).

Consider the following questions as you build awareness in the care team:

- Is there a specific shift or group that has missed hearing about the AUA project? Or, is there a specific shift or group particularly hesitant about reducing antipsychotic use?

- Is AUA a regular topic at staff and manager meetings? Are staff aware of how many residents are on antipsychotics, and how this compares to the provincial target of 20% (or your organizational or facility target)?
- Has AUA been introduced to families and/or alternate decision makers through facility newsletters or at family /resident council meetings? Consider providing the AUA Family brochure all families on admission, so that they are aware of side-effects and risks.
- Are posters placed in prominent areas, including Quality Improvement boards, lobbies, and conference rooms? Are AUA project bulletins available for staff and families?

The AUA project team has presented at geriatric rounds and at conferences for RNs, LPNs, pharmacists and nurse practitioners. Articles have been written for publications. Media releases have been made available to the public. Families, facility staff and physicians have had opportunity to hear about appropriate use of antipsychotics from a variety of sources. You are not alone in your efforts! (See the AUA Toolkit for links to many of these resources).

Resources from [AUA Project, Build Awareness section](#) include letters, posters, articles and learning modules.

Topic	Who (still) needs to hear this message?	Next Steps:
General Information about AUA:		
Antipsychotic Risks and Side-effects:		
Antipsychotics: what they are / are not effective for		
Responsive Behaviours in Dementia		