Fall 2015
Dementia Care Initiative:
Nursing Home Residents

Clinical Pearls

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Is your MDS coded correctly Section I & N?

Long-term Chronic Conditions

- **Schizophrenia (Schizo-affective disorder and Schizophreniform disorder)**
- **Tourette's disorder**
- **Huntington's disease**
- Delusional disorder
- Bipolar disorder
- Severe depression refractory to other therapies and/or with psychotic features

Short-term Acute Conditions

- Psychosis in the absence of dementia
- Medical illness with psychotic symptoms and/or treatment related psychosis or mania
- Hiccups (not induced by other medications)
- Nausea and vomiting with cancer/chemotherapy

Only the **bold** diagnoses trigger an exclusion on the MDS

Different Types of Dementia

-Fronto-temporal dementia: Caused by cell degeneration in the brain's frontal lobes. Changes in personality, behavior and language skill are affected here.

-Dementia with Lewy-Bodies : Protein deposits, called Lewy bodies, accumulate in nerve regions of the brain that affect the reasoning and thinking process, cause confusion, visual hallucinations and balancing problems. Common in patients with Parkinson's disease

-Vascular dementia: Occurs as a result of brain injuries such as a major stroke or blockage of blood vessels in the brain. Symptoms present right after the injury may include confusion, disorientation, vision loss or trouble speaking.

-Mixed dementia: Linked to more than one kind of dementia. Symptoms vary depending on the brain area affected most.

Dementia -- Antipsychotics Prescribing Guide

Generic /	Usual Dosage	Maximum	Comments
Aripiprazole (Abilify)	*2-5mg/day*	*30mg/day*	Higher incidence of incontinence and UTI than others; Favorable CV/metabolic profile in comparison, dual indication for depression
Haloperidol (Haldol)	*0.25mg – 1mg/day*	*2mg/day*	Higher incidence of movement side effects (EPS), neutral CNS affects, moderate risk orthostatic hypoT; evidence shown for help with aggression
Olanzapine (Zyprexa)	*2.5-5mg/day*	*7.5mg/day*	Higher sedation & highest metabolic effects than others
Quetiapine (Seroquel)	*12.5mg-50mg/day*	*150mg/day*	Higher sedation incident, mild-higher risk of metabolic affects, least incidence of movement/EPS thus preferred alternative in Parkinson's or Lewy Body & if have insomnia
Risperidone (Risperdal)	*0.25-1mg/day*	*6mg/day*	Moderate EPS & risk of metabolic affects; renal dosing required

NOTE: RISPERIDONE & HALOPERIDOL most clinical efficacy in trials

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How does Texas rank with use of Antipsychotics for Dementia?

According to a recent report (March, 2015) released by Certification and Survey Provider Enhanced Reporting (CASPER) it was seen that nursing homes in **Texas prescribe second highest percentage in the nation of antipsychotic medications to its patients (26.6%) down from 28.8% end of 2011**. National Goals to reduce unnecessary Antipsychotic medication use in nursing facilities began in May 2012 with CMS National Partnership to Improve Dementia Care initiative with goals of reductions **by 15% by 12/31/2012, 25% by 12/31/2015 & now 30% by 12/31/2016 (Texas need to be at 20.16% to reach goal) ** February 2015,** antipsychotic use was added in the CMS star measure ratings**

Non-Pharmacological Interventions to Approach Dementia

-Identify, reduce and eliminate triggers to behaviors
-Uses personal approach including prompts, reminders, and distractions
-Encourages a daily routine, simplify tasks and offer limited choices to guide patient's activities.
-Uses simple words and phrases to communicate
-Reduces environmental noise to decrease stress such as public TV, extra people, decorations
-Engages residents in meaningful activities such as easy exercises or fun games.

Appropriate Antipsychotic Treatment Targets

Behaviors targeted appropriately with anti-psychotics after non-pharmacological and other pharmacological modalities have failed include:

- Aggressive Behaviors (especially physical) - Hallucinations (if distressing to resident/others) - Delusions - Severe distress (inconsolable/persistent)

The symptom targeted for the treatment must present a danger to the patient or those around them, or cause the resident to have a significant decline in function, or difficulty receiving needed care.

Inappropriate behaviors for the use of an anti-psychotic:

- wandering, nervousness, mild anxiety, fidgeting, unsociability, poor self-care, restlessness, impaired memory (can be mistaken for delusions), uncooperativeness without aggressive behavior, verbal aggression not a danger to self or others

Learning Tools/References:

1- Access to Quality Matters Program including practice guidelines, tools, handouts and references for antipsychotic medications and alternatives to dementia care:
http://www.dads.state.tx.us/qualitymatters/qcp/antipsychotic/nf.html
2- Access to various resources such as Consumer Fact Sheets, antipsychotic drug recommendation tools, webinar series on off-label use of antipsychotics:
http://www.ahcancal.org/ncal/quality/qualityinitiative/Pages/Antipsychotics.aspx#resources
3- Online training modules are available for those interested in gaining certification in dementia care:
http://www.hcinteractive.com/cares
4- List of approved indications for use of antipsychotics:
http://www.dads.state.tx.us/qualitymatters/qcp/antipsychotic/IndicationsAntipsychoticMedications. pdf
5- https://www.healthcare.uiowa.edu/IGEC/; access (IA-ADAPT)