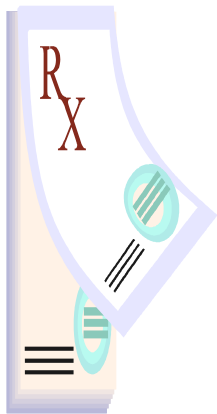


Clinical Pearls



INSIDE THIS ISSUE:

Partnership to improve Dementia Care	1
Did you Know?	1
Risk to benefits	2
Consent	2
Use of AP in nursing homes	2
Test your knowledge	2



CMS Announces: Partnership to Improve Dementia Care

...an initiative to ensure appropriate care and use of antipsychotic medications for nursing home patients. This partnership – among federal and state partners, nursing homes and other providers, advocacy groups and caregivers – has set a national goal of reducing use of antipsychotic drugs in nursing home residents by 15 percent by the end of 2012.

Unnecessary antipsychotic drug use is a significant challenge in ensuring appropriate dementia care. CMS data show that in 2010 more than 17 percent of nursing home patients had daily doses exceeding recommended levels.

CMS and industry and advocacy partners are taking several steps to achieve this goal of improved care:

Enhanced training: CMS has developed Hand in Hand, a training series for nursing homes that emphasizes person-centered care, prevention of abuse, and high-quality care for residents. CMS is also providing training focused on behavioral health to state and federal surveyors;

Increased transparency: CMS is making data on each nursing home's antipsychotic drug use available on Nursing Home Compare starting in July of this year, and will update this data;

Alternatives to antipsychotic medication: CMS is emphasizing non-pharmacological alternatives for nursing home residents, including potential approaches such as consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and individualized activities. All with patient-centered focus

Why all of the attention?

NO medications have been approved by the FDA for management of behavioral and psychological symptoms associated with dementia (BPSD). Medications should only be considered in emergency situations and where a rapid action is needed to prevent harm or when non-pharmacologic strategies failed. When used, medications should generally serve as an adjunct to non-pharmacological measures rather than as an alternative.



Informed/signed consent: A **psychoactive medication** may not be administered without the consent of residents or their legal representative, except in an emergency. If a drug must be given immediately because of an emergency, the circumstances of the emergency must be documented in the clinical record. The attempts to obtain consent must be documented.

Risk to benefits

A look back on antipsychotics . . .

- **2005 "black box" warning** on all antipsychotics about increased risk of mortality when used in older adults with dementia
- **JAMA 2011; 306(12): 1359-1369**---concluded only risperidone, olanzapine and aripiprazole had evidence of statistically significant benefits on total global outcome scores in older adults with dementia; included symptoms of psychosis, mood alterations and aggression; **AHRQ Sept 2011** found risperidone with best evidence for efficacy in the management of psychosis and agitation in older adults w/dementia
- Office of Inspector General Report May 2011- reported 4 key findings of inappropriate use of antipsychotics / claims
- October 2011—CMS announces that the survey and certification teams will be placing a high priority on evaluating appropriateness of use during surveys

What are antipsychotic medicines used to treat in nursing home residents?

- Schizophrenia, Huntington's chorea, Tourette Syndrome
- Psychotic symptoms that accompany conditions such as delirium and dementia such as hallucinations and delusions (often short-term)
- Behavioral and psychological symptoms in residents with Alzheimer's disease or other dementia-related disorders
- Bipolar disorder and adjunctive treatment for major depressive disorder



Did you know? Test your knowledge!

1. T/F You have a seven-day grace period in which to obtain consent for persons who are already taking psychoactive medication when admitted to a facility and attempts to obtain consent must be documented
2. T/F Consents for psychoactives may be written or by telephone
3. Side effects of antipsychotics include: a) orthostatic hypotension b) syncope c) weight gain d) akathisia e) dystonia/torticollis f) pseudoparkinsons g) bradykinesia h) tardive dyskinesia i) increased triglycerides j) sedation
4. Some atypical antipsychotics can cost >\$500 for a one month supply? T/F
5. Which of the following antipsychotics also have a FDA approved indication for depression? A) olanzapine b) risperidone c) haloperidol d) aripiprazole e) quetiapine XR f) all above g) a, d and e
6. Behavior symptoms occur in as many as what % of nursing home residents with dementia? a) 20% b) 40% c) 60% d) 90%

How is agitation defined? may be defined as psychomotor activity with disruptive physical or vocal behavior. Behaviors are further subdivided in 4 categories: 1) aggressive behaviors 2) physically non-aggressive behaviors 3) verbally agitated 4) hiding or hoarding

References: CMS, www.ascp.com/antipsychotic, www.ahcancal.org, AHRQ off-label Use of Atypical Antipsychotics: Exec Summary #43

Answers: 1. T rue 2. T rue 3. All 4.True 5. g 6. d