Reducing Unnecessary Antipsychotic Medications

CMS guidelines state that residents should not be given antipsychotic drugs unless therapy is absolutely necessary to treat a specifically diagnosed condition which is documented in the clinical record. Residents with dementia who are on antipsychotics must receive gradual dose reductions and behavioral interventions (unless clinically contraindicated by the attending physician) in an effort to discontinue the drug's use.

When a resident is admitted or re-admitted into the nursing facility from a hospital, other nursing facility, or community setting with an antipsychotic drug, the facility is responsible for seeking out and verifying why the drug was started. The facility is responsible to evaluate the necessity of the antipsychotic drug at the time of admission, or within two weeks after admission. During this timeframe, a determination is made whether or not a medication reduction (tapered or discontinued) will take place.

If an antipsychotic drug is deemed necessary, initial doses are started low and then be titrated slowly to maintain the highest level of functioning with the lowest effective dose. Dosages are then monitored regularly with considerations of adverse reactions while examining the resident's response and level of functioning. The medication is used at the lowest possible effective dose, for the shortest possible time, ideally less than 12 weeks.

The necessity of the antipsychotic medicatin is reviewed routinely with at least quarterly considerations of gradual dosage reductions. The nursing staff review the data gathered from the behavior monitoring system to notice decreasing trends in behavior. These dosage considerations are both discussed and documented with input from an interdisciplinary team. The information gleaned from reductions is used in determining if a lower dose may have the same outcome. Reductions are titrated slowly, unless clinically contraindicated with the ultimate goal of drug discontinuation. Downward titration is best started when behaviors have greatly diminished, and the resident is considered to be at a stable baseline with continued behavioral techniques in place.

When stabilization is reached and the targeted behavior is re-directed with continued behavioral techniques, gradual dosage reductions are attempted. [SOM]

- Dosage titrations downward usually occur at 1 to 2 week intervals.
- The staff is made aware of the step down in dose, to ensure that protocols of the non-pharmacological interventions and preventative approaches are still in place.
- At the end of each 1 to 2 week interval, notations of clinical outcomes are documented in the clinical record.
- Longer intervals (at 3 to 4 weeks) between adjustments may be considered, if behaviors are deemed to be of negative consequence. Keep the dose at a standstill, and continue to perform non-pharmacological interventions.

Medical Directors, Psychiatric Consultants, Directors of Nursing, Pharmacists, and nursing staff need to be aware of the percentage of residents in their respective facilities on antipsychotic

medications without a CMS approved diagnosis (schizophrenia, Huntington's disease, or Tourette's syndrome).

- Start by reviewing the facility's Quality Measure for antipsychotic use (medicare.gov/nursing home compare)
  - Is the percentage higher than the national average?
  - Be aware that CMS finds this national average to be too high and wishes to reduce it by 15% (to a percentage around 20%)
  - Be aware that CMS does not exclude FDA approved diagnoses of bipolar-related diagnoses or major depressive disorder (MDD)
- Run an internal report for residents currently on antipsychotics (routine and PRN)
  - Review the diagnoses of the identified residents on antipsychotics
  - Did the resident enter the facility already on an antipsychotic from the hospital, other nursing facility, or from a residential setting?
  - Consider the total length time since initiation of drug (caution: the order date may not be a good indicator due to re-admittance)
  - Was the resident ever on hospice care where an antipsychotic drug was initiated? Did the resident improve to the point of discontinuation from hospice without consideration of an antipsychotic dose reduction?
  - Review the necessity of the current dosage. Have changes in condition such as frailty, weight loss, dehydration, increased age, co-morbid diagnoses, or the addition of other psychoactive drugs warranted a decrease in antipsychotic dosage?
- Address the possibility of changing the facility's culture of using, keeping, reviewing, and educating on antipsychotics. Identify and try to resolve barriers which may be present or may arise over time.

Psychotropic Medication Tracking Tool for Nursing Homes

Antipsychotic Education Form

Basic Guidelines for Quarterly Psychotropic Medication Evaluation and Effectiveness of Non-Pharmacological Behavioral Interventions

Approved Indications for Antipsychotic Medications