

Texas Joint Position Statement on Antipsychotic Use and Inappropriate Diagnoses of Schizophrenia

Background:

Since 2015, HHSC and many stakeholders have been working to reduce the use of antipsychotic medications in nursing facility residents, particularly those with dementia. HHSC has monitored data closely, and while the proportion of residents receiving antipsychotic medications has decreased, there has been an increase in new diagnoses of schizophrenia in Texas nursing facility residents. On March 27, 2019, HHSC convened and facilitated a Stakeholder Roundtable to discuss the issues related to inappropriate antipsychotic use across the continuum of care and new diagnoses of schizophrenia. The goal of the Roundtable was to develop a Joint Position Statement for the state that all the participating stakeholders could endorse. That statement is below.

Texas Joint Position Statement Individuals with Alzheimer’s Disease or Another Dementia Receive Antipsychotic Medications Only When Clinically Necessary and are Not Inappropriately Diagnosed with Schizophrenia or Related Disorders

Alzheimer’s disease and other dementias are incurable illnesses, and they eventually become terminal conditions if the patient does not die from another cause first. As the disease progresses these individuals will experience increasing cognitive impairment, and may also exhibit behavioral symptoms such as paranoia, suspiciousness and agitation. Additional symptoms may include day-terrors, self-harm behaviors and aggression towards others.

In most cases, antipsychotic medications should not be the first line of treatment for dementia-related behaviors. Antipsychotic medications have been found to have serious health implications for older adults with Alzheimer’s disease and other dementias, including increased risk of death. Antipsychotic medications have received the FDA’s black box warning when prescribed to individuals with dementia.

Texas has made significant strides in reducing the inappropriate use of antipsychotics in nursing facilities. However, there is still more work to be

done across the continuum of care. While the data are not as extensive, there are indications that the inappropriate use of antipsychotics is a concern across the continuum of care, including acute care and home and community based settings.

In addition, as the use of antipsychotic medication decreased in nursing facilities, data revealed an increase in new diagnoses of schizophrenia and related disorders in nursing facility residents and in particular, residents with pre-existing diagnoses of dementia.

Our vision for the care of Texans with Alzheimer's disease and other dementias includes:

- Ensuring individuals are properly diagnosed early in the disease process.
 - Early diagnosis, while not currently changing the course of the disease, can inform the process of person-centered care planning and provision of care, including the use of non-pharmacological alternatives for managing behaviors; and
 - Encouraging advance care planning while the individual is able to participate in the process.
- Implementing evidence-based, person-centered practices for individuals that:
 - Follow the individual across the continuum of care, and
 - Improve engagement with families, caregivers and providers.
- Improving the quality of care and quality of life for individuals with Alzheimer's disease and other dementias across the continuum of care.
- Identifying the issues related to the inappropriate use of antipsychotic medications and working with stakeholders to develop solutions to reduce their use.
- Ensuring individuals with Alzheimer's disease or other forms of dementia do not receive antipsychotic medications unless clinically indicated.
- Ensuring individuals with Alzheimer's disease or another form of dementia are not diagnosed with schizophrenia (or another mental health disorder) solely to justify the use of an antipsychotic medication. Diagnosis and treatment of mental health disorders requires thorough assessment and documentation of symptoms and response to interventions.

Developing a well-trained, well-informed dementia-competent workforce across the continuum of care, including informal caregivers such as family

members, is essential. Family and community education and engagement is key, empowering caregivers to be advocates for the individual with dementia. This effort must also include physicians, pharmacists and other healthcare professionals across both acute and long-term care settings.

As a community, we commit to working collaboratively to ensure individuals with Alzheimer's disease or another form of dementia receive high quality of care regardless of care setting to achieve our vision.

Endorsing Organizations:

Texas Long-Term Care Ombudsman

Texas Board of Nursing

Texas Nurses Association

The University of Texas at Austin School of Nursing - The Center for Excellence in Aging Services and Long-Term Care

Texas Nurse Practitioners

Texas Pharmacy Association

TMDA-Texas Society for Post-Acute and Long-Term Care Medicine

LeadingAge Texas

Alzheimer's Association – Texas Region

Texas Health Care Association

AARP

Superior Health Plan

Amerigroup

Molina Healthcare

United Healthcare