

Antipsychotic Medication Use

For Persons with Dementia Living in Long-Term Care Facilities

Antipsychotic medications (APM) are sometimes prescribed for Behavioral and Psychological Symptoms of Dementia (BPSD). Research has shown that APM use in persons with dementia has limited effectiveness and causes severe side effects, including increased mortality. Because of the serious side effects and lack of proven effectiveness, the FDA has not approved the use of APMs for BPSD. Long-term care (LTC) facilities are being held to a strict standard by Centers for Medicare and Medicaid Services (CMS) regarding the use of APMS for people with dementia. The most important strategy to reduce the inappropriate use of APMs for persons with dementia is to have ongoing, clear communication regarding diagnosis, indications, orders, history, and needs across all settings of care. APMs are reviewed by the state/federal surveyors to ensure that they are clinically indicated, prescribed at the lowest dose for the shortest duration, and the intended or actual benefit is sufficient to justify the potential risk(s) or adverse consequences. If residents living in an LTC facility are prescribed APMs without proper documentation or diagnosis, the facility will be cited and fined.

Long-Term Care Facilities Must Abide by These Regulations (483.45)

- Residents who have not used antipsychotic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.
- Signs, symptoms or related causes must be persistent or clinically significant enough (e.g., causing functional decline) to warrant the initiation or continuation of AP medication therapy.
- Residents who use psychotropic drugs receive gradual dose reductions (GDR) and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
- PRN orders for antipsychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner directly evaluates the resident for the appropriateness of the medication.

What Can Providers Do To Help?

- If an APM is ordered, ensure that there is a diagnosis recorded that validates the need for the APM. Behavioral and psychological symptoms of dementia are not acceptable diagnoses.
- If an APM is ordered for an acute condition, evaluate the patient – before discharging to the LTC facility – to confirm that the medication is still needed. If the acute condition is resolved (e.g., delirium), discontinue the APM.
- Ensure that there is documentation in the History & Physical and Discharge Summary for the reason the patient is on an APM, how long they have been on the APM, and any changes that were made (medication, dose, and duration).
- Attempt to wean the patient off/decrease the dose of the APM; document your success/barriers.

¹ Steinberg, M., & Lyketsos, C. G. (2012). Atypical Antipsychotic Use in Patients with Dementia: Managing Safety Concerns. *The American Journal of Psychiatry*, 169(9), 900–906. <http://doi.org/10.1176/appi.ajp.2012.12030342>. Downloaded 3/19/18.