Taboo Topics In Residential Care

- Anti-psychotics and off-label prescriptions: Right for whom? When?

- Carol Ward MD
- May 28, 2013
Objectives

- Develop an understanding of the use of antipsychotics in geriatric psychiatry practice including their role in the treatment of specific behavioural and psychological symptoms of dementia (BPSD)

- Highlight the IHA/provincial residential care initiatives for reducing the inappropriate prescription of anti-psychotics in older adults with dementia

- Antipsychotics and BEER’s Update 2012
Health staff punched, kicked on job: survey
B.C. senior drugged against family's wishes

Dementia patient given risky anti-psychotic drug to control behaviour

By Kathy Tomlinson, CBC News
Posted: Feb 8, 2011 6:16 AM PT
www.cbc.ca/news/credit.html
Psychiatric Disorders in Late Life

‘Mental illness does not discriminate; no one across the age span is immune to its effects’

(Mental Health Commission of Canada- Seniors Guidelines)

www.mentalhealthcommission.ca/seniorsguidelines

Dignity Support Address Stigma

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Detect

Antipsychotics may be used for:

- Specific treatment of a mental health disorder (DSM IV-Tr). For example:
  - Schizophrenia and related Psychotic Disorders
  - Bipolar Disorder
  - Major Depression – psychotic and/or refractory

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Detect con’t
Antipsychotics may be used for:

- Treatment of a specific neuropsychiatric symptom (aka BPSD):
  - Delusions
  - Hallucinations
  - Physical/verbal aggression
  - Manic-like
  - Sexually inappropriate behaviour
Antipsychotics may be used for:

- Supportive treatment. For example:
  - Delirium
Prevalence of psychiatric disorders among older adults in LTC- a systematic review

- Dementia 58% (12-91%)
- BPSD in Dementia 78% (38-92%)
- Major Depressive Disorder 10% (5-25%)
- Clinically significant depressive symptoms 29% (14-82%)
- Other (Anxiety (3-10%), Schizophrenia (~6%), Bipolar Disorder (~3%) less well studied)

(Seitz D. et al, 2010)
Behavioural and Psychological Symptoms of Dementia (BPSD)

- Symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia

(Finkel & Burns, 1999)
Select (P.I.E.C.E.S.)
What class of antipsychotic is it?

<table>
<thead>
<tr>
<th>Atypical</th>
<th>Traditional</th>
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<tbody>
<tr>
<td>Risperidone</td>
<td>Haloperidol</td>
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<tr>
<td>Olanzapine</td>
<td>Loxapine</td>
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<tr>
<td>Quetiapine</td>
<td>Chlorpromazine</td>
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<td>Perphenazine</td>
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<td>Paliperidone</td>
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<td>Aripiprazole</td>
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<td>Ziprasidone</td>
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<td>Asenapine</td>
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<td>Lurasidone</td>
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</tbody>
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Safety and Antipsychotics

- Over-sedation
- Postural Hypotension
- Impaired cognition
- Falls
- Weight gain
- Hyperglycemia
- QTc prolongation
- Extra-pyramidal symptoms (EPS)
- Tardive Dyskinesia
- Cerebrovascular events
- Mortality

(VCHA, Antipsychotic Guidelines BPSD, 2011)

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BEERS Criteria (2012)
(Potentially Inappropriate Medication Use in Older Adults)

- Source of safety information
- Criteria should not dictate prescribing
- Informed clinical decision making

- **Antipsychotics**: ‘avoid use for behavioral problems of dementia unless non-pharmacological options have failed and patient is threat to self or others’

www.americangeriatrics.org

C. Ward Tertiary Mental Health IHA
Tool on Pharmacological Treatment of Behavioural Symptoms of Dementia in LTC for Older Adults

‘The atypical antipsychotics risperidone, olanzapine, and aripiprazole are the best supported treatments for significant agitation, psychosis or aggression’

www.cccsmh.ca

CCCDTD4

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Risperidone is only atypical antipsychotic officially labeled by HPB for:

‘Severe dementia – short term management of inappropriate behaviour due to aggression and/or psychosis’

(CPS 2007)
Antipsychotic Use at the National, Provincial and Health Authority Level

- Use of antipsychotics in residential care setting:
  - Canadian average 33%
  - BC 36%
  - BC IHA 39.3%
IHA Initiatives
Antipsychotic Working Group - Residential Care

- BPSD Algorithm (electronic resource)
- SBAR (Behavioural)
- Clinical Practice Standard & Procedure
- Pre-printed Antipsychotic Orders (PPO)
  - Initiation
  - Titration
  - Taper & Discontinuation

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“Only after we understand the behaviour can we meaningfully manage the problem”

(PIECES Consultation Team 02-10-03)
BPSD Algorithm Part I

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Ongoing Initiative

- Provincial BPSD Guideline Implementation Working Group
- BPSD Clinical Algorithm Review Committee
Other Provincial Initiatives

- Sharing How We Support Seniors in Residential Care
  - Caring With Dignity & Less Antipsychotic Medication (Jan. 18, 2013)
  - CLeAR

- Shared Care Polypharmacy Initiative

- Medication Reconciliation

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P.I.E.C.E.S.

**What is it?**
A Learning and Development Strategy

**Who are the Target Groups of Learners & Participants?**
Health Care Providers and their associated programs and organizations (internal and external) and the people they serve

**Who is the Population it Addresses?**
- Individuals complex cognitive/mental/medical conditions and continuously changing needs over time

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Emergency Hospitalizations For Adverse Drug Events

NEJM 2011;365:2002-12

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