Appropriate Use of Antipsychotics (AUA) in Long-term Care
Why Appropriate Use of Antipsychotics?

Antipsychotics are prescribed for approximately 30% of Canadian Long-term Care residents, for dementia behaviours.

(Year 2013-14)
(Source: Canadian Institute for Health Information)
Antipsychotics have a clear role in the treatment of psychotic disorders such as:

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Brief Psychotic Disorder (Delirium)

Antipsychotics could be considered if:

- Person is at risk of harming themselves or others
- when nothing else has worked
Potential Side Effects of Antipsychotics

- Dizziness
- Akathisia (inability to sit still)
- Somnolence (strong desire to sleep, sleeping for unusually long periods)
- Hypotension (low blood pressure)
- Hypersalivation (excessive production of saliva)
- Tardive dyskinesia (involuntary, repetitive body movements)
Hazards Related to Antipsychotic Use

- Decrease in cognitive function
- Decreased ability to engage
- Mobility impaired – increase in falls
- Metabolic implications: diabetes, increased lipids
- Increase risk of aspiration pneumonia
- Strokes/deaths and other cardiac problems
- Health Canada warnings
Antipsychotics are **NOT** effective for:

- Repetitive vocalizations (screaming, calling out)
- Eating items unsafe to eat
- Inappropriate dressing/undressing
- Clapping
- Wandering
- Interfering with other residents
- Cursing
- Poor social skills
- Agitation/restlessnessness
- Inappropriate urination
- Hiding/hoarding items
- Perseverance (doing something over and over)
- Difficulty sleeping
Responsive Behaviours:

People with dementia often use behaviours such as wandering, cursing and calling out to tell us what they want or how they feel.
Behaviours may be in response to:

- Unmet needs
- The environment
- Resident is bored, frustrated, lonely, depressed
- Approach of care team members or other residents
- Delirium, medication side effects
- Part of a disease process
Person Centre Care strategies to consider:

- Focusing on the resident instead of the task
- Understand and compensate for sensory deficits
- Involving the family
- Positive redirection
- Approach/re-approach
- Reminisce, validate – join the residents’ reality
- Meaning activities
More examples of activities...
Monthly Medication Reviews
Required by the Alberta Continuing Care Standards (2008)

Suggestions to complete monthly reviews:

• Engage whole care/support team and families

• Look for possible causes/reasons for the behaviour. What has changed for the resident? Who is this really bothering?

• Try person centre care approaches

• Decide if antipsychotic should be reduced, discontinued or continued

• Communicate changes, implement and monitor
For January to March 2015, the average % of residents on antipsychotics for all Covenant Health long-term care sites was 16%.

- This is a 5% decrease from the same time period the previous year!

Source: RAI MDS 2.0 Antipsychotic Quality Indicator – Point Click Care
Through the implementation of best practices for antipsychotic medication use outcomes have included...

**Resident responses**
- Enjoyed his anniversary
- Recognized his wife
- Playing the piano again
- Singing with the visitors
- Enjoying crib, knitting

**Family responses**
- Back to being my mom
- Responds to my kisses
- Smiles more
- More alert and talkative
- Happy to see me

**Staff responses**
- Assessing the needs
- Identifying underlying reasons
- Looking at person centre care interventions first
Where to go for AUA Resources?

Go to CompassionNet

Click on the “Care & Safety” tab

When the drop down menu appears, click on the “Appropriate Use of Antipsychotics”

CompassionNet>Care & Safety> Appropriate Use of Antipsychotics [http://www.compassionnet.ca/ie/Page2018.aspx]
If you do not have access to CompassionNet, go to google and search AUA Toolkit or type in the web address at the bottom of this slide.
QUESTIONS?