Antipsychotics and GDRs

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Objectives

- Review regulatory language surrounding the use of psychoactive medications
- Understand the importance of good documentation and a supportive interdisciplinary team
- Discuss strategies to effectively reduce antipsychotic medications

Chemical Restraint

The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

Definitions

"Chemical Restraints" Medication used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. Used for discipline or convenience.

"Discipline" is defined as any action taken by the facility for the purpose of punishing or penalizing residents.

"Convenience" is defined as *the result of* any action *that has the effect of altering* a resident's behavior *such that the resident requires* a lesser amount of effort *or care,* and *is* not in the resident's best interest.

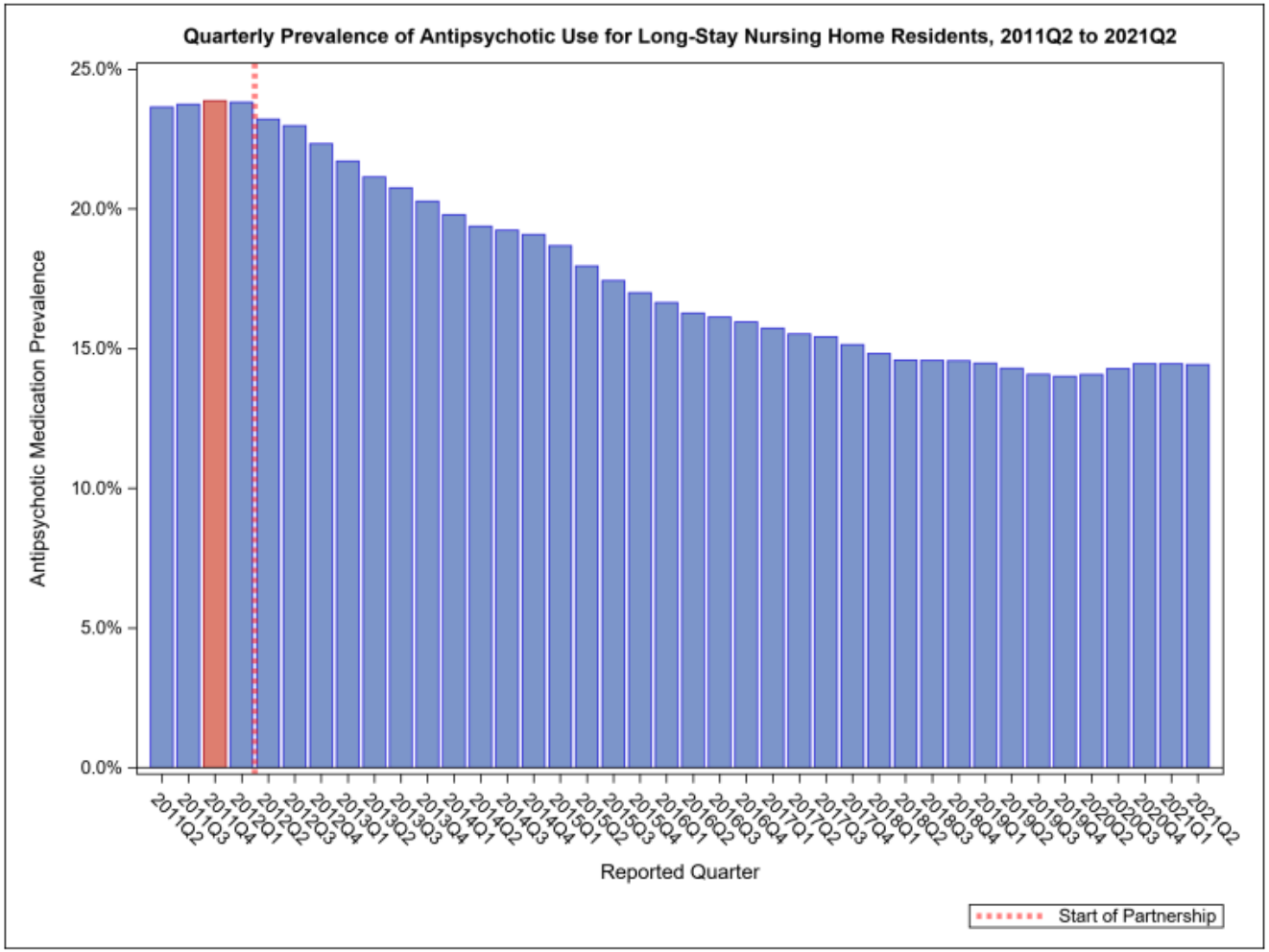
Definitions continued…

Indication for Use:

- is defined as the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.

Medical Symptoms:

- is defined as an indication or characteristic of a medical, physical or psychological condition.

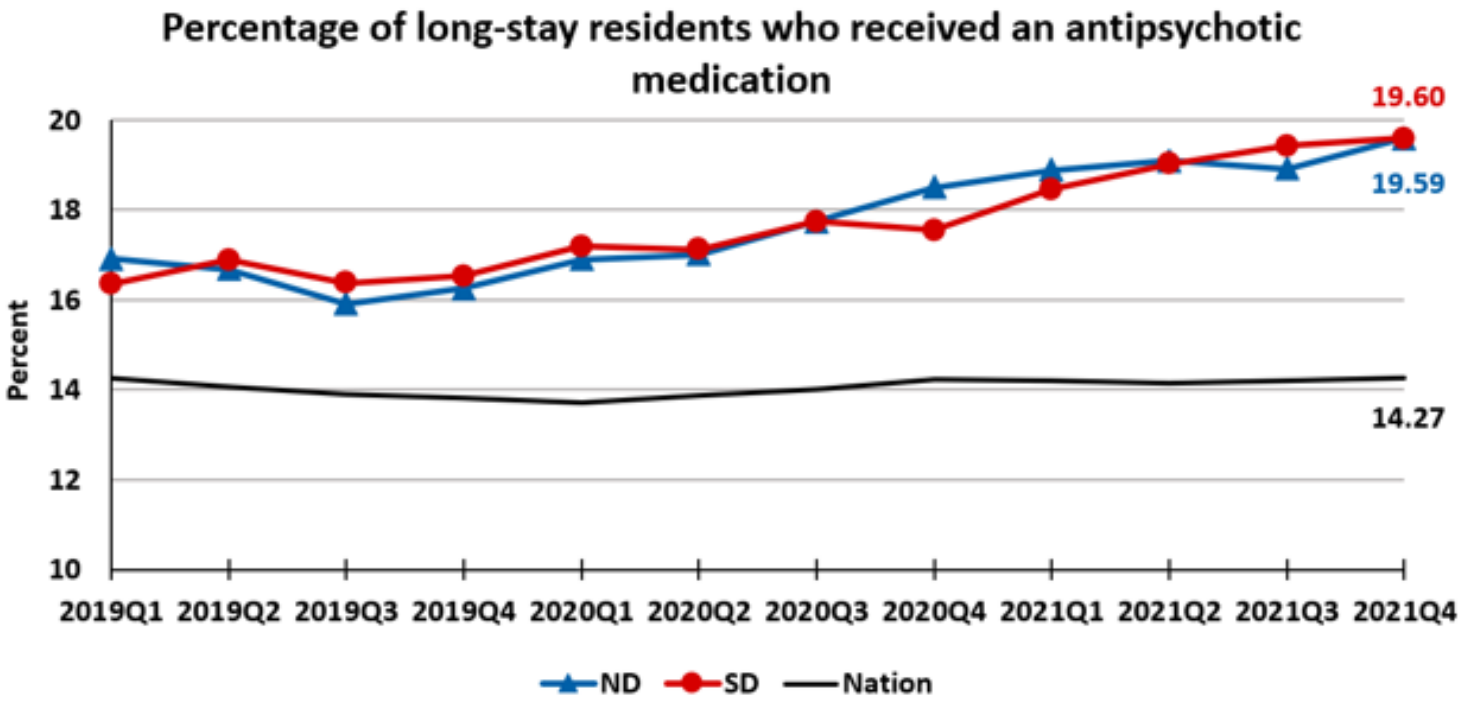


Source: CMS Quality Measure, based on MDS 3.0 data. For more information, see the MDS 3.0 Quality Measures Users Manual.

Statistics

According to Care Compare and as of **12/31/21** the AP data for the long stay AP QM is as follows:

- MN average 16.4%.
- SD average 18.9%
- National average **14.5%**



Data Source: Nursing Home Minimum Data Set (MDS) 3.0

F 758

A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

- (i) Anti-psychotic;
- (ii) Anti-depressant;
- (iii) Anti-anxiety; and
- (iv) Hypnotic

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-

Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

(1) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

(2) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

(3) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in

(4) if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

F 758 Guidance

The indication for use for any medication ordered for a resident must be identified and documented in the resident's record.

When any medication restricts the resident's movement or cognition, or sedates or subdues the resident, and is not an accepted standard of practice for a resident's medical or psychiatric condition, the medication may be a chemical restraint.

- Even if use of the medication follows accepted standards of practice, it may be a chemical restraint if there was a less restrictive alternative treatment that could have been given that would meet the resident's needs and preferences or if the medical symptom justifying its use has subsided.

The facility is accountable for the process to meet the minimum requirements of the regulation including appropriate assessment, care planning by the interdisciplinary team, and documentation of the medical symptoms and use of a less restrictive alternative for the least amount of time possible and provide ongoing re-evaluation.

F 758 Intent

The intent of this requirement is that:

- Each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial wellbeing;
- The facility implements gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and
- PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.

Resident's Rights

The physician or other practitioner or professional must inform the resident or their representative in advance of treatment risks and benefits, options, and alternatives.

The information should be communicated at times it would be most useful to them, such as when they are expressing concerns, raising questions, or when a change in treatment is being proposed.

Is the consent documented and easily located?

Use of Chemical Restraints

Is appropriate if:

- Acute Danger to self and others
- Danger is immediate and apparent
- Other treatment options did not work (last resort)
- Not to be used as disciplinary measure

All of these must be DOCUMENTED

Can the behavior be quantified?

Medication Classes

Antipsychotics

Antidepressants

Anxiolytics

Sedatives/Hypnotics

Any Medication which could cause sedation

- (Antihistamine, opioid, etc.)

Antipsychotics

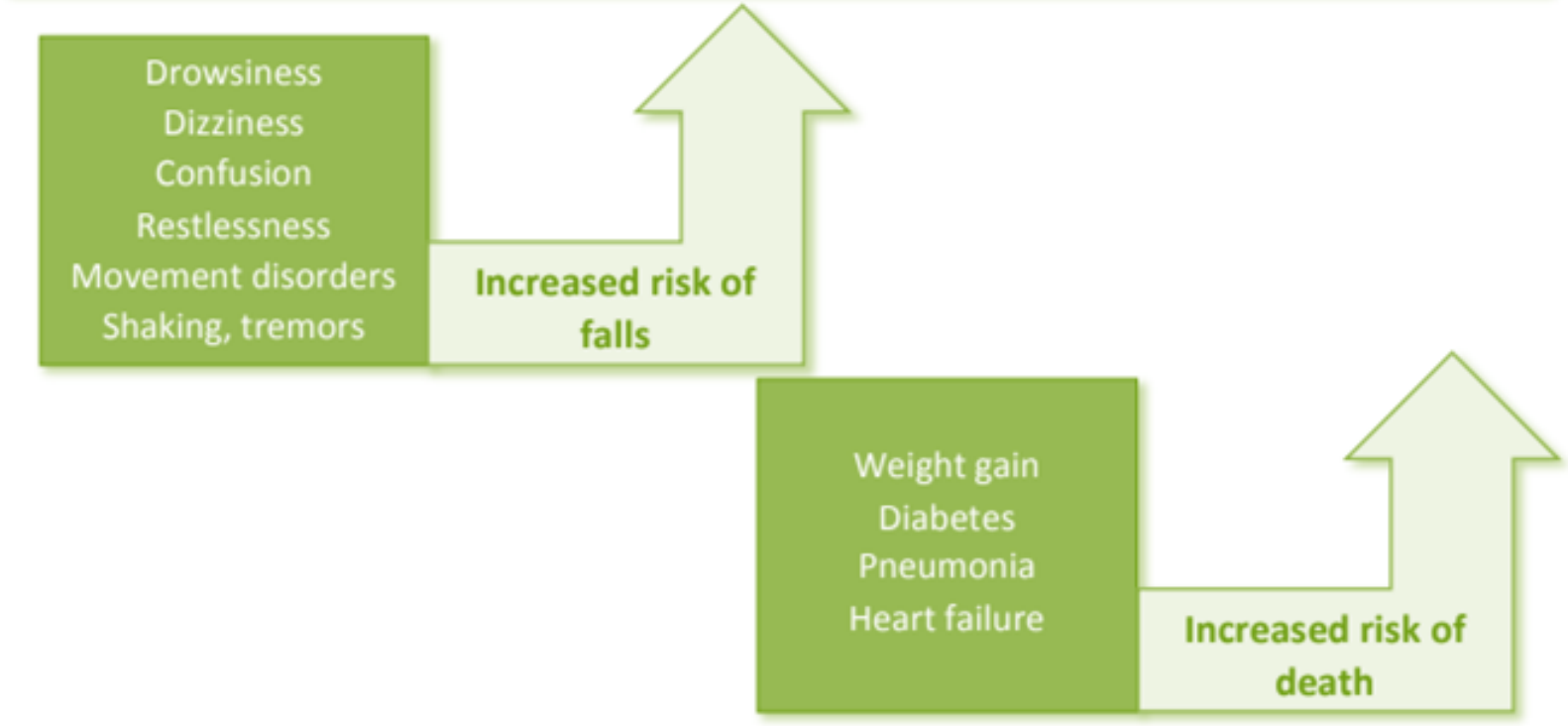
First gen (Typical)

- Haloperidol
- Fluphenazine
- Thiothixene
- Trifluoperazine
- Thioridazine
- Chlorpromazine
- Prochlorperazine

Second gen (Atypical)

- Clozapine
- Aripiprazole
- Quetiapine
- Olanzapine
- Risperidone
- Ziprasidone
- Lurasidone

What are some of the side effects of taking an antipsychotic medication?



Documentation of Indication

Accurate documentation of the restraint episode is vital to safe, effective patient care and provides information that can improve the quality of care

Was there a physician order?

Document the need for chemical restraint (behaviors, mental status, orientation)

Document failed non-pharmacological interventions

Documentation of Indication continued

A review of the patient's physical and mental health status

An assessment of the adverse effects of medication

A reassessment of the medication prescribed

An assessment of the risk to the patient from deliberate or accidental self-harm

An assessment of the potential or likely need for repeat application of chemical restraint.

Did it work and can we quantify it?

GDR – Gradual Dose Reduction

The stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued.

Within the first year in which a resident is admitted on a *psychotropic* medication or after the *prescribing practitioner* has initiated a *psychotropic* medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated.

After the first year, a GDR must be attempted annually, unless clinically contraindicated.

Patient Case

Gerald is a 78 y.o. LTC resident with hypertension, hyperlipidemia, major depressive disorder, and dementia with behaviors.

He currently takes:

- Atorvastatin 10 mg daily
- Lisinopril 10 mg daily
- Sertraline 100 mg daily
- Risperidone 1 mg q hs

Gerald is due for an updated GDR documentation. What is needed from his provider?

Patient Case

We must assess potential for a dose reduction and have updated documentation from the provider.

If GDR is not appropriate at this time:

PCP writes: No GDR

This is **NOT** sufficient in the eyes of surveyors. We must include patient specific rationale for both Sertraline and Risperidone:

- No GDR – clinically contraindicated
- No GDR – Gerald is doing well and a dose reduction would result in return in symptoms
- No GDR – Gerald has failed previous dose reductions

14 day Limitation

PRN orders for Psychotropic Medications (Excluding Antipsychotics)

Time Limitation of 14 days

- Exceptions – Order may be extended beyond 14 days if the attending physician or prescribing practitioner believes it is appropriate to extend the order.
- Required Actions - Attending physician or prescribing practitioner should document the rationale for the extended time period in the medical record and indicate specific duration

14 day Limitation

PRN orders for Antipsychotic Medications Only = Time Limitation of 14 days.

- Exceptions – NONE
- If the attending physician or prescribing practitioner wishes to write a new order for the PRN antipsychotic, the attending physician or prescribing practitioner must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate.

Do antipsychotics help people with dementia?

- These medications can *sometimes* help people living with dementia who have certain symptoms of psychosis, such as:
  - Seeing or hearing things that aren't there
  - Believing things that aren't true or real
  - Severe physical aggression/violence toward themselves or others

Do antipsychotics treat any other symptoms related to dementia?

- Antipsychotics do not usually help when a person acts in a way that is difficult or disturbing to others, such as:
  - Yelling, screaming, or repetitive speech
  - Refusing care or bathing
  - Aimless wandering
  - Crying, banging
  - Throwing things

Why do people living with dementia behave in ways that are difficult to manage?

Most of the time, these actions are the person's way of communicating distress or need. These actions are often triggered by something that they find scary, upsetting, uncomfortable, or painful. Sometimes these actions are the only way the person can express themselves. Some common causes of behavioral expressions:

Pain, hunger, or thirst	Needing to go to the bathroom	Feeling rushed or overwhelmed	Feeling bored, lonely, or sad	Experiencing confusion or fear	Fatigue

Success Story: How to effectively reduce Antipsychotics in SNF

- Quality Improvement Project
- IDT approach
- 25% antipsychotic rate to 12%

Psychotropic Medication Management Tool (PMM Tool)

Resident's Story

Date_____

Name_____

Personal Narrative:
(former occupation, education level, cultural experiences, current interests, trauma history)

_____

_____

_____

Family visits? ☐ Yes ☐ No

Pertinent Diagnoses:

_____

_____

_____

Expressions of Distress

☐ Wandering
☐ Aggression
☐ Agitation
☐ Repetitive action
☐ Repetitive speech
☐ Other_____

Non-Pharmacological Intervention Attempts:

☐ Pain Management Successful? ☐ Yes ☐ No
☐ Activity Successful? ☐ Yes ☐ No
☐ Dietary Changes Successful? ☐ Yes ☐ No
☐ Environmental Changes Successful? ☐ Yes ☐ No
☐ Other Successful? ☐ Yes ☐ No

Current Psychotropic Medication(s):

Med./Start Date	Dose	Frequency/PRN	# times given in last 30 days

Requesting GDR ☐ Last GDR_____ Successful? ☐ Yes ☐ No

Requesting GDR ☐ Last GDR_____ Successful? ☐ Yes ☐ No

Requesting GDR ☐ Last GDR_____ Successful? ☐ Yes ☐ No

Requesting GDR ☐ Last GDR_____ Successful? ☐ Yes ☐ No

Potential Factors Influencing Distress

Urinary Tract: UA Result: WNL Positive
Date_____

Constipation: ☐ No Date_____ ☐ Yes _____
_____

Pain: Well-controlled Somewhat controlled Uncontrolled

Cognitive Status: ☐ No change ☐ Change
_____

Medication Interactions: ☐ No ☐ Yes _____
_____

Standard Labs: All WNL Date_____
_____

Other/Notes:_____

Team

Recommendation(s):

_____

_____

Team Signatures:

_____ _____ _____

_____ _____ _____

Physician

New Orders:

_____

_____

☐ **I agree with Team Recommendation(s).**

Signature:_____ Date:_____

Questions to Ask

1. What specific, documented symptoms or behaviors prompted use of the drug(s)?

2. Have all possible medical, emotional and environmental causes been ruled out (such as fear, boredom, constipation, an underlying infection or change in caregiving routine)?

3. What alternative treatments have been tried? What other alternatives are there?

4. What are the potential benefits and risks of the drug?

5. Is this the lowest possible dosage of the drug?

6. How will the drug effect the resident medically and mentally?

7. What is the planned time frame for treatment with the drug?

8. What is the plan for employing non-pharmacological approaches?

9. What is the plan for gradual dose-reduction?

10. When and how often will the need for the drug be reassessed?

11. How will side effects be monitored?

References

CMS Quality Measure, based on MDS 3.0 data https://www.cms.gov/files/document/antipsychotic-medication-use-data-report-2021q2-updated-01142022.pdf

Fast Facts: What You Should Know About Antipsychotic Drugs and Persons Living with Dementia: Oregon Partnership to Improve Dementia Care; Aging and Disability Resource Connection of Oregon. https://comagine.org/resource/1050

Long Term Care Community Coalition; LTCCC Factsheet Dementia Care https://doc-0c-74 appsviewer.googleusercontent.com/viewer/secure/pdf/gmavo1fsh6mm1b7bl403ppar4ksb2j4r/qpv8oo7smig34sbhl9ei77a502ea4dvj/1654135125000/lantern/10818584171419875873/ACFrOgCOMbmLLhKR2UibtCL_4WZ58SsXnoBSAXkbDT1x-c1UDR3Wp_cE2sE51XxQpz37876JiW_ns7dy9ndtOjIOI5Wds4tExef5cEVuBEcOLepJXN_GEY6HfG8u3zpAxqqlYMo0wDgBDhahE6ZF?print=true

National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (October 2021) https://www.cms.gov/files/document/antipsychotic-medication-use-data-report-2021q2-updated-01142022.pdf

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. Rev 11/22/17 https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Questions?