

Be DADS Wise With the Use of Antipsychotics

Identify the individuals with dementia who have the following substances in their regimen

Haloperidol (Haldol®)	Aripiprazole (Abilify ®)	Asenapine (Saphris ®)	Chlorpromazine (Thorazine®)	Fluphenazine (Prolixin®)
Iloperidone (Fanapt ®)	Lurasidone (Latuda ®)	Olanzapine (Zyprexa ®)	Paliperidone (Invega ®)	Quetiapine (Seroquel®)
Risperidone (Risperdal®)	Ziprasidone (Geodon ®)			

- Antipsychotics are no longer considered an acceptable therapy to treat the behavioral and psychological symptoms of dementia (BPSD).
- The FDA has issued a Black Box Warning on these drugs highlighting the increased risk of death when prescribed for individuals with dementia or dementia-related psychosis.
- Thorough evaluations by an interdisciplinary team and formal documentation must be present in the clinical record of each individual with dementia on an antipsychotic drug (this includes individuals who enter the facility from either the hospital or community setting already on these medications).
- Assessments of possible medical, physical, functional, emotional, psychological, social, and environmental causes of behavior should be documented prior to antipsychotic use and re-assessed at least quarterly or more often.

Start documenting and monitoring behaviors prior to the initiation of a psychotropic drug

- Observe and document the following: **Who** the resident affected (did the behavior involve others or just the individual themselves)? **What** happened before, during, and after the behavioral occurrence? **Where** did the behavior take place (identify any trends in location, or the environmental factors surrounding the occurrence)? **When** did the behavior occur, and are there any trends in time of day or changes in staff? **Why** did the behavior happen, and can it be avoided or anticipated in the future to minimize its likelihood? **How** frequent and severe was the behavior (is it causing harm to others or severe distress to the individual themselves)?
- Get proactive with implementing individualized person-centered non-pharmacological interventions, therapeutic approaches, and activities. Care plans should outline and highlight these approaches, as well as contain a timeline for proposed gradual dosage reductions.
- Get to know each resident's likes, dislikes, personal life history, activities that they enjoy, interests they like to talk about, environmental preferences (e.g., temperature, food, beverages, acceptable levels of noise, etc.), their emotional and psychosocial needs, as well as the potential triggers for behavior. This information should be carried forward to all members of the staff.

The National Campaign to Improve Dementia Care is promoting the use of non-drug approaches

- Visit the Advancing Excellence in America's Nursing Homes website to learn more and download toolkits: <https://www.nhqualitycampaign.org/participantNH.aspx>.
- Adopt the use of Consistent Assignment in your nursing home. This is where members of the staff (especially CNAs) are responsible to care for the same residents 80-85% of the time. This is a proven technique for reducing resident and staff frustrations.
- Staff members should periodically review the information found in the **Hand in Hand Toolkit** (if you do not already have this DVD series visit: <http://www.cms-handinhandtoolkit.info/Index.aspx> to download the free product)

References:

Drugs.com/professionals: <http://www.drugs.com/pro/>

FDA Black Box Warning: <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm124830.htm>

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Advancing Excellence in America's Nursing Homes: <https://www.nhqualitycampaign.org/participantNH.aspx>

Hand in Hand Toolkit: <http://www.cms-handinhandtoolkit.info/Index.aspx>