

Antipsychotic Education Form

Name: _____

Room # _____

Resident and/or Responsible Party Education/Discussion:

Antipsychotic medications are commonly used to alleviate symptoms of psychosis such as hallucinations and delusions associated with chronic mental illness. However, antipsychotic medications are not approved for the treatment of dementia (including dementia with psychosis) because the risk of decline in these individuals far outweighs the benefits. Antipsychotic drug use should be limited to the shortest amount of time necessary to: restore and maintain optimal levels of functioning and quality of life, achieve positive clinical outcomes, diminish the intensity of psychotic symptoms, and alleviate symptoms that present a danger to the individual or others. Like all medical interventions, the decision to use antipsychotic medication has medical, ethical, and emotional dimensions and the person or responsible party must consider the risks and benefits involved.

Potential Benefits:

- Treat long-term chronic mental illness such as: Schizophrenia; Schizo-affective disorder; Delusional disorder; Mood disorders (e.g., bipolar disorder, severe depression); Tourette's disorder; Huntington's disease
- Treat short-term acute conditions such as: Psychosis in the absence of dementia; Medical illness with psychotic symptoms; Hiccups (not induced by other medications); Nausea and vomiting with cancer/chemotherapy
- Treat behaviors that are causing harm to other residents, harm to staff members, or harm and/or distress to the resident
- Promote sedation, stabilize the individual, and maintain comfort during hospice and end-of-life care

Potential Risks:

- Medication side effects:
 - sedation; drowsiness/dizziness
 - fall risk; sudden drop in blood pressure when standing; irregular heart rate
 - physical: constipation, urinary retention, dry mouth; blurred vision
 - confusion; memory or functional impairment; swallowing problems
 - tremor; drooling; muscle rigidity and spasms; abnormal body movements (may become permanent)
 - restlessness; inability to sit still; anxiety; sleep disturbances
 - seizures; metabolic issues (risk of diabetes or lipid disorders)
 - increased risk of: pressure ulcers, infection (urinary and upper respiratory), untreated/undertreated pain
- In dementia care, antipsychotics are off-label (meaning unapproved use) according to the Food and Drug Administration (FDA). The FDA has included a "Black Box Warning" highlighting the dangers of this drug class: FDA ALERT [6/16/2008]: FDA is notifying healthcare professionals that antipsychotics are associated with an increased risk of mortality (death) in elderly patients treated for dementia-related psychosis

Burdens and Diminished Quality of Life When Prescribed in Dementia Care:

- Decreased ability to communicate pain/discomfort
- Decreased socialization with family & friends
- Decreased independence (may require more assistance with personal care & hygiene, walking, repositioning)
- Possible changes in eating habits; unaware of thirst (may lead to dehydration risk)
- Diminished participation in enjoyable activities, religious events, or social visits and occasions

Alternatives:

- Proactive pain/discomfort management and routine pain assessments
- Use of non-drug, person-centered approaches and interventions as first line of therapy
- Symptoms addressed with the input of family/representative
- Input from a clinical team as to the benefit versus risk of medication use
- Continuous monitoring with a predetermined timeline for attempted gradual dosage reductions

Signature (Name/Title/Credentials)

Date