

## Providing the Best Care and Support Through the Appropriate Use Of Antipsychotics For People Living With Dementia:

### Guidance for Long Term Care (LTC) Home Leaders

Rapid review:

- 1 Take a team approach
- 2 Gather perspectives
- 3 Establish goals/measures
- 4 Provide education
- 5 Nominate deprescribers
- 6 Participate in 'team huddles'
- 7 Embed best practices
- 8 Review and celebrate

#### Who should use this guide?

LTC home Leaders who want to start or further initiatives to improve care, support and appropriate use of antipsychotics for people living with dementia

Dementia is the result when physical changes affect the brain. These changes can affect memory, thinking, mood, problem solving, and communication. A person living with dementia can become confused and depressed. Responsive behaviours\* (e.g. agitation, resistance, shouting, or repeating actions) can be a reaction to the way a person feels about a change in environment, routine, or from an unmet need.

**Antipsychotics are sometimes used to treat responsive behaviours.  
But, usually this is not the best choice. Here's why.**

\*Responsive behaviours are also known as negative personal expressions, or behavioural and psychological symptoms of dementia (BPSD).

View HEC’s related reference **Guidance for People Living with Dementia and Care Partners**, for more information on the points below.

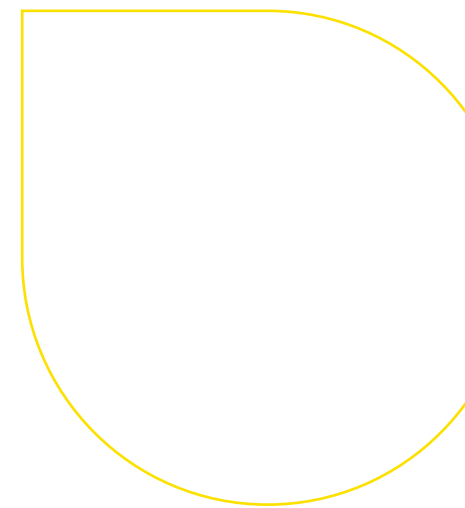
- Antipsychotics can cause serious side effects including increased risk for falls, fractures, and death
- Antipsychotics have little to no effect on responsive behaviours, and can in fact create excessive sedation
- Supportive care that matches a person’s preferences, habits and needs usually works best to decrease or stop responsive behaviours
- Appropriate use of antipsychotics includes treating specific diagnoses including Huntington’s disease, schizophrenia, distressing hallucinations and delusions
- Supervised deprescribing can improve a person’s quality of life and safety
- Antipsychotics may be appropriate during acute delirium until the underlying cause (usually an infection) is treated

The planned process of reducing or stopping antipsychotics that may no longer be of benefit or may be causing harm – deprescribing – can improve a person’s quality of life and safety. Deprescribing is best done with the partnership of a healthcare provider; abruptly stopping any medication can be dangerous. A plan to gradually deprescribe antipsychotics may be appropriate if the person is no longer experiencing benefit from the medication; is at risk of harm from the medication; and if safety risks associated with deprescribing are minimized. It’s important to have supportive care strategies in place before deprescribing and observe behaviour during reductions to identify and address unmet needs.



Following appropriate deprescribing of antipsychotics, benefits for the person, family, and care providers can include:

- Decreased caregiver workload
- Improved quality of life
- Improved independence, mobility, alertness
- Improved connection with family
- Increased ability to socialize and participate in activities



## 1. Take a team approach. Establish a team of staff, family members and care partners who are dedicated and accountable to lead the initiative.

Include people with diverse skills, professional backgrounds, cultures and perspectives. Nominate team members to:

- Provide education in use of supportive care strategies and AUA for new and existing staff and families
- Coordinate and oversee the day-to-day activities of the initiative
- Evaluate and communicate information about the initiative
- Lead the process to identify candidates for antipsychotic medication reduction
- Update care plans to use supportive care strategies
- Serve as a champion to lead culture change
- Ensure the initiative is a strategic organizational priority with appropriate staffing resources and commitment

Leaders need to take an active role in supporting teams, including actively helping to identify and remove barriers to success, engaging in education to gain a better understanding of the initiative, and developing ways to motivate teams.

## 2. Gather perspectives: meet with staff, people living with dementia, and families to discuss ideas, acknowledge concerns and design the LTC home improvement initiative.

Points to discuss:

- How to improve culture of the home
- Ways to adjust institutional needs (i.e. timing of meals, baths, etc.), to be more flexible for the individual wherever possible
- Current LTC home antipsychotic use and prescribing practices and opportunities for deprescribing
- Antipsychotics will only be deprescribed when there is no safety risk to the person or staff
- Responsive behaviours are unlikely to increase with deprescribing
- Deprescribing may decrease staff workload reducing staff time needed to assist in personal care (e.g. eating) and to give medications

### **3. Set improvement goals and identify measures to monitor progress.**

Improvement goals should establish what you want to improve, for whom and by when. Co-design goals and measures with staff, people living with dementia, and families, so goals reflect what is important to people who will benefit.

Measures that can be used to demonstrate improved care, support and appropriate use of antipsychotics include:

- Antipsychotic prescriptions - routine or as needed (PRN), dose and/or frequency
- Education/processes to support deprescribing - behaviour assessments, medication reviews
- Monitoring for unintended effects - prescribing of new unneeded medications
- Monitoring for well-being and safety - physical restraints, falls

**See Appendix A for a measurement plan template you can use to set and track goals and monitor progress.**

### **4. Provide education to ensure staff, people living with dementia and their families have the information and skills they need to improve care, support and deprescribing.**

Education can include:

- Review of dementia (e.g. types, symptoms)
- Risks of antipsychotic use without specific diagnosis, and the lack of evidence for their effectiveness to reduce responsive behaviours
- How to track behaviours over time to better identify and meet needs of a person living with dementia
- Stories of how deprescribing antipsychotics has benefits for the person, family and care providers
- Education that supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop responsive behaviours

Create a supportive care environment by:

- Getting to know the person and things that help the person to feel safe and calm
- Providing supportive care, tailored to a person's needs, habits and preferences
- Investigating all possible causes of responsive behaviours to meet any unmet needs, including, but not limited to:



### Discomfort

- Too hot, cold, itchy
- Hunger, thirst
- Elimination difficulty
- Fatigue



### Medical/Biological

- Pain
- Dehydration, delirium, infection
- Disease progression
- Excessive medications/ combinations



### Psychosocial

- Loneliness, depression
- Stress
- Relationship influences
- Language/cultural factors



### Environmental

- Over/under stimulation
- Boredom
- Inconsistent routine, noise, lighting
- Provocation by others

**Families and care providers have ideas about how to reduce responsive behaviours and help a person living with dementia feel calm, safe and happy. These are important to share.**

## 5. Nominate healthcare professionals to identify people who are candidates for deprescribing antipsychotics.

Deprescribing should be individualized to the person and requires supervision by medical professionals; abruptly stopping any medication is not safe. Before deprescribing antipsychotics, ensure supportive care strategies are in place and observe behaviour during reductions to identify and address unmet needs.

See the website [deprescribing.org](https://www.deprescribing.org) for a comprehensive guideline and algorithm to safely deprescribe antipsychotics.

## 6. Convene/participate in team huddles to review and adjust the supportive care and deprescribing process.

Huddle participants should have diverse professional backgrounds, cultures and relationships with the person living with dementia

- Create and adapt personalized supportive care strategies that will best meet the needs of the person and support safe deprescribing
- Review responsive behaviours, discuss possible causes or solutions - consider results of behaviour tracking if available
- Identify how people are feeling about the changes and address concerns
- Identify opportunities for improvement and celebrate successes

## 7. Embed best practices to make it easy for staff and families to improve care, support, and appropriate use of antipsychotics for people living with dementia.

Examples of how to promote personalized supportive care in LTC:

- Build new ways of doing things into new employee orientation, job descriptions, policies and processes
- Encourage staff to offer flexible routines that reflect individual habits in how and when care is provided (e.g. flexible meal times, wake times and bedtimes; alternatives to baths)
- Meet individual interests by creating a range of recreational and social activities that anyone can do with a person living with dementia (activity kits, memory kits, etc.)

- Provide staff flexibility to be involved in non-medical activities with people living with dementia, so they are able to get to know the person living with dementia
- Consider staffing enhancements that can promote improved care and support strategies, such as:
  - Short shifts during periods of increased need (e.g. supper time, early evening hours)
  - Assign staff as primary caregivers for individual people living with dementia, and as primary contacts for families and care partners; this can lead to better personal relationships and more personalized care
- Promote a physical environment that feels like a home. For example, knock on doors before entering a room, involve people living with dementia in tasks such as setting the table or washing dishes, if they wish.

Example strategies to promote Sustained Appropriate Use of Antipsychotics in LTC:

- Build accountability systems into practice, e.g. review within 24 hours all new antipsychotic orders (special attention to orders obtained evenings and weekends)
- Enter antipsychotics as 'one time' or 'PRN dose', rather than as regularly scheduled doses
- Ensure documented indication of use for all antipsychotics
- Have a clearly defined review date within three months, if an antipsychotic is prescribed regularly
- Conduct regular medication reviews (e.g. on admission and quarterly) to consider deprescribing
- Taper and discontinue nighttime sedatives as these medications do not provide long-term benefit for sleep and care, cause daytime drowsiness, falls, and confusion

## **8. Celebrate success and review progress in improving care, support and appropriate use of antipsychotics for people living with dementia.**

- Share stories to profile improvements in staff work life, family happiness and a person living with dementia's improved quality of life after deprescribing medications that are no longer needed
- Provide updates on progress toward your improvement goals, celebrate successes and adapt as needed
- Adjust the measures to reflect new goals (to ensure you sustain the improvement over time)

# Appendix A

The template table below can be completed with your team to set goals and monitor progress to improve care, support and Appropriate Use of Antipsychotics.

**Outcome Measures: The main improvement outcomes you want to see. For example, reductions in antipsychotic medications (routine prescriptions, PRN prescriptions, dose/frequency).**

<b>Measure Name &amp; Operational Definition</b>	<b>Data Collection (sources &amp; frequency)</b>	<b>Baseline Data (if available)</b>	<b>Goal/Expected Change (specify time period)</b>
and person responsible for collecting, analyzing, reporting			

**Process Measures: The things you are doing to achieve your outcomes/goals. For example, increases in staff and family education sessions; medication reviews that focus on deprescribing.**

<b>Measure Name &amp; Operational Definition</b>	<b>Data Collection (sources &amp; frequency)</b>	<b>Baseline Data (if available)</b>	<b>Goal/Expected Change (specify time period)</b>
and person responsible for collecting, analyzing, reporting			



**Balancing Measures:** These are to assess for unintended consequences, so should not change or should stay the same. For example, prescriptions for other psychotropic medications; falls; physical restraints.

Measure Name & Operational Definition	Data Collection (sources & frequency) and person responsible for collecting, analyzing, reporting	Baseline Data (if available)	Goal/Expected Change (specify time period)

# Resources

- [How Antipsychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families, and Caregivers.](#)  
The Centre for Effective Practice and the Canadian Foundation for Healthcare Improvement created this resource to inform appropriate use of antipsychotics and person-centred approaches to care.
- [Deprescribing.org](#) tools to help patients and providers participate in deprescribing. Evidence-based deprescribing guidelines have been developed by or in collaboration with the Bruyère Research Institute for five classes of medications. Each guideline is accompanied by a decision-support algorithm, patient pamphlet, infographic and for some, a whiteboard video on how to use the algorithm.
- The [INESSS antipsychotic decision support tool](#).
- [Canadian Deprescribing Network resources](#), including patient handouts to empower people to take charge of their medications.
- [The Behavioural Supports Ontario Dementia Observational System](#). The BSO-DOS® is a direct observation tool that provides objective and measurable data about a person living with dementia. The data collected can be utilized by clinical teams and care partners to identify patterns, trends, contributing factors and modifiable variables associated with responsive behaviours/ personal expressions. This information is useful in the development and evaluation of tailored, person-centred interventions to address unmet needs through activities, environments, approaches and/or medications.
- Alzheimer Society of Canada *All About Me* [booklet](#) and [conversation starter](#). A template that can be completed by a person living with dementia and their care partners to help inform personalized support and care. Sections of this booklet outline a person's usual habits, daily routines, likes and dislikes. This information will help new caregivers maintain the routines that provide a sense of security, comfort and pleasure.

# References

1. Choosing Wisely Canada. Treating Disruptive Behaviour in People with Dementia: Antipsychotics are Usually Not the Best Choice.
2. How Antipsychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families, and Caregivers. The Centre for Effective Practice and the Canadian Foundation for Healthcare Improvement created this resource to inform appropriate use of antipsychotics and person centred approaches to care.
3. Bjerre, L.M., Farrell, B., et al. (2018). Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia: Evidence-based clinical practice guideline. *Canadian Family Physician* January 2018, 64 (1) 17-27.
4. Schneider, L., Dagerman, K., & Insel, P. (2006). Efficacy and adverse effects of atypical antipsychotics for dementia: Meta-analysis of randomized, placebo-controlled trials. *The American Journal of Geriatric Psychiatry*, 14 (3), 191-210.
5. Hirdes, J. et al. (2020). A Canadian cohort study to evaluate the outcomes associated with a multi-center initiative to reduce antipsychotic use in long term care homes. *The Journal of Post-Acute and Long Term Care Medicine*, 21(6), 817-822.
6. The Canadian Foundation for Healthcare Improvement Appropriate Use of Antipsychotics Collaborative.
7. Alzheimer Society of Canada. (2014). PC P.E.A.R.L.S.™ 7 key elements of person-centred care of people with dementia in long-term care homes.

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