Healthcare Excellence Canada

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

Guidance for Prescribers

1. Take a team approach
2. Start slow for success
3. Provide education
4. Participate in 'team huddles'
5. Document changes

Who should use this guide?

Prescribers and staff who work closely with prescribers in Long Term Care

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.

Why are antipsychotic medications not the best choice to treat dementia and responsive behaviours?

- Dementia is not a disease but rather a clinical state where a decline in cognitive functioning such as memory impairment, judgment, language, complex motor skills and other intellectual functions lead to an inability to independently manage activities of daily living. There are over 100 types of dementia with varying causes
- 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
- Antipsychotics can create or worsen behaviours especially when used in combination with other psychotropics
- There is little evidence that antipsychotics help with: unsocial behaviour, apathy, inappropriate behaviour, repetitive actions or words, wandering, resistance to care

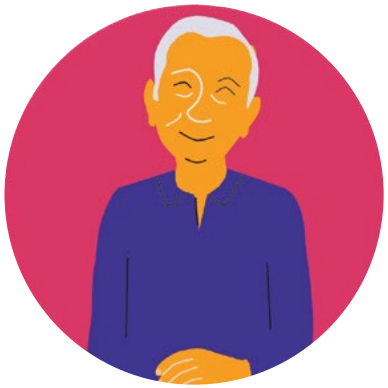
When are antipsychotic medications appropriate?

- Treatment of specific diagnoses including Huntington's disease, schizophrenia, distressing hallucinations and delusions
- Short-term use (6-12 weeks) can be appropriate for: acute delirium, behaviours that threaten to harm self or others, or severe agitation unrelieved by non-pharmacological measures. This allows teams to treat delirium and create and execute care plans to address harmful or persistent behaviours
- Continued use of antipsychotics should be evaluated together with the team every 6-12 weeks
- Supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop responsive behaviours
- Supervised deprescribing can improve a person's quality of life and safety

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

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

The steps outlined in this resource can help prescribers to review and safely deprescribe antipsychotics for people living with dementia.

1. Take a team approach and conduct a medication review with a physician, nurse, and pharmacist to identify people who are candidates for deprescribing antipsychotics.

Consider deprescribing for people living with dementia who:

- Do not have a diagnosis of schizophrenia or Huntington's disease
- Are not experiencing distressing hallucinations or delusions
- Are not end-of-life or receiving hospice care

A person who is currently prescribed "as needed" (PRN) medication only, is on one low-dose antipsychotic, or, who does not typically have distressing responsive behaviours may be a good initial candidate

See the website deprescribing.org for a comprehensive guideline and algorithm to safely deprescribe antipsychotics.

Before deprescribing, meet with the person living with dementia, their family members and care partners, and staff to discuss:

- Any proposed changes to medications and associated processes and supports
- Existing and new supportive care solutions to best meet social, medical and other needs of the person
- How they can support the change such as by observing a person's well-being and behaviour during deprescribing

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.

Example practices that support safe deprescribing of antipsychotics include:

- Slowly taper medication (e.g. reduce by 25% to 50% weekly/biweekly) - to limit possible withdrawal symptoms, which can include insomnia, nausea, psychosis, agitation, delusions or hallucinations
- Return temporarily to a previously tolerated dose if intolerable withdrawal symptoms occur, until symptoms resolve and 3 months of behavioural stability is achieved - then plan to start a more gradual taper
- Slow the rate of reduction as the dose becomes smaller (i.e. 25% of the original dose) to prevent withdrawal or intolerable symptoms
- Monitor closely - deprescribing should not result in other prescriptions (e.g. anxiolytics or hypnotics)

2.Start slow for success

Begin deprescribing antipsychotics for only one or two people living with dementia at a time. Once deprescribing is progressing smoothly, consider additional candidates for deprescribing.

Starting the deprescribing process with only a few people at once ensures:

- Time to prepare personalized supportive care strategies to better identify and meet the needs of the person
- Careful monitoring of a person's well-being and behaviour to identify opportunities to adjust supportive care strategies and/or the deprescribing plan

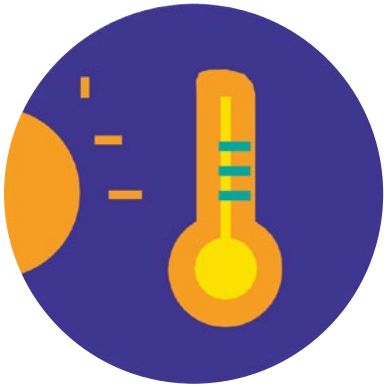
3. Provide education to ensure staff, people living with dementia and their families have the information and skills they need to improve care, support and deprescribing.

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.

View HEC's related reference Guidance for LTC Leaders, for more information on how to implement an initiative to improve care, support and appropriate use of antipsychotics in LTC.

4. 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.

Things to discuss in the huddle can include:

- 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

5. Document changes in a person's behaviour and well-being to inform adjustments and share successes related to deprescribing.

Beneficial changes following deprescribing can include improved alertness, quality of life and fewer falls. Negative changes following deprescribing can include agitation, delusions and hallucinations. Side effects may vary based on dosage, type of antipsychotic and the presence of underlying health conditions.

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

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