AMDA Talking Points on Appropriate Prescribing of Antipsychotics

(Effective Date July 2011)

1. We support thorough evaluation and treatment of patients with behavioral issues.

- Medication therapy for nursing facility patients is often complex. Since antipsychotic medications are all psychoactive medications, they are potentially dangerous, and none have been FDA approved to treat dementia related behaviors. The use of antipsychotic medications should be limited to treating dementia-related behaviors that are unresponsive to conservative management and done only after thoughtful evaluation, identification of appropriate indications, and consideration of the benefits and risks involved.
- Nursing facility residents often have multiple conditions that require management with multiple medications as well as non-pharmacologic interventions. As such, each patient’s medication regimen must always be considered in the full context of his/her overall clinical status.
- The role of the prescriber is to evaluate, diagnose, and treat patients. This includes helping define the nature and severity of symptoms and identifying whether the situation constitutes a problem that requires intervention. It also includes periodically reviewing all medications and monitoring for continued need based on known diagnoses or problems, and monitoring for possible adverse drug reactions as well as the patient’s overall goals of care.
- Physicians should help staff and families identify risks relevant to any medication and relevant parameters for monitoring medications and reassess the patient’s response to treatment over time, including risk, benefits, and relative efficacy.
- Medication review should be comprehensive and not limited to particular segments of the drug spectrum.

2. In non-emergent situations, non-pharmacologic interventions should be considered first.

- Non-pharmacologic interventions may be successful by addressing underlying causes and factors contributing to behavioral symptoms.
- The practitioner’s evaluation of behavioral symptoms should include a detailed review of a patient’s symptom history and a careful assessment of the circumstances in which problematic behavior occurs as a basis for both medication treatment and non-pharmacological interventions.
• Abnormal behavior is often an expression of unmet needs or symptoms, including pain, constipation, negative responses to noise, or interaction with other individuals. Considerable effort needs to be expended to identify the patient’s unstated symptoms or needs, since many agitated dementia patients will not be able to express them.

3. Sometimes it is appropriate and necessary to use antipsychotic medications for patients with dementia-related behaviors.

• Medication use may be considered when there is a suspected underlying cause of problematic behavioral symptoms that may be amenable to a targeted medication intervention or when non-pharmacologic approaches have not effectively modified the patient’s behavior. Medications may be more appropriate when behavioral or psychotic symptoms are causing significant distress to the patient or pose a threat to the patient, staff, or others.
• Physicians practicing in the long-term care setting recognize that many medications are used off-label, with such use considered to be within the standard of care in most cases. The mere use of a medication off-label, including antipsychotics, does not by itself constitute inappropriate use.
• The off-label use of antipsychotic medications may be medically justifiable depending on the relative benefits and risks for the patient; that is, if the medication is effective in addressing problematic symptoms and does not cause excessive or unacceptable risks, side effects, or complications.
• As with all medications with major (“black box”) warnings, there should be documented justification for initiating and continuing antipsychotic medications periodically as well as documentation of discussions about risks and benefits with the patient or substitute decision maker. The documentation should indicate that informed consent for the use of these medications has been obtained, and that they are being utilized for an “off-label” indication.
• There is (some) data to support the use of other medications for nonspecific agitation (e.g., cholinesterase inhibitors, memantine, mood stabilizers or antidepressants), clinicians must decide based on the severity of symptoms (e.g., potential harm to patient or caregivers), immediacy of the situation and adverse effect profile which medication is most appropriate for each individual patient. A trial of one or more of these treatments may be appropriate especially when psychotic symptoms such as hallucinations or delusions are absent.
• Some atypical antipsychotic medications have some Food and Drug Administration (FDA)-approved indications for conditions other than psychosis, including some forms of depression.
• All antipsychotic medications are FDA-approved for the treatment of psychotic disorders such as schizophrenia, and for the treatment of bipolar disorder with psychosis. These medications should not be withheld from patients with these diagnoses, but should also be prescribed judiciously, and—when medically indicated—with input from a mental health professional.
4. The therapeutic goal of the use of antipsychotic medications is to treat psychosis versus nonspecific agitation or other forms of lesser distress, and thus improve the patient’s quality of life.

- Treatment of psychosis includes identifying and treating underlying causes, ensuring safety, reducing distress, and supporting the patient’s functioning.
- These drugs when used in appropriate patients with dementia-related psychotic symptoms (versus repetition, chanting, agitation) have actually improved rather than worsened the quality of life of those individuals treated. The goal should always be to optimize quality of life, not to disable the person.
- Although acute psychotic symptoms are unlikely to respond adequately to non-pharmacologic interventions alone, the implementation of non-pharmacologic approaches may permit the use of lower doses of antipsychotic medications.

5. The goal is not to sedate or restrain.

- The prescribing of antipsychotic medications for simple agitation, confusion, delirium, and aggression should not occur without thoughtful evaluation of whether there is a target symptom that is likely to respond to an antipsychotic agent, and with consideration of the risks involved.
- The goal of using antipsychotic medications, as with any psychopharmacological medications, is to address behavioral or mood symptoms and/or their underlying causes while preserving or enhancing function and quality of life. If the medication causes excessive or unwanted sedation or impairs function and diminishes quality of life, then its use may not be appropriate and should be reconsidered.
- Prescribing an antipsychotic medication, except in an emergency, should be done only after an attempt to determine if there are other environmental or medical factors causing these types of symptoms, and after taking appropriate actions when other causes are suspected (e.g., treating a urinary tract infection or providing medication for arthritis pain).

6. Interventions need to be monitored and reviewed periodically with consideration of appropriate Gradual Dose Reductions.

- As with any medications, the ongoing indication and effectiveness of antipsychotic medications should be reviewed. Symptoms may improve or resolve because of, or despite, the continued use of medications. Often, it is necessary to taper or stop a medication in order to gauge whether it is still needed, and if so, still needed in the same dose.
- State Operations Manual surveyor guidelines for F329 (Unnecessary Medications) are based on a comprehensive assessment of the patient. The facility must ensure that patients who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record.
• Patients who use antipsychotic medications are to receive gradual dose reductions on a periodic basis, unless clinically contraindicated, and behavioral interventions should be implemented when appropriate as part of the effort to discontinue these medications.

7. AMDA’s Educational Messaging is consistent with current regulations.

• The F329 (Unnecessary Medications) surveyor guidelines, including those related to antipsychotic medications, were updated in 2006.
• F329 emphasizes the clinical problem-solving and decision-making process as the foundation of all prescribing decisions.
• Table 1 in F329 updated earlier antipsychotic medication guidelines.
• The updates distinguish the acute from the enduring use of these medications.
• Medication doses listed in those guidelines are meant to be used as follows: if the dose of a specific medication is greater than the indicated dose, the facility and prescriber are expected to document additional or more detailed rationale for why the higher dose is necessary and that they are monitoring for adverse consequences.
• Nothing about the guidance sets absolute limits on what doses or medications can be used. However, it does direct surveyors to request that facilities show the basis for the initiation and continued use of such medications.

8. AMDA is committed to educating long term care providers and collaborating with state surveyor agencies to ensure appropriate implementation of F Tags F501 (Medical Director) and F329 (Unnecessary Medications).

• Education should focus attention on the interdisciplinary team’s consistent and appropriate use of care processes to guide selection and ongoing use of antipsychotic medications.
• Education should help staff become comfortable with caring for persons with dementia. Educational efforts should emphasize the importance of having an active antipsychotic medication usage tracking method which includes root cause analysis, concomitant non-pharmacologic methods, response to all interventions and gradual dose reduction. Such programs can help provide the best resident care and avoid inappropriate medication usage.
• AMDA serves on a technical expert panel that is implementing Section 6121 of the Affordable Care Act. The project is aimed at developing training products for nurses’ aides in the area of provision of care for persons with dementia.
• AMDA needs to provide education that will fill professional practice gaps. A practice gap is a lack of understanding and a lack of knowledge to intervene concerning a practice.