USING THE NURSING PROCESS APPROACH TO CONSIDER GDR
Tapering For Off-Label Use of Antipsychotic Drugs

The best approach to considering Gradual Dose Reduction (GDR) is person-centered. Before contacting the individual's physician to discuss potential dose reduction, it is important for the nurse to follow the nursing process and gather observations and pertinent information. The nursing process uses clinical judgment to strike a balance between personal interpretation and research evidence. The process fosters the use of critical thinking to categorize clients issue and course of action. Below is the nursing process applied to the nurse's role when considering the potential for GDR for off-label use of antipsychotic drugs.

Nurse/Interdisciplinary Team Assessment

- Conduct an assessment and identify conditions possibly related to drug side-effect(s).
- Review most recent MDS assessment for mood, function, behavior, evidence of delirium and facility-based behavior tracking record. Compare to findings of the just completed assessment. Review most recent scoring tool (e.g., AIMS) and compare to prior score.
- Review medical record taking note of:
    - Psychiatric conditions, psychiatric hospitalizations, abnormal clinical and lab findings, and related physician, pharmacist, and psychologist notes.
    - Any GDR attempts during past 6 – 12 months and the outcome
- For individuals staying in the facility for longer periods of time:
    - Check the pharmacist's recommendations recorded on the monthly medication regimen review for information related to drug doses, duration and continued need.
- Review the CNA Stop and Watch reports for changes in behavior, cognition, mood, ADL performance, and daily routine. (Stop and Watch is an INTERACT II tool).

Diagnosis/Clinical Judgment

- Identify symptoms that may be related to antipsychotic drug side-effects.
    - E.G. , orthostatic hypotension, increase weight gain, increase glucose level, urinary retention, constipation, sedation, akathisia (restlessness, pacing, inability to sit still, anxiety, sleep disturbance), dystonia/torticollis - stiffness of neck, pseudoparkinsonism (drooling, tremors, rigidity, bradykinesia - slowness of movement, cogwheel rigidity - jerk responses of body muscles when force is applied while bending a limb), tardive dyskinesia (lip smacking/chewing, abnormal tongue movement, involuntary movement of arms/legs), dry mouth, blurred vision, worsening confusion/delirium, edema, blood abnormalities (increased triglycerides)
    - Evaluate if symptoms are old or new
- Is the individual at optimal ADL function and has quality of life?
- Will GDR/tapering possibly improve the individual's symptoms and functioning?

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Outcomes/Planning

- Gather clinical information and diagnoses.
    - Include all medications currently taken by the individual, including:
        - Dosages and times of administration
        - Which of these medications may be contributing to issues and concerns?
- Gather information about drug considered for GDR
    - Current dose, time(s) of drug administration, and method of administration (tablets, capsules, liquid, injectable, IV).
    - How long has the individual been taking this drug?
    - Is the current drug dose at the lowest available dose? If so, does the dose provide the individual optimal quality of life and ADL functioning?
- Identify the non-pharmacological approaches used to help address challenging behavioral responses. Did these approaches work?
- Note assessment findings in the medical record.

Implementation

- Complete the SBAR designed for nurse consideration of antipsychotic drug GDR.
- If the individual is over-sedated:
    - Hold the drug until the physician is contacted.
    - Keep in mind that the half-life for most antipsychotic drugs is several days to a week or more.
    - A lower dose of the drug or a different drug may be used if behaviors or symptoms requiring antipsychotic drug treatment emerge.
- Attempt non-pharmaceutical approaches to help address challenging behavioral responses (examples include: music therapy, exercise).
- When possible, inform the individual and his/her family and care staff about the plan for GDR to gain their understanding and support.
- Call the physician to discuss possible drug discontinuance or tapering.

Evaluation

- Assess the individual's response to drug discontinuance or tapering.
- After one month, determine if the individual is at optimal ADL functioning and has an improved quality of life.
    - Repeat any clinical tests and labs ordered by the physician, and evaluate for improvement.
    - Evaluate the effectiveness of non-pharmaceutical approaches to challenging behavioral responses that have been employed, document and change if needed.
- Continue to evaluate and note drug reduction responses in the medical record. Notify the physician about further tapering or drug maintenance as necessary.

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Recommended Physician Guidelines For GDR

- For an antipsychotic drug prescribed for a short period (example: during hospital stay or up to one month), if the drug is not effective and the need for continued treatment is uncertain, the drug may be stopped if no signs of distress.
- If the drug is currently at the lowest dose, follow FDA guidelines for dose reduction.
- For drug prescribed over a long period, reduce the drug slowly. It may take 3-6 months to find the lowest effective dose.
- For individuals taking an antipsychotic drug for one year, attempt dose reduction in two separate quarters with at least one month apart unless the individual is at optimal functioning.
- After longer than one year of drug therapy, attempt drug reduction once per year. If GDR is unsuccessful, consider reduction "clinically contraindicated." Documentation is needed in the individual's record why additional dose reduction will cause impairment, psychotic instability, or exacerbate the underlying psychiatric disorder.

Resources

American Medical Directors Association. Delirium and Acute Problematic Behavior, Clinical Practice Guideline, 2008

American Nurses Association. The Nursing Process. http://nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-You-Need/Thenursingprocess.html

The Long Term Care Survey, F-TAG 329. AHCA October 2010 Edition, pp. 441-555

Power, AG. Dementia Beyond Drugs: Changing The Culture of Care. Health professions press, February 2010, pp. 237-238

Psychopharmacological Drugs Gradual Dose Reduction Schedule. Skilled Care Pharmacy 2009 - http://www.skilledcare.com/Userfiles/Care-Letters/GRADUAL-DOSE-REDUCTION-SCHEDULE.pdf

Ryan Carnahan, Phar.D., M.S., BCPP, Assistant Professor (Clinical), The University of Iowa College of Public Health, Recommendations offer to Dr. Gifford, February 27, 2012