

## BEHAVIORAL or PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)

### GUIDANCE FOR ANTIPSYCHOTIC USE IN LONG-TERM CARE

- Appropriate diagnoses: Schizophrenia, Schizo-affective disorder, Schizophreniform disorder, Delusional disorder, Mood disorders (bipolar disorder, severe depression w/ psychotic features), Psychosis in the absence of dementia, Medical illness w/ psychotic symptoms, Tourette's disorder, Huntington's disease, Hiccups, Nausea and vomiting associated w/ cancer therapy
- Antipsychotic medication are only appropriate for elderly residents in a minority of circumstances – See diagnoses above
- All antipsychotic medications carry a Black Box Warning associated with increased risk of death in elderly patients treated for dementia-related psychosis
- Causes of behaviors such as medical, physical, functional, psychological, emotional psychiatric, social, and environmental must be identified and addressed before antipsychotic medications are considered for elderly residents.
- Antipsychotic medications must be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and review.
- Antipsychotic medications should not be used if the only indication is one or more of the following: wandering, poor self-care, restlessness, impaired memory, mild anxiety, insomnia, indifference to surroundings, sadness or crying not related to depression, fidgeting, nervousness, or uncooperativeness
- Diagnoses alone do not satisfy the criteria for using antipsychotics for BPSD unless the symptoms present a danger to the resident or others and either the symptoms are identified as due to mania or psychosis or behavioral interventions have been attempted and are included in the plan of care, except in an emergency.
- Use of Antipsychotic medications in an Emergency Situation (acute onset or exacerbation of symptoms):
  - Use must meet the above criteria
  - Acute treatment Period is limited to seven days or less
  - Clinician in conjunction with interdisciplinary team must evaluate and document the situation within 7 days to identify and assess contributing causes
  - If behaviors persist beyond emergency situation, non-pharmacological interventions must be attempted
- Use of Antipsychotic medication to treat Enduring Condition
  - Use must meet the above criteria
  - Targeted behaviors must be clearly identified and documented

- Monitoring must ensure that behavioral symptoms are not due to medical problems, environmental stressors, or psychological stressors that are expected to improve if problem is addressed and resolved
  - Persistent behaviors are documented when other approaches attempted have failed and resident's quality of life is negatively affected.
- New Admissions
  - Provider responsible for preadmission screening for mentally ill and intellectually disabled individuals and for obtaining physician's orders for immediate care
  - If PASRR Level 1 screening is negative for mental illness or intellectual disability: must re-evaluate the use of antipsychotic medication at the time of admission and/or within 2 weeks after admission to consider if medication dose can be reduced or discontinued
- Antipsychotics already in place
  - Treatment should be lowest possible dose to improve target symptoms monitored
  - Monitor ongoing effectiveness, potential adverse consequences
  - Evaluate use of any other psychopharmacological medications
  - After initiating or increasing dose of antipsychotic medication, behavioral symptoms must be reevaluated periodically to determine effectiveness and the potential for reducing or discontinuing the dose
  - Monitor for adverse consequences
    - Potential side effects of antipsychotic drug class
    - Risk for cardiovascular effects
    - Potential metabolic effects and neurological side effects
    - Risk for life threatening events or permanent/irreversible conditions