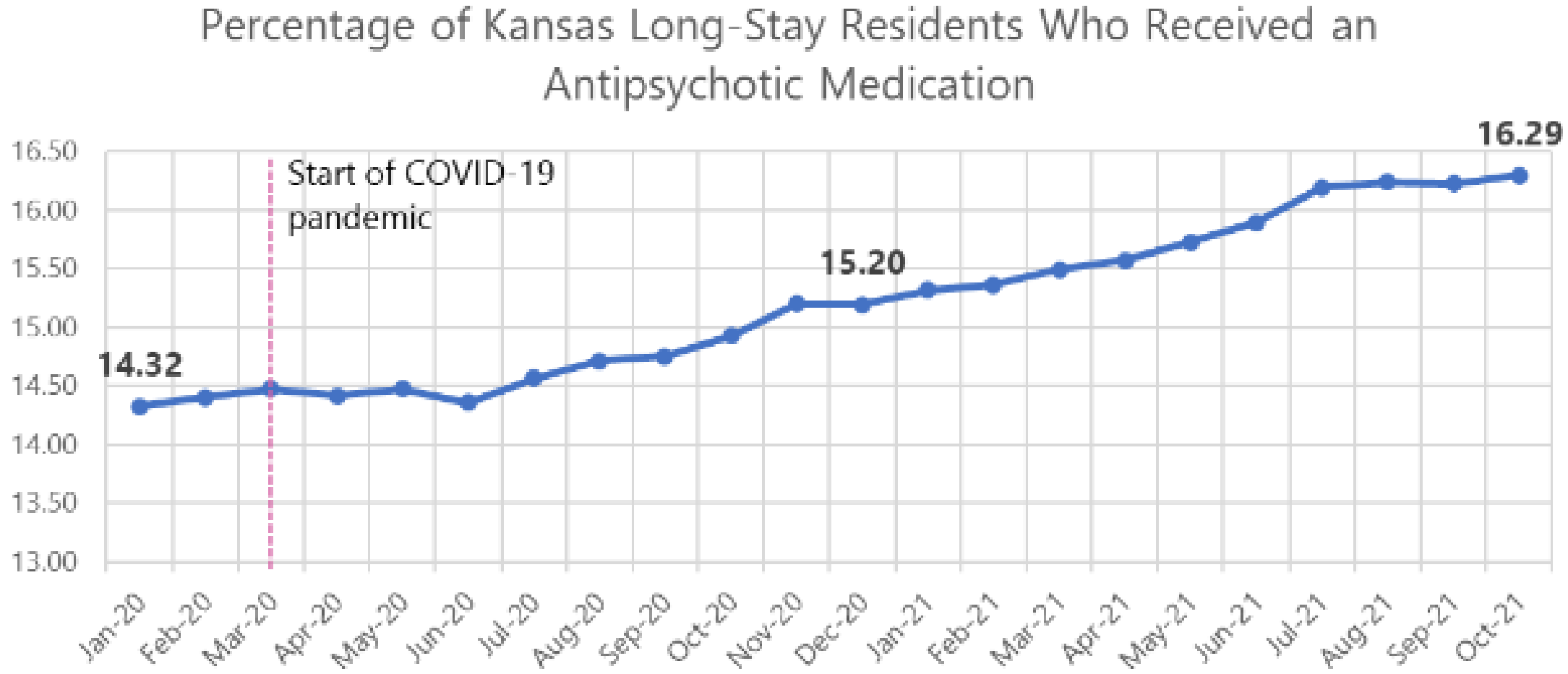
Antipsychotics and Dementia

Dementia Statistics

- More than 6 million Americans are living with Alzheimer's
- 1 in 3 seniors dies with ADRD (kills more than breast cancer and prostate cancer combined)
- Over 11 million Americans provide unpaid care for people with ADRDs and provided an estimated 15.3 BILLION hours valued at nearly $257 billion
- In 2021 ADRD cost the nation $355 billion & by 2050, these costs could rise to more than $1.1 TRILLION
- Alzheimer's & related dementia (ADRD) deaths have increased 16% during COVID-19 pandemic

Alz.org



Source: MDS data through 10/31/2021

Inappropriate Antipsychotic Treatment Targets

- Wandering
- Not being social or friendly
- Poor self-care
- Restlessness
- Uncooperativeness without aggressive behavior
- Not caring about what is going on around them
- Speech or behaviors that are not dangerous to person or others
- Nervousness
- Fidgeting
- Mild anxiety
- Impaired memory

https://igec.uiowa.edu/sites/igec.uiowa.edu/files/2021-12/5 Antipsychotic direct care - CARD.pdf

Appropriate Use of Antipsychotics for Elders with Dementia

- Use of an antipsychotic should be well-justified. The treatment target symptom must present a danger to the person or others, or cause the person to have one of the following:
  - Inconsolable or persistent distress
  - A major decline in function
  - Substantial difficulty receiving needed care
  - Appropriate and inappropriate treatment targets from CMS include:
    - Aggressive behavior
    - Hallucinations
    - Delusions
    - Other severe distress
  - Generally, antipsychotics should not be used for inappropriate treatment targets.

  - https://igec.uiowa.edu/sites/igec.uiowa.edu/files/2021-12/5 Antipsychotic direct care - CARD.pdf

Risks of Antipsychotic Drugs

Sedation, lethargy

Confusion, delirium, cognitive worsening

Worsening psychotic symptoms: delusions or hallucinations

Gait disturbance, falls

Rigidity & other movement disorders: abnormal movements like face, tongue or eye twitching

Increased incontinence, urinary retention

Rapid drop of blood pressure

Constipation, poor intake

Weight gain

Elevated blood sugar

Increased risk for pneumonia

Increased risk of stroke

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Ballard et al. (2009): Double mortality rate (at least three U.S. studies show increased mortality as well) *Lancet Neurology 8(2): 152-157*

BLACK BOX WARNING ON ANTIPSYCHOTICS

Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analysis of 17 placebo-controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients between 1.6 – 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5% compared to about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g. pneumonia) in nature. (**Name of drug) is not approved for the treatment of patients with dementia-related psychosis**

Regulatory Requirements

- F758:

- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;
- §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and
- §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
- §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

So, what are the answers?

- See the world from the perspective of the resident:
  - They are in a place they don't know
  - Around people they don't know
  - For a reason they don't understand
  - How would you react?
- Consistent staff with a culture of person-directed care: implies there is adequate staff
- Education: physician, registered & licensed nurses, administrators & direct care partners: none of these educational programs have adequate training in dementia care
- Education of residents and representatives: should be notified of risks & benefits prior to administration of any medication as required by regulation F580: A facility must immediately inform the resident; consult with the resident's physician; and notify, *consistent with his or her authority,* the resident representative*(s)* when there is—(C) A need to alter treatment significantly (*that is*, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)
- Support of the CMS & Kansas Partnership to Improve Dementia Care
- Dementia is NOT mental illness; we NEED more & improved mental health care available