Pre-requisites for ANTIPSYCHOTIC use in BPSD

P PERSON-CENTRED CARE can be an effective alternative to antipsychotics.

⇒ **Care is designed to meet the client's unique needs with goals based on their values and experiences. Identify unmet needs.**

⇒ **The resident's physical, psychological and social goals have been considered and prioritised.**

S SYMPTOMS that may warrant the use of an antipsychotic are limited to:

⇒ **Aggression causing severe distress or an immediate risk of harm.**

⇒ **Psychotic symptoms causing severe distress or an immediate risk of harm.**

⇒ **Wandering or calling are UNLIKELY to respond to antipsychotics (except via side-effects).**

Y YOU accept your ongoing role and responsibility within the health team

YOU accept the resident's history and commit to person-centred principles

YOU accept the role and skills of others in the multidisciplinary health team

C CONSENT for antipsychotic therapy has been obtained from the client or representative

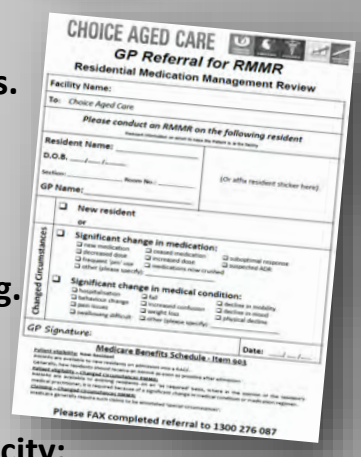
⇒ **Understand and adhere to your organisation's policy regarding consent.**

⇒ **Specify the diagnosis and target symptoms; desired outcomes; the drug & dose to be used; potential side-effects; expected duration of treatment and frequency of review.**

H HEALTH CARE TEAM involvement

⇒ **The complexity of dementia requires a coordinated multidisciplinary team approach.**

⇒ **Referral to a Geriatrician; Clinical Pharmacist; dementia services; and allied health are considerations.**



O OFFER the GP a *Changed Circumstances RMMR* referral

⇒ **CC RMMRs may be conducted on any resident following a change in medication or condition.**

⇒ **Medication reviews conducted by Choice Aged Care consultants can reduce antipsychotic prescribing.**

T TREAT the underlying cause

⇒ **Assess for and treat physical illness including: delirium; pain; infection; constipation; medication toxicity; sleep deprivation; thirst or hunger; blood test abnormalities (i.e. B12, folate, thyroid, biochemistry).**

⇒ **Assess for and manage psychosocial factors (e.g. change of routine or loss of independence)**

⇒ **Assess and treat mental disorders which may mimic or exacerbate BPSD (e.g. depression & anxiety).**

R RESTRAINT (chemical and physical) should only be used as a last resort

⇒ **The reason for the use of restraint and antipsychotics should be documented and reviewed regularly.**

⇒ **Restraint is only appropriate when there is severe threat to the client's own safety or that of others.**

⇒ **Should only be a temporary solution; in the least restrictive form; and with appropriate consent.**

O ORGANISATIONAL commitment to:

⇒ **Person-centred care and dementia friendly environments.**

⇒ **Nurse and carer training and competency in the psychosocial and psychotropic management of BPSD.**

⇒ **Monitoring antipsychotic drug usage patterns. Medication Policy that covers consent & restraint.**

P PSYCHOSOCIAL and non-pharmacological strategies are prioritised & first-line

⇒ **Person centred approach to the care recipient's individuality.**

⇒ **Application of non-drug approaches: music therapy; massage; aromatherapy; environmental changes; exercise; pet therapy; carer education...**

I IDENTIFY triggers for the behaviours that challenge

⇒ **BPSD may have a range of physical, environmental and psychosocial causes.**

⇒ **The Need-Driven Behaviour model suggests unmet needs cause behaviours.**

⇒ **The Progressively Lowered Threshold model attributes BPSD to a progressive inability to manage stress.**

C CARE and support for the resident's family and care staff

⇒ **Relationship-centred care emphasises the imperative to consider the needs, provide support and enhance the involvement of care staff and family.**

CHOICE AGED CARE

QUALITY USE OF MEDICINES | DEMENTIA CARE | ALLIED HEALTH | BENCHMARKING | TRAINING, LEARNING & COMPETENCIES

Quality Use of ANTIPSYCHOTICS in BPSD

S START LOW & GO SLOW with increased vigilance for side effects

- ⇒ Start doses low, increase slowly as needed and monitor for adverse effects.
- ⇒ Frequent GP and nursing staff reviews early in the course of therapy are essential.
- ⇒ Response to antipsychotics usually occurs within 1-2 weeks.

O ONGOING NEED REVIEWED REGULARLY confirming therapy remains appropriate

- ⇒ There should be no longer than a 6-week interval between GP reviews for a resident on an antipsychotic.
- ⇒ A GP review on the antipsychotic's actual ongoing need should be conducted at least every 3 months.
- ⇒ Behaviours may abate with time as dementia progresses or if the initial BPSD was due to an 'acute' cause.

L LOWEST EFFECTIVE DOSE

- ⇒ Pursue the lowest possible dose that relays therapeutic benefit.
- ⇒ Elderly residents generally require lower medication dosages.

U UTILISE QUM (safe, effective, appropriate & judicious use of antipsychotics)

- ⇒ Follow 'PSYCHOTROPIC SOLUTIONS' protocol for quality use of antipsychotics.
- ⇒ Antipsychotics may aim to settle distress or severe behaviours, though they should not compromise the resident's clarity of consciousness or quality of life.

T TIME-LIMITTED & TRIAL WITHDRAWALs

- ⇒ When needed, antipsychotics should be considered as a trial for a specified period.
- ⇒ Discontinue treatment if there is no improvement in the target behaviour.
- ⇒ Studies report no worsening of behaviour when antipsychotic therapy is withdrawn.

I INEFFECTIVE? (do any benefits outweigh the risks?)

- ⇒ Antipsychotics have at best a small positive effect on behaviour.
- ⇒ If treatment is ineffective, it should be altered or withdrawn.

O ORGANISATIONAL COMMITTMENT

- ⇒ Utilise input from external dementia services and the Choice Aged Care pharmacist.
- ⇒ Develop appropriate Medication Policy for antipsychotics with consent and restraint procedures; drug usage monitoring; treatment protocols etc…).
- ⇒ Ensure all staff have training in antipsychotic and psychosocial therapies.
- ⇒ Promote person-centred care and utilise dementia friendly design principles.

N NON-DRUG OPTIONS continue to be maximised

- ⇒ Continue to pursue creative and individually tailored approaches based on the resident's unique needs.
- ⇒ E.g. music therapy; massage; aromatherapy; exercise; pet therapy; reassurance; distraction; activities...

S SIDE-EFFECTS? (are side-effects/risks outweighed by any benefits?)

- ⇒ Antipsychotics increase the risk of death (via strokes, pneumonia and heart arrhythmia).
- ⇒ Antipsychotics can also cause sedation, confusion, falls, parkinsonism and impact swallow .

www.choiceagedcare.com.au

CHOICE AGED CARE

QUALITY USE OF MEDICINES | DEMENTIA CARE | ALLIED HEALTH | BENCHMARKING | TRAINING, LEARNING & COMPETENCIES