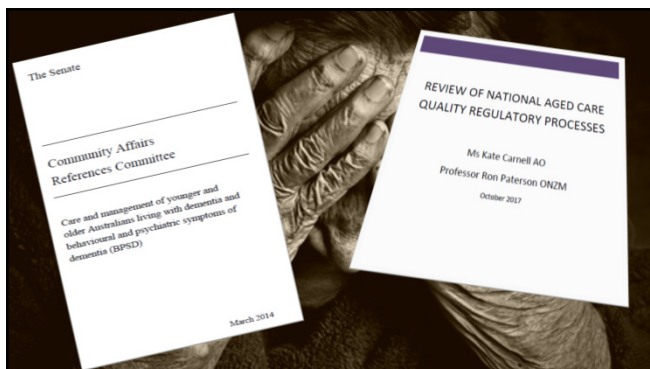


PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management





Key Senate Committee Recommendations:

- ✓ All RACF employees should receive accredited training in the management of BPSD
- ✓ Antipsychotic medications should be reviewed by the GP after the first 3-months
- ✓ Accreditation audits should report on general antipsychotic usage patterns in each facility
- ✓ Develop guidelines for the recording and reporting on all forms of restraint.

PSYCHOTROPIC SOLUTIONS

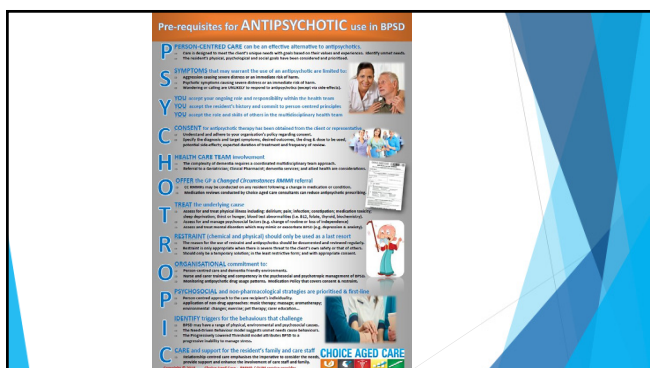
A proactive approach to antipsychotic medication management

Review of National Aged Care Quality Regulatory Processes (extracts) "The Oakden Review"

- ✓ Use a star-rated system for public reporting of provider performance
"For Example: measurement of the proportion of residents taking more than 5 medications who receive RMMRs"
- ✓ Aged care standards will limit the use of restrictive practices:
 - ✓ Accreditation assessments will review the use of psychotropic agents
 - ✓ An RACF's antipsychotic rate will be publicly reported
- ✓ RMMRs must be conducted for residents on admission to an aged care service, after any hospitalisation, upon deterioration of behaviour or any change in the medication regime.
- ✓ The lack of informed consent in current practice contributes to the high levels of antipsychotic use
- ✓ The elimination of restrictive practices is a goal that both government and providers should aspire to.





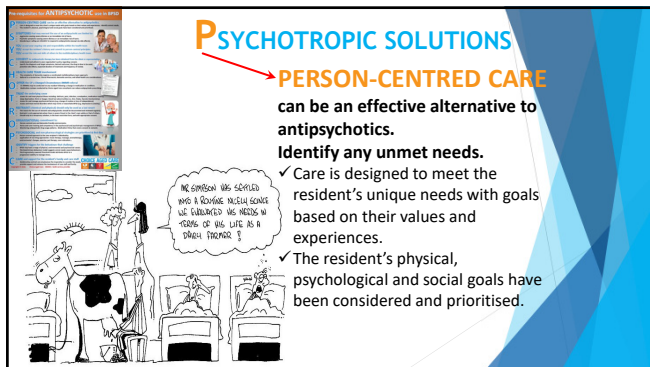


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PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management



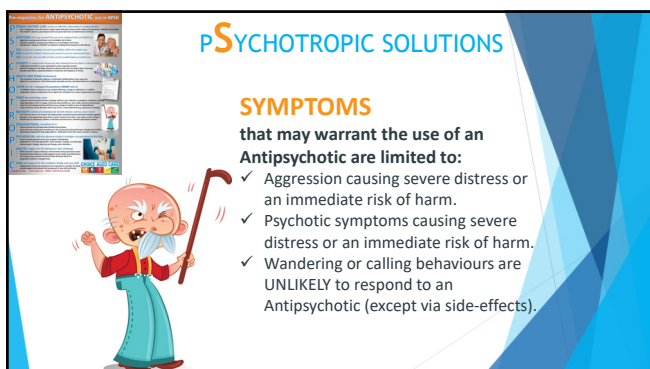
PSYCHOTROPIC SOLUTIONS

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

Identify any unmet needs.

- ✓ Care is designed to meet the resident's unique needs with goals based on their values and experiences.
- ✓ The resident's physical, psychological and social goals have been considered and prioritised.

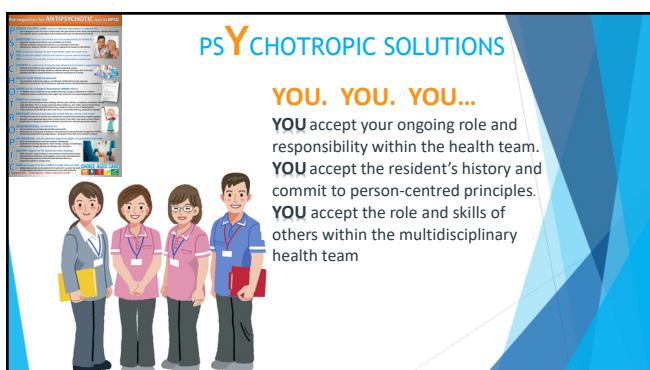
THE PERSON WAS SCARED WHEN A NURSING MEDICAL STUDENT WAS EXAMINING HIS WOUNDS IN FRONT OF HIS LIFE AS A DREAM FIGHTER!



PSYCHOTROPIC SOLUTIONS

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 behaviours are UNLIKELY to respond to an Antipsychotic (except via side-effects).



PSYCHOTROPIC SOLUTIONS

YOU. YOU. YOU...

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 within the multidisciplinary health team

PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management

PSYCHOTROPIC SOLUTIONS

Consent for Antipsychotic medication use in RPSD

Best practice guidelines have recommended aged care services providers to obtain informed consent for the use of an antipsychotic when it is necessary to deliver care that is in the resident's best interests.

Consent

has been obtained correctly from the resident or their representative and documented.

- ✓ Understand and adhere to the facility's policy on psychotropic consent.
- ✓ Consents should specify the diagnosis and target symptoms; desired outcomes; the drug and dose to be used; potential side-effects; expected duration of treatment and review frequency.

PSYCHOTROPIC SOLUTIONS

HEALTH CARE TEAM involvement.

- ✓ The complexity of dementia requires a coordinated multidisciplinary team approach.
- ✓ Referral to a Geriatrician; Clinical Pharmacist via an RMMR; DBMAS; SBRT and allied health services have been considered.

PSYCHOTROPIC SOLUTIONS


OFFER

the GP a **Changed Circumstances RMMR** referral and input from external services


- Medication reviews (RMMR) by Choice Aged Care consultants have been found to reduce antipsychotic usage.
- A key recommendation from the Oakden Review was that "RMMRs must be conducted for residents on admission to an aged care service, after any hospitalisation, upon deterioration of behaviour or any change in the medication regime".
- External dementia services also exist.

PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management



PSYCHOTROPIC SOLUTIONS



TREAT the underlying cause


- ✓ Assess for and treat physical illness including: delirium; pain; infections; constipation; medication toxicity; sleep deprivation; thirst or hunger; blood test abnormalities (i.e. B12, folate, thyroid, biochemistry).
- ✓ Assess for and treat psychosocial factors (change of routine; loss of independence; new carers etc...)
- ✓ Assess and treat psychiatric disorders which may mimic or exacerbate BPSD (e.g. depression, anxiety, PTSD).

PSYCHOTROPIC SOLUTIONS

RESTRAINT

(chemical and physical) should only be used as a last resort to prevent harm

- ✓ The reason for the use of restraint and psychotropics should be documented and reviewed regularly.
- ✓ Restraint is only appropriate when there is severe threat to the resident's own safety, other residents or staff.
- ✓ Should only be a temporary solution; in the least restrictive form; and with appropriate consent.





PSYCHOTROPIC SOLUTIONS

ORGANISATIONAL

commitment to:

- ✓ Person-centred care and dementia friendly environments
- ✓ Nurse and carer training and competency in the psychosocial and psychotropic management of BPSD.
- ✓ Monitor antipsychotic drug usage levels and trends
- ✓ A Medication Management policy that appropriately outlines protocols relating to high-risk medications.



PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management

| Psychotropic Benchmarking Report | | | | |
|----------------------------------|----------------------|-----------------------|------------------------------|----------------------------|
| Selected QUM 'risk' medications | Facility average (%) | Corporate average (%) | Choice Aged Care average (%) | Comments & Recommendations |
| Risperidone | | | | |
| Olanzapine | | | | |
| Quetiapine | | | | |
| Amitriptyline | | | | |
| Temazepam | | | | |
| Diazepam | | | | |
| Oxazepam | | | | |

PSYCHOTROPIC SOLUTIONS
PSYCHOSOCIAL
 and non-pharmacological strategies are prioritised and considered first-line.

- ✓ Utilise a person centred approach to the resident's individuality.
- ✓ Creative and flexible application of non-drug approaches which may include music therapy; massage; aromatherapy; environmental changes; exercise; pet therapy etc...

PSYCHOTROPIC SOLUTIONS
IDENTIFY
 influences and 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 manifest in behaviours.
- ✓ The Progressively Lowered Threshold model attributes BPSD to a progressive inability to manage stress.

PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management

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.
- ✓ Person centred care may require family and care staff education, support and contribution to care.

PSYCHOTROPIC SOLUTIONS

Quality Use of ANTIPSYCHOTICS in BPSD

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

ONGOING NEED REVIEWED REGULARLY confirming therapeutic need and side effects.

LOWEST EFFECTIVE DOSE

UNLIMITED & TRIAL WITHDRAWALS

IN EFFECTIVE? (Are any benefits outweighing the risks?)

ORGANISATIONAL COMMITMENT

NO CRUISE OPTIONS continue to be available.

SIDE EFFECTS? (Are side effects/risks outweighed by any benefits?)

PSYCHOTROPIC SOLUTIONS

PSYCHOTROPIC SOLUTIONS

START LOW & GO SLOW

with increased vigilance for side effects.

- Starting doses should be low, increasing slowly as necessary, with careful monitoring 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 and well within 12 weeks.

PSYCHOTROPIC SOLUTIONS

PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management

PSYCHOTROPIC SOLUTIONS

ONGOING NEED REVIEWED

REGULARLY

to confirm therapy is still appropriate

- ✓ There should be no longer than a 6-weeks interval between GP reviews of a resident taking 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.



PSYCHOTROPIC SOLUTIONS

LOWEST EFFECTIVE DOSE

- ✓ Pursue the lowest possible dose of the antipsychotic to achieve the therapeutic effect.
- ✓ The elderly generally require lower medication dosages.



PSYCHOTROPIC SOLUTIONS

UTILISE QUM

(safe, effective, appropriate & judicious use of antipsychotics)

- ✓ Follow 'PSYCHOTROPIC SOLUTIONS' for quality use of antipsychotics.
- ✓ Intervention with an antipsychotic may aim to settle distress, though they should not compromise clarity of consciousness or quality of life.



PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management

PSYCHOTROPIC SOLUTIONS

TIME LIMITED & TRIAL WITHDRAWALS

- ✓ When antipsychotics are needed, they should initially be considered as a trial for a specified period.
- ✓ Discontinue treatment if there is no improvement in the target behaviour.
- ✓ Several studies report no worsening of behaviour when antipsychotic therapy for BPSD is withdrawn.






PSYCHOTROPIC SOLUTIONS

INEFFECTIVE ?

(do any benefits outweigh the risks?)

- ✓ Antipsychotics have at best a small positive effect on behaviour.
- ✓ If the psychotropic is found to be ineffective, it should be altered or withdrawn.
- ✓ Some behaviours respond poorly to antipsychotics e.g. shouting, wandering (walking), insomnia; inappropriate voiding.



PSYCHOTROPIC SOLUTIONS

ORGANISATIONAL COMMITMENT

- ✓ Maximise the input of external dementia services and Choice Aged Care's clinical RMMR pharmacist.
- ✓ Develop appropriate medication policy and procedures with respect to antipsychotics (e.g. consent and restraint protocols; drug usage and trend monitoring; protocols for antipsychotic use...).
- ✓ Ensure all staff involved in care have competency in psychotropic and psychosocial therapies.
- ✓ Promote person-centred care approaches and utilise dementia friendly design principles.



PSYCHOTROPIC SOLUTIONS

A proactive approach to antipsychotic medication management

PSYCHOTROPIC SOLUTIONS
NON-DRUG OPTIONS

should continue to be maximised for residents on an antipsychotic.

- Continue to pursue creative and individually tailored approaches based on the resident's unique needs.
- Options include: music therapy; massage; aromatherapy; exercise; pet therapy; gardening; environmental changes; carer education; reassurance; distraction; activities etc...



PSYCHOTROPIC SOLUTIONS
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, fracture, falls, Parkinsonism and affect mobility & swallow.
- Polypharmacy increases the risk of side effects.



THANKYOU & ANY QUESTIONS?

Michael Bonner
CEO, Clinical Pharmacist
Choice Aged Care
PH: 1300 276 087
E: michael@choiceagedcare.com.au
www.choiceagedcare.com.au

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