

# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

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*A proactive approach to antipsychotic  
medication management*

## CHOICE AGED CARE



A Quality Use of Medicines initiative by Choice Aged Care  
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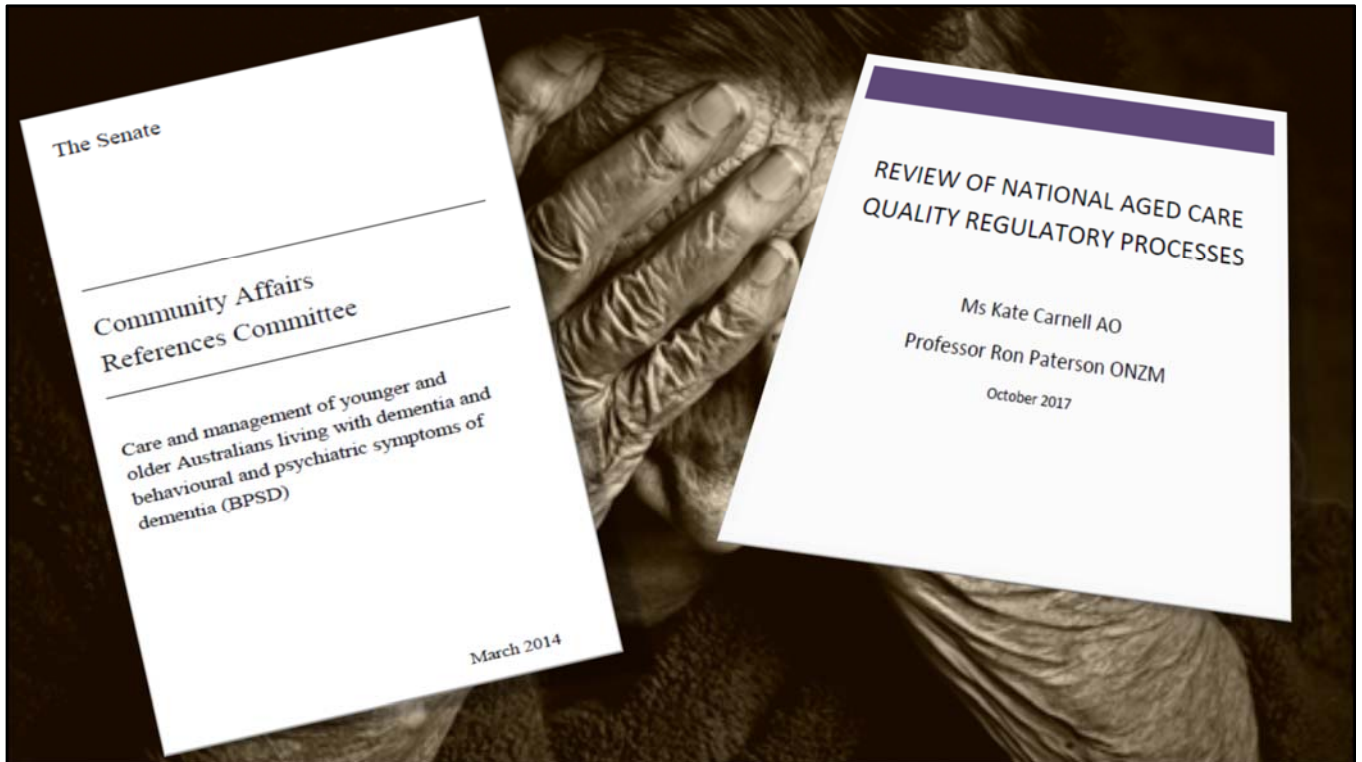
Hello everyone.

Today we will be discussing the PSYCHOTROPIC SOLUTIONS protocols developed to deal with the increasingly topical issue of antipsychotic medication use in aged care.

# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*



Following concerns raised in the media about the use of medications to manage residents with dementia, a Senate Committee undertook a thorough investigation and presented 18 key recommendations in March 2014.

More recently in October 2017, a review of the quality regulatory processes (AKA the Oakden Review) reaffirmed many of the Senate's recommendations and with further likely ramifications to a facility's Accreditation and public accountability.

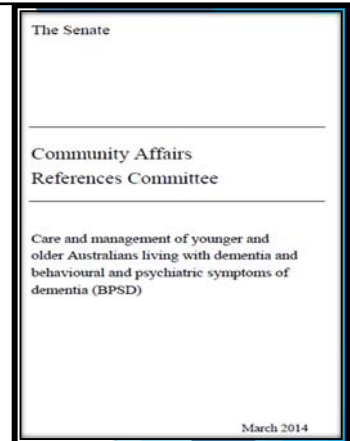
# EDUCATOR NOTES

## 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.



Let's quickly review some of the key Senate recommendations:

- ✓ All facility employees should receive accredited training in the management of BPSD.

Note - Choice Aged Care's Registered Training Organization is qualified to deliver the formal nationally recognized training in the Dementia Support Skills Set.

- ✓ Antipsychotic medication use for a resident should be reviewed by the GP after the first 3-months
- ✓ Accreditation audits should report on general antipsychotic usage patterns in each facility
- ✓ Guidelines should be developed for the recording and reporting on all forms of restraint.

# EDUCATOR NOTES

## 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.

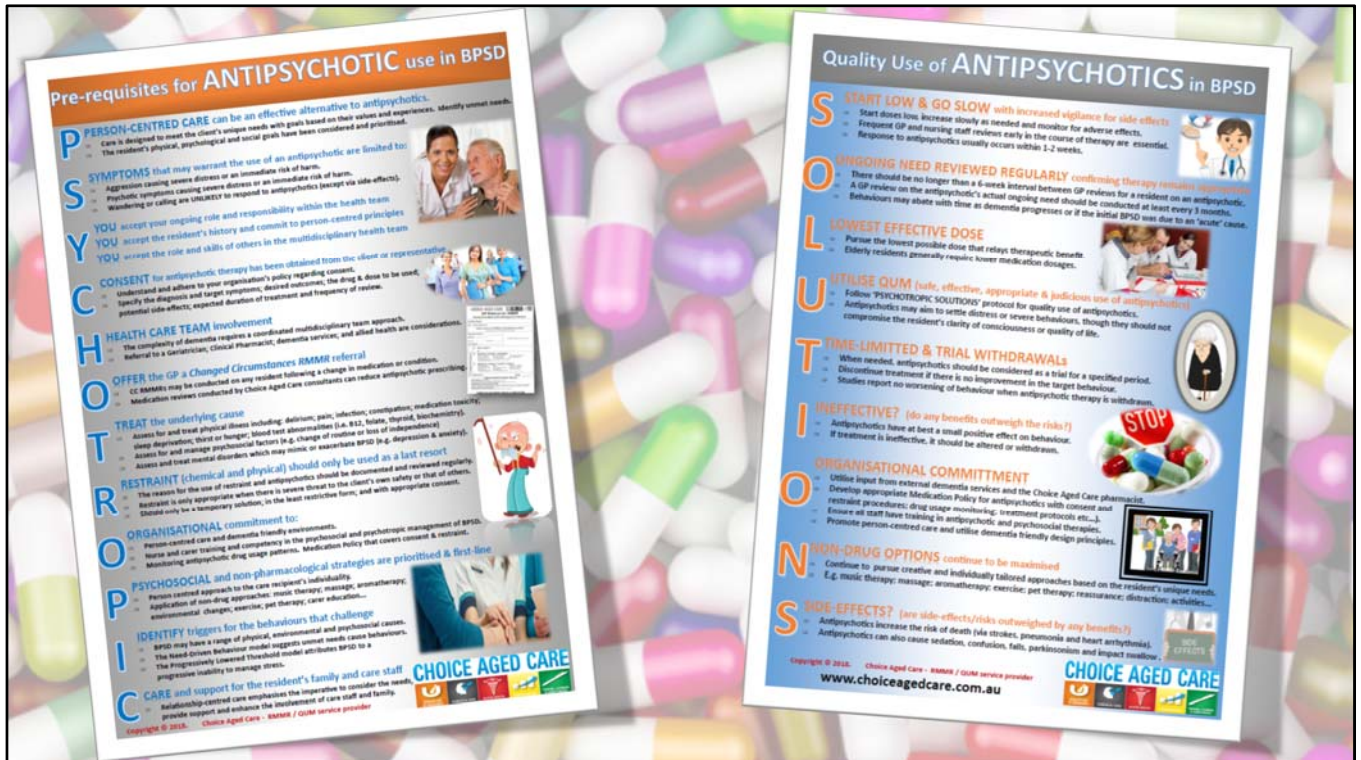
The Oakden Review was submitted to the Minister for Aged Care in October 2017 and presented several recommendations regarding medication management.

- ✓ Use a star-rated system for public reporting of provider performance with the review specifying an example to "measure the proportion of residents taking more than 5 medications who receive an RMMR".
- ✓ Aged care standards will limit the use of restrictive practices which relates to physical and chemical restraint:
  - ✓ Accreditation assessments will review the use of psychotropic agents
  - ✓ An RACF's antipsychotic rate will be publicly reported
- ✓ The Oakden Review reiterated on several occasions the key recommendation 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."
- ✓ The lack of informed consent in current practice contributes to the high levels of antipsychotic use AND
- ✓ The elimination of restrictive practices is a goal that both government and providers should aspire to.

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The expectation is that the Government will act upon many of the recommendations contained in the Senate Committee and Oakden Review reports.

For this reason Choice Aged Care has developed a proactive response, built into our government funded RMMR and QUM service.

We have formulated the “PSYCHOTROPIC SOLUTIONS” methodology that will support our client facilities and nursing staff to implement Best Practice and be well placed for those future changes to Accreditation processes.



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## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

**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

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

**Y** **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**

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The Psychotropic acronym component relates to a list of pre-requisites we should attend to prior to commencing an antipsychotic.

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## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

**Pre-requisites for ANTIPSYCHOTIC use in BPSD**

**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.

MR SIMPSON HAS SCHEDULED INTO A ROUTINE MEDICATION SINCE WE EVALUATED HIS NEEDS IN TERMS OF HIS LIFE AS A DAIRY FARMER!

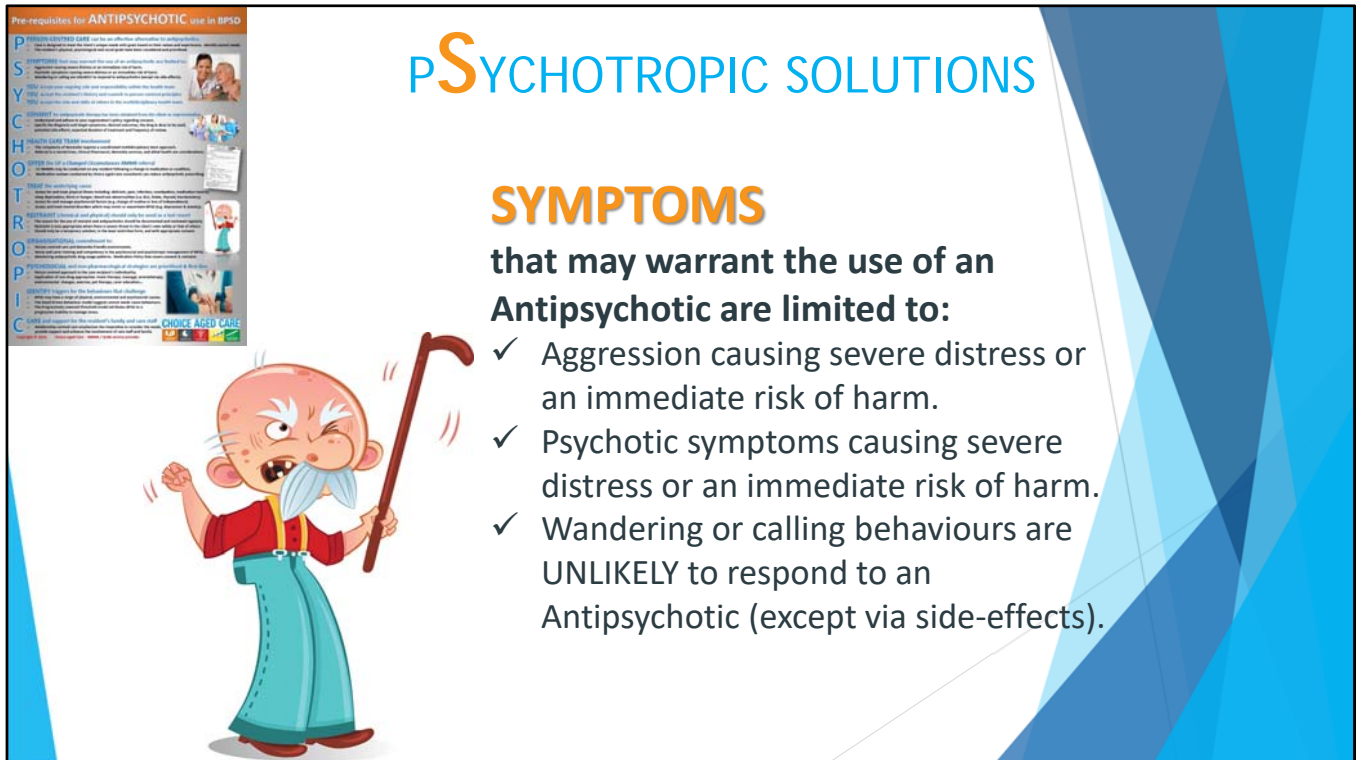
Firstly, PERSON CENTERED CARE promotes the prioritisation of the resident's unique needs and goals.

- Care is designed to meet the resident's values and experiences.

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## PSYCHOTROPIC SOLUTIONS

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**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).

**Pre-requisites for ANTIPSYCHOTIC use in BPSD**

**P**RESENTING CARE can be an effective alternative to antipsychotic medication.

**S**YMPTOMS should be severe and persistent, and not respond to other interventions.

**C**ONSULT with a General Practitioner, Psychiatrist, or other mental health professional.

**H**IGHLY CONSIDER the risks and benefits of antipsychotic medication.

**O**BTAIN informed consent from the person or their representative.

**T**RACK the person's response to treatment.


**R**EVIEW the person's response to treatment.

**O**BTAIN informed consent from the person or their representative.

**P**ROVIDE support for the individual and their family.

**I**NSURE the person's safety and well-being.

**C**HOICE AGED CARE



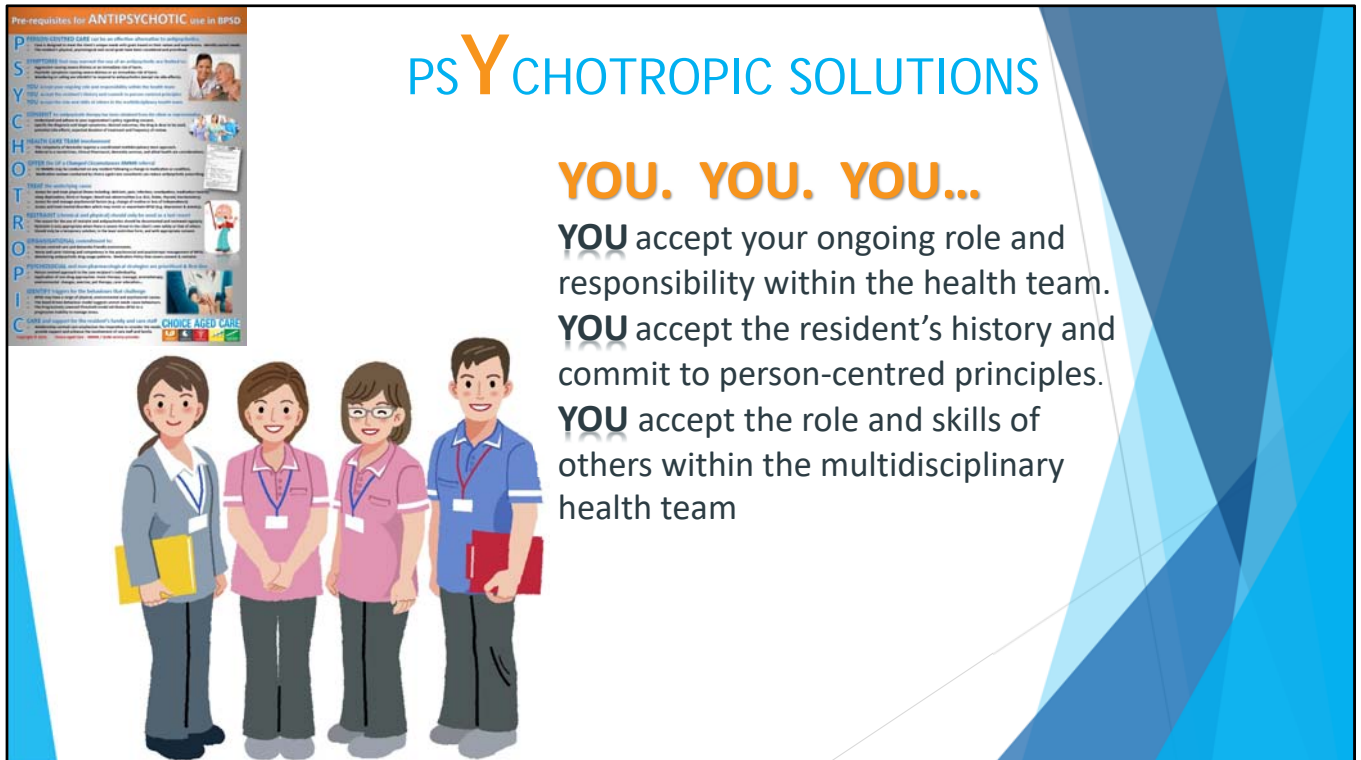
Next we have SYMPTOMS. This refers to limiting antipsychotic use to aggression or psychotic symptoms that are causing severe distress or risk of harm.



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## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*



**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.

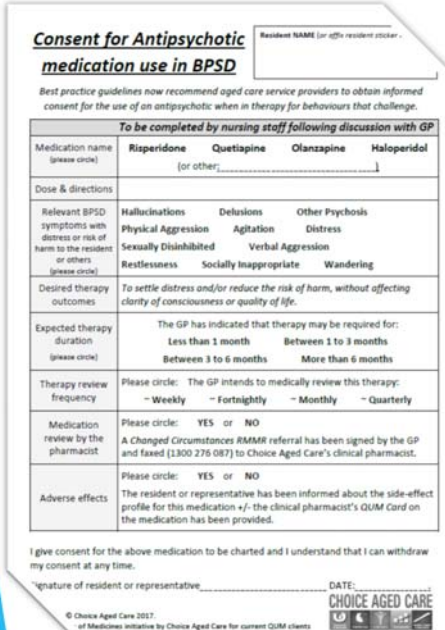
**YOU** accept the role and skills of others within the multidisciplinary health team

“YOU” discusses a need for staff to accept a role and responsibility within the wider team and to commit to person-centred principles.

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## PSYCHOTROPIC SOLUTIONS

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### PSYCHOTROPIC SOLUTIONS

## 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.

CONSENT for antipsychotic therapy needs to be obtained correctly and documented.

The consent form 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.

Choice Aged Care has developed a simple, yet compliant Form for client use. We have also designed a QUM Digest resource to give residents or their representative to support informed consent.

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**PSYCHOTROPIC SOLUTIONS**

**HEALTH CARE TEAM involvement.**

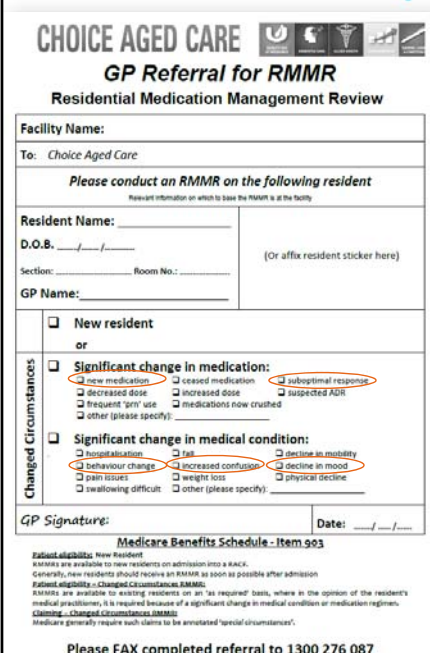
- ✓ The complexity of dementia requires a coordinated multidisciplinary team approach.
- ✓ Referral to a Geriatrician; Clinical Pharmacist via an RMMR; DBMAS; SBRT and allied health services have been considered.

The HEALTH CARE TEAM needs to be involved as the complexities of dementia require a coordinated multidisciplinary approach.

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**CHOICE AGED CARE**  
GP Referral for RMMR  
Residential Medication Management Review

Facility Name: \_\_\_\_\_  
To: Choice Aged Care

Please conduct an RMMR on the following resident  
Relevant information on which to base the RMMR is at the facility

Resident Name: \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (Or affix resident sticker here)  
Section: \_\_\_\_\_ Room No.: \_\_\_\_\_  
GP Name: \_\_\_\_\_

New resident  
or

**Changed Circumstances**

Significant change in medication:  
 new medication     ceased medication     suboptimal response  
 decreased dose     increased dose     suspected ADR  
 frequent 'prn' use     medications now crushed  
 other (please specify): \_\_\_\_\_

Significant change in medical condition:  
 hospitalisation     fall     decline in mobility  
 behavioural change     increased confusion     decline in mood  
 pain issues     weight loss     physical decline  
 swallowing difficult     other (please specify): \_\_\_\_\_

GP Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medicare Benefits Schedule - Item 903**  
Patient eligibility - New Resident  
 Claims are available to new residents on admission into a RACC.  
 Generally, new residents should require an RMMR as soon as possible after admission.  
 Patient eligibility - Changed Circumstances RMMR:  
 Claims are available for existing residents on an 'as required' basis, where in the opinion of the resident's medical practitioner, it is required because of a significant change in medical condition or medication regimen.  
 Claiming - Changed Circumstances RMMR:  
 Medicare generally require such claims to be annotated 'special circumstances'.

Please FAX completed referral to 1300 276 087

### 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.

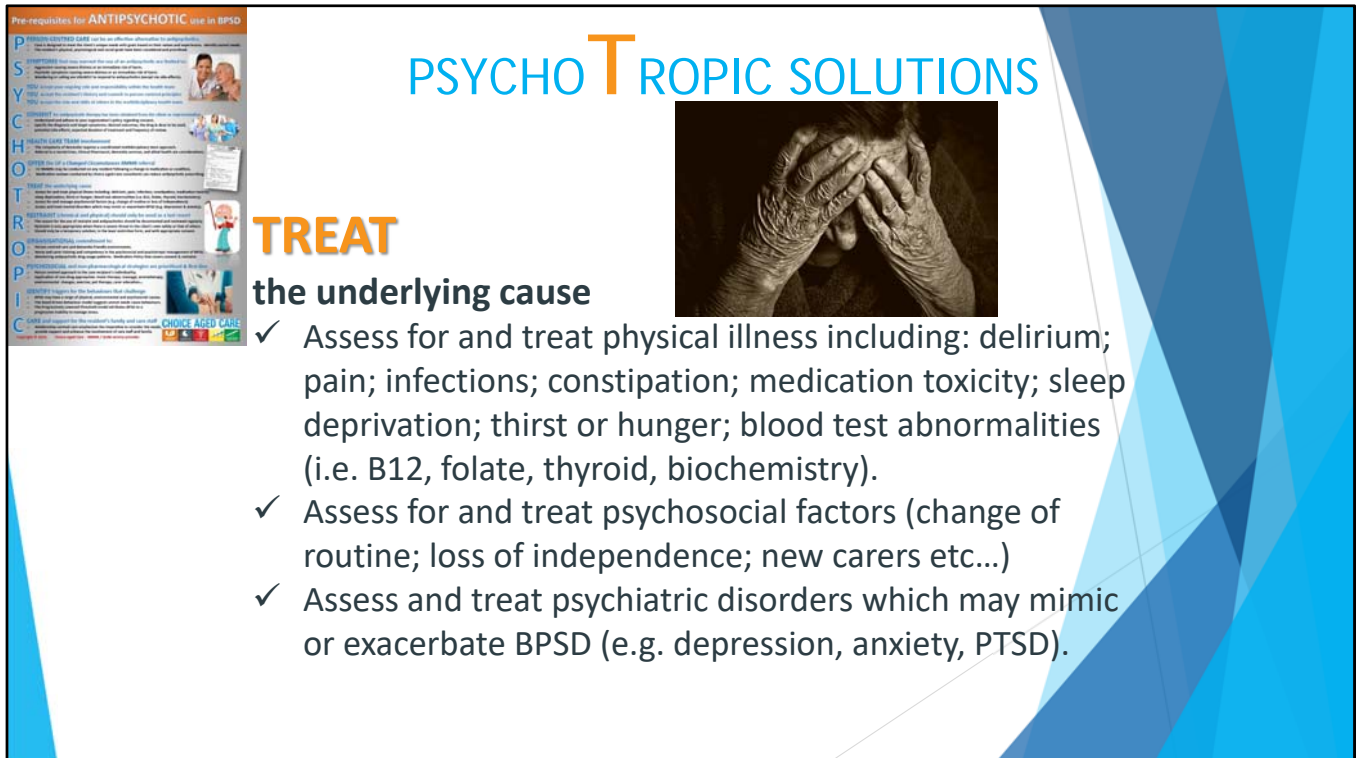
As we earlier noted, a key recommendation from the Oakden Review was that “RMMRs must be conducted for residents on admission to an aged care service, after any hospitalisation, upon deterioration of behaviour or any change in the medication regime”.

Residents who have exhibited a behavioural exacerbation or change in psychotropic medication ARE eligible for a Changed Circumstances RMMR on an ‘as needed’ basis at whatever interval deemed appropriate by the GP.

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## PSYCHOTROPIC SOLUTIONS

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**Pre-requisites for ANTIPSYCHOTIC use in BPSD**

**PSYCHO TROPIC 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).

**CHOICE AGED CARE**



It is fundamental to TREAT the underlying cause of the behaviour.

There's a multitude of treatable causes that can manifest in behavioural challenges including pain, depression, delirium and UTIs.



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## PSYCHOTROPIC SOLUTIONS

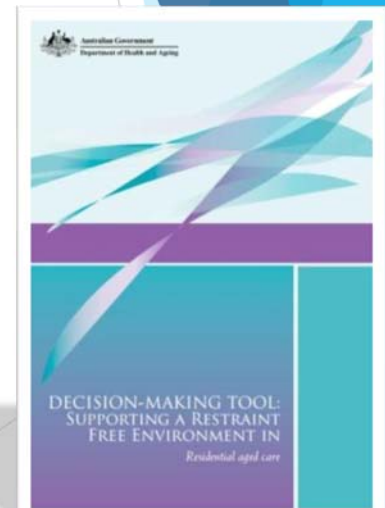
*A proactive approach to antipsychotic medication management*

### 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.



RESTRAINT should only be used as a last resort and to prevent harm.

Chemical restraint is the control of a resident's behaviour through the use of a medication and it occurs when there is no identified medical condition being treated.

BPSD and behaviours are symptoms rather than a medical diagnosis so managing a resident's behaviour with an antipsychotic is generally considered chemical restraint.

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## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*



**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.



Pre-requisites for ANTIPSYCHOTIC use in BPSD

PSYCHOTROPIC SOLUTIONS

CHOICE AGED CARE

ORGANISATIONAL COMMITMENT to dementia friendly environments; staff training; and quality use of medicines will become increasingly important.

Both the Senate Report and Oakden Review strongly advocated for facilities to be obligated via Accreditation Standards to monitor antipsychotic usage levels.

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## 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				

Accordingly, one of Choice Aged Care's QUM services is to provide drug use evaluation and benchmarking analysis. We also use this data to help identify clinical priorities for our RMMR medication review service and QUM education service.

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*A proactive approach to antipsychotic medication management*

**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...

Continuing on...PSYCHOSOCIAL and non-pharmacological strategies must be prioritised and considered first line.

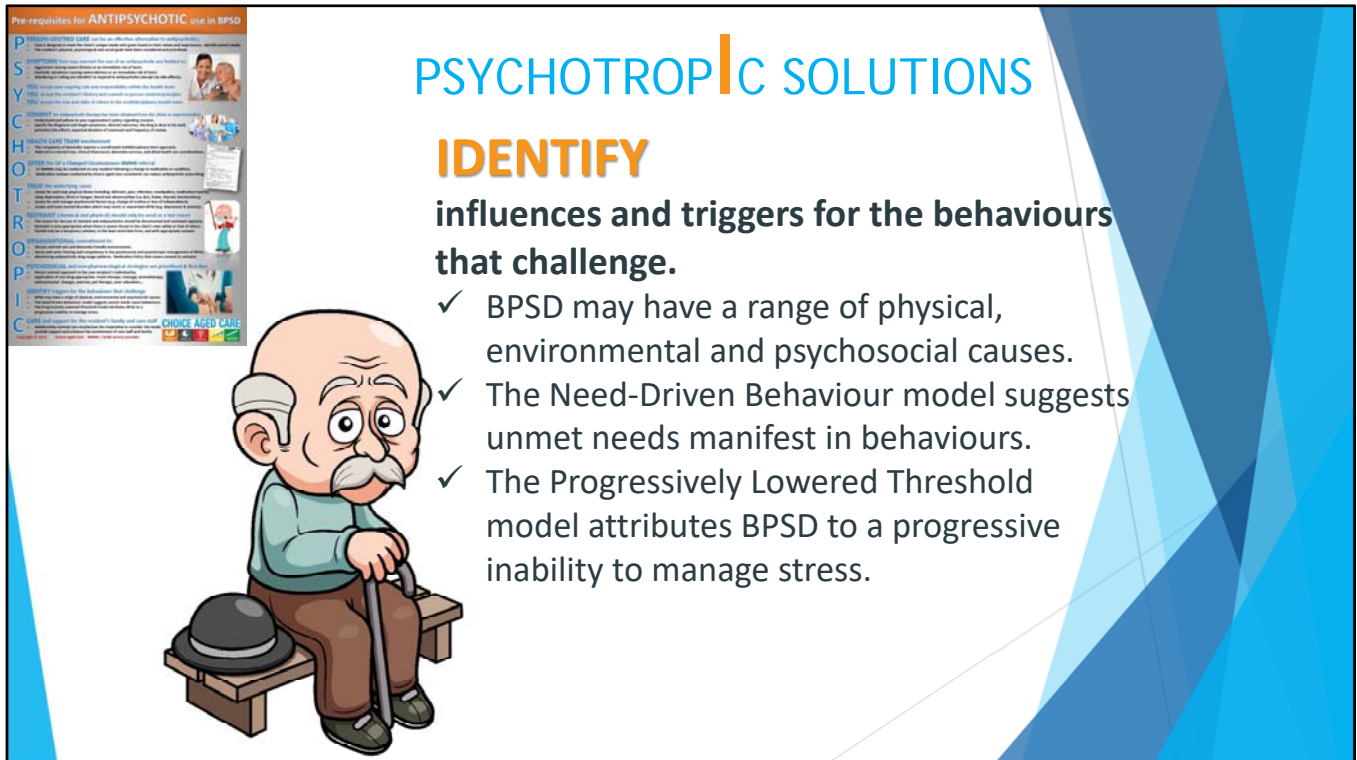
- Utilise a person centred approach to the resident's individuality.

We need to find creative and flexible applications of evidence backed non-drug approaches such as music therapy; massage; aromatherapy; environmental changes; exercise; pet therapy. Carer education is also considered a psychosocial strategy.

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## PSYCHOTROPIC SOLUTIONS

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**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.

**Pre-requisites for ANTIPSYCHOTIC use in BPSD**

**P** PSYCHIATRIST CARE can be an effective alternative to antipsychotic medication.

**S** SCHEDULED DRUGS should be used only when necessary and when the benefits outweigh the risks.

**Y** YOUNG PEOPLE should be given the opportunity to be consulted about their care and to give their views on their care.

**C** CARE PLANS should be developed and reviewed regularly.

**H** HEALTH CARE PROFESSIONALS should be consulted when necessary.

**O** OBTAINING CONSENT should be a priority.

**T** THE USE OF ANTIPSYCHOTICS should be based on clinical need and not on convenience.

**R** RESIDENTS should be given the opportunity to be consulted about their care and to give their views on their care.

**O** OBTAINING CONSENT should be a priority.

**P** PSYCHIATRIST CARE can be an effective alternative to antipsychotic medication.

**I** IDENTIFYING THE NEEDS OF RESIDENTS should be a priority.

**C** CHOICE AGED CARE

It is also important to IDENTIFY the influences and triggers for a resident's behaviours.

Challenging behaviours can precipitate due to 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.



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## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*



**PSYCHOTROPIC SOLUTIONS**  
**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.



**Pre-requisites for ANTIPSYCHOTIC use in BPSD**

**P**erson-centred care can be an effective alternative to antipsychotic medication. It focuses on the individual's needs, preferences and values, and aims to provide a holistic approach to care. This approach is essential for the effective management of BPSD.

**S**upportive care is a key component of person-centred care. It involves providing emotional, social and practical support to the individual and their family. This support can help to reduce the severity of BPSD and improve the individual's quality of life.

**C**ommunication is essential for the effective management of BPSD. It involves listening to the individual's concerns and providing clear, simple information. This can help to reduce the individual's anxiety and improve their understanding of their condition.

**H**igh quality care is essential for the effective management of BPSD. This involves providing a safe, secure and comfortable environment, and ensuring that the individual's needs are met. High quality care can help to reduce the severity of BPSD and improve the individual's quality of life.

**O**ngoing monitoring and evaluation is essential for the effective management of BPSD. This involves regularly assessing the individual's symptoms and response to treatment, and making adjustments as needed. Ongoing monitoring and evaluation can help to ensure that the individual is receiving the most appropriate care.

**T**eamwork is essential for the effective management of BPSD. This involves working closely with the individual's family, care staff and other professionals. Teamwork can help to ensure that the individual is receiving the most appropriate care and that their needs are met.

**R**esults of care should be shared with the individual and their family. This can help to ensure that the individual is involved in their care and that their views are taken into account. Results of care should be shared in a clear and simple way, and should be discussed in a supportive environment.

**O**ngoing education and training is essential for the effective management of BPSD. This involves providing care staff and family with the knowledge and skills they need to provide the best possible care. Ongoing education and training can help to ensure that the individual is receiving the most appropriate care and that their needs are met.

**P**erson-centred care is essential for the effective management of BPSD. It involves providing a holistic approach to care, and focusing on the individual's needs, preferences and values. Person-centred care can help to reduce the severity of BPSD and improve the individual's quality of life.

**I**ndividualised care is essential for the effective management of BPSD. This involves providing care that is tailored to the individual's needs and preferences. Individualised care can help to ensure that the individual is receiving the most appropriate care and that their needs are met.

**C**hoice Aged Care is a leading provider of aged care services. We are committed to providing high quality, person-centred care to our residents. We offer a range of services, including residential care, day care and home care. We are proud to be a member of the Choice Aged Care Group, and we are committed to providing the best possible care to our residents.

And finally, CARE and provide support for the resident's family and care staff in accordance with the principles of relationship centred care.

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## PSYCHOTROPIC SOLUTIONS

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**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-LIMITED & 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 COMMITMENT**

- 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.

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Moving onto the SOLUTIONS acronym and this is where we will look at the quality use of antipsychotics, once therapy has been charted.

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## PSYCHOTROPIC SOLUTIONS

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### 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.

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-LIMITED & 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 COMMITMENT**

- 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...

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Firstly, when using antipsychotics, we should START LOW & GO SLOW, increasing slowly as necessary, with careful monitoring for adverse effects.

# EDUCATOR NOTES

## 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.



The ONGOING NEED for the psychotropic should be REVIEWED REGULARLY.

Behaviours may abate with time as dementia progresses or if the initial BPSD was due to an 'acute' cause.

This cartoon depicts the 'set and forget' approach criticised in the Oakden Review.

# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

### 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.



The **LOWEST EFFECTIVE DOSE** should be actively sought. As with most medications, antipsychotics carry a dose dependent risk of adverse effects, especially in the elderly.



# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

**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.

The slide features a graphic where the letters Q, U, and M are filled with various colorful pills. To the left of the main content is a small thumbnail of a document titled 'Quality Use of ANTIPSYCHOTICS in RPSD' with a vertical list of letters S, O, L, U, T, I, O, N, S on the left margin. The background of the slide has a blue geometric pattern on the right side.

UTILISE QUM principles which relates to the safe, effective, appropriate and judicious use of psychotropics.

Antipsychotic interventions may aim to settle distress, though they should not compromise the resident's clarity of consciousness or quality of life.

# EDUCATOR NOTES

## 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.

Quality Use of ANTIPSYCHOTICS in BPSD

**SOLUTIONS**

CHOICE AGED CARE

Antipsychotic use should be TIME-LIMITTED & TRIAL WITHDRAWALS attempted.

When antipsychotics are needed, they should initially be considered as a trial for a specified period.

# EDUCATOR NOTES



## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

**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.



Assess whether the antipsychotic is INEFFECTIVE and do any benefits outweigh the risks.

- If the antipsychotic is found to be ineffective, it should be altered or withdrawn.

# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

**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.

Quality Use of ANTIPSYCHOTICS in RPSD

ACCREDITED

An ORGANISATIONAL COMMITMENT is again needed to achieve quality use of antipsychotics.

# EDUCATOR NOTES

## 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...



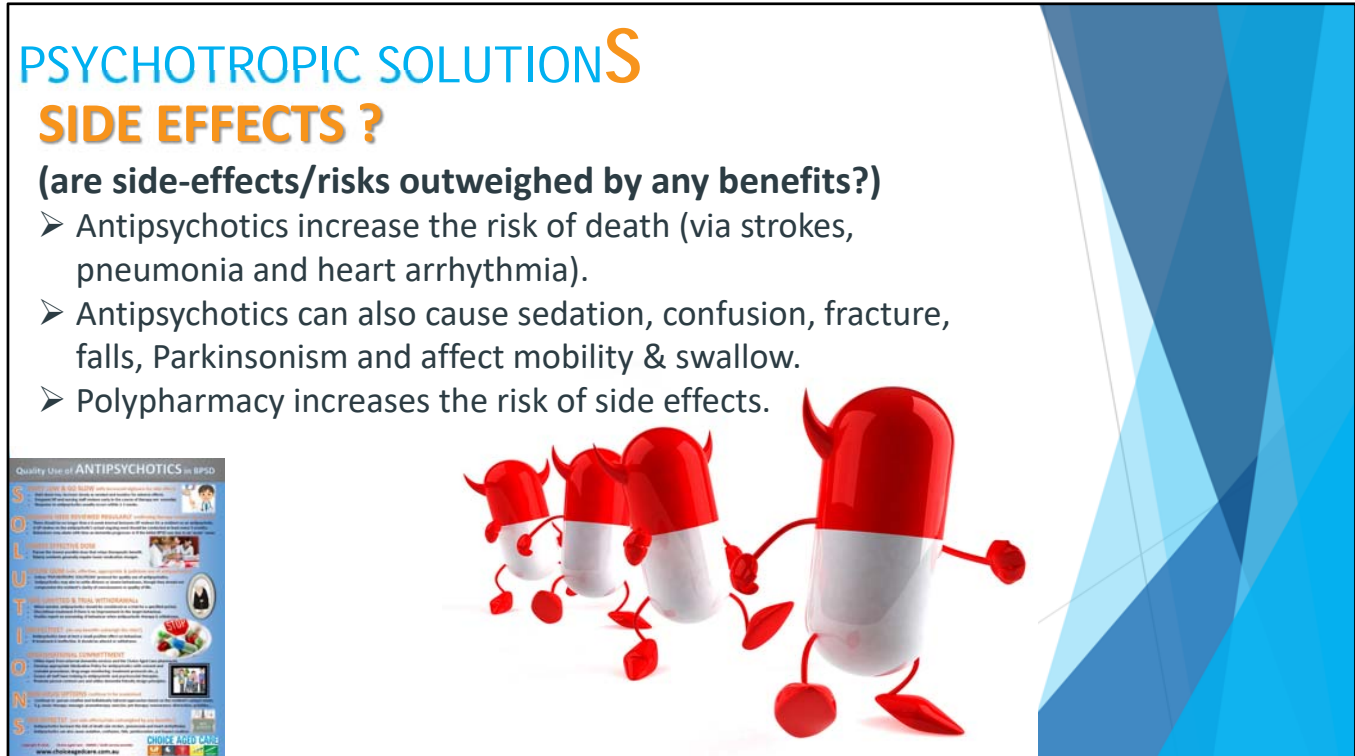
A fundamental of quality use of medicines is that priority must continue to be placed on maximising NON-DRUG OPTIONS.



# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*



**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.

The slide features an illustration of four red and white capsules with devil horns and legs, appearing to march. On the left side of the slide, there is a small thumbnail of a document titled 'Quality Use of ANTIPSYCHOTICS in RPSD' with the word 'SOLUTIONS' written vertically on its left edge.

And finally, are there any SIDE-EFFECTS and are these risks outweighed by any benefits?

- Antipsychotics increase the risk of death (via strokes, pneumonia and heart arrhythmia).
- Antipsychotics can also cause sedation, confusion, fracture and falls.
- The action of antipsychotics is the opposite to drug's that treat Parkinson's and the elderly are particularly susceptible to developing tremor, rigidity, stooped posture and a shuffling gait. Swallow can also be affected.

Thank you very much for your time.

Do we have time for a couple of quick questions?

# EDUCATOR NOTES

## PSYCHOTROPIC SOLUTIONS

*A proactive approach to antipsychotic medication management*

THANKYOU & ANY QUESTIONS?

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**CHOICE AGED CARE**



Thank you very much for your time and here are my contact details if anyone would like to get in touch.

Do we have time for a couple of quick questions?