

Providing the Best Care, Support and Appropriate Use Of Antipsychotics For People Living With Dementia:

GUIDANCE FOR LONG-TERM CARE (LTC) HOME LEADERS

Rapid review:

- 1 Take a team approach
- 2 Gather perspectives
- 3 Establish goals/measures.
- 4 Provide education
- 5 Nominate deprescribers
- 6 Participate in 'team huddles'
- 7 Embed best practices.
- 8 Review and celebrate

WHO SHOULD USE THIS GUIDE?

LTC home Leaders who want to start or support initiatives to improve care, support and appropriate use of antipsychotics for people living with dementia

Dementia is caused by physical changes that affect the brain. These changes can affect memory, thinking, mood, problem solving and communication. A person living with dementia can become confused and depressed. Negative personal expressions or behaviours (e.g., agitation, resistance, shouting, or repeating actions) can be a response to the way a person feels about a change in environment, routine, or from an unmet need.

Negative personal expressions are also known as responsive behaviours, or behavioural and psychological symptoms of dementia (BPSD).

Antipsychotics are sometimes used to treat negative personal expressions or behaviours. But, usually this is not the best choice.¹⁻⁵ Here's why.

- Supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop negative personal expressions or behaviours^{1,2,7}
- Appropriate use of antipsychotics includes treating specific diagnoses^{2,3} including Huntington's disease, schizophrenia, distressing hallucinations and delusions
- Antipsychotics can cause serious side effects¹⁻⁴ including increased risk for falls, fractures and death
- Supervised deprescribing can improve a person's quality of life and safety^{3,6,7}

View the related reference, [Providing the Best Care and Support and Appropriate use of Antipsychotics for People Living with Dementia](#), for more information on these points.

The planned process of reducing or stopping antipsychotics that may no longer be of benefit or may be causing harm – deprescribing – can improve a person's quality of life and safety. Deprescribing is best done in partnership with a health care provider; abruptly stopping any medication can be dangerous. A plan to gradually deprescribe antipsychotics may be appropriate if the person is no longer experiencing benefit from the medication; is at risk of harm from the medication; and if safety risks associated with deprescribing are minimized. It's important to have supportive care strategies in place before deprescribing and observe behaviour during reductions to identify and address unmet needs.⁷⁻¹⁰



Following appropriate deprescribing of antipsychotics, benefits for the person, family, and care providers can include:⁷

- Improved quality of life
- Improved independence, mobility, alertness
- Improved connection with family
- Increased ability to socialize and participate in activities
- Decreased caregiver workload

1. Take a team approach. Establish a team of staff and family care partners who are dedicated and accountable to lead the initiative.

Include people with diverse skills, professional backgrounds, cultures and perspectives. Nominate team members to:

- Provide education for staff and families on the use of supportive care strategies and appropriate use of antipsychotics
- Coordinate and oversee the day-to-day activities of the initiative
- Evaluate and communicate information about the initiative
- Lead the process to identify candidates for antipsychotic medication reduction
- Update care plans to use supportive care strategies
- Serve as a champion to lead culture change
- Ensure the initiative is a strategic organizational priority with appropriate staffing resources and commitment

2. Gather perspectives: meet with staff, people living with dementia, and families to discuss ideas, acknowledge concerns, and design the LTC home improvement initiative.

Points to discuss:⁷

- Lead culture change
- Current LTC home antipsychotic use and prescribing practices and opportunities for deprescribing
- Antipsychotics only being deprescribed when there is no safety risk to the person or staff
- Negative expressions or behaviours are unlikely to increase with deprescribing
- Deprescribing may decrease staff workload reducing staff time needed to assist in personal care (e.g., eating) and to give medications

3. Set Improvement goals and identify measures to monitor progress.

Improvement goals should establish what you want to improve, for whom and by when. Co-design goals and measures with staff, people living with dementia, and families, so goals reflect what is important to people who will benefit.

Measures that can be used to demonstrate improved care, support and appropriate use of antipsychotics include:

- Antipsychotic prescriptions - routine or as needed (PRN), dose and/or frequency
- Education/processes to support deprescribing - behaviour assessments, medication reviews
- Monitoring for unintended effects - prescribing of new unneeded medications
- Monitoring for well-being and safety - physical restraints, falls

See [Appendix A](#) for a measurement plan template you can use to set and track goals and monitor progress.

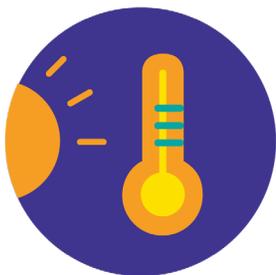
4. Provide education to ensure staff, people living with dementia, and families have the information and skills they need to improve care, support and deprescribing.

Education can include:⁷

- Review of dementia (e.g., types, symptoms)
- Risks of antipsychotic use without specific diagnosis, and the lack of evidence for their effectiveness to reduce negative personal expressions/behaviours
- How to track behaviours over time to better identify and meet needs of a person living with dementia
- Stories of how deprescribing antipsychotics has benefits for the person, family and care providers
- Education that supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop negative personal expressions or behaviours

Create a supportive care environment by:⁸

- Getting to know the person and things that help the person to feel safe and calm
- Providing supportive care, tailored to a person's needs, habits and preferences
- Investigating all possible causes of negative personal expressions or behaviours to meet any unmet needs, including, but not limited to:



Discomfort

- Too hot, cold, itchy
- Hunger, thirst
- Elimination difficulty
- Fatigue



Medical/Biological

- Pain
- Dehydration, delirium, infection
- Disease progression
- Excessive medications/ combinations



Psychosocial

- Loneliness, depression
- Stress
- Relationship influences
- Language/cultural factors



Environmental

- Over/under stimulation
- Boredom
- Inconsistent routine, noise, lighting
- Provocation by others

Families and care providers have ideas about how to reduce negative personal expressions and help a person living with dementia feel calm, safe and happy. These are important to share.

5. Nominate healthcare professionals to identify people who are candidates for deprescribing antipsychotics.

Deprescribing should be individualized to the person and requires supervision by medical professionals; abruptly stopping any medication is not safe.^{3,6} Before deprescribing antipsychotics, ensure supportive care strategies are in place and observe behaviour during reductions to identify and address unmet needs.^{7,10}

See the website [deprescribing.org](https://www.deprescribing.org) for a comprehensive guideline and algorithm to safely deprescribe antipsychotics.

6. Convene/participate in team huddles to review and adjust the supportive care and deprescribing process.

Huddle participants should have diverse professional backgrounds, cultures, and relationships with the person living with dementia. Things to discuss in the huddle can include:

- Creating and adapting personalized supportive care strategies that will best meet the needs of the person and support safe deprescribing
- Reviewing negative expressions or behaviours, discussing possible causes or solutions — considering results of behaviour tracking if available¹⁰
- Identifying how people are feeling about the changes and address concerns
- Identifying opportunities for improvement and celebrate successes

7. Embed best practices to make it easy for staff and families to improve care, support, and appropriate use of antipsychotics for people living with dementia.⁷⁻⁹

Examples of how to promote personalized supportive care in LTC:

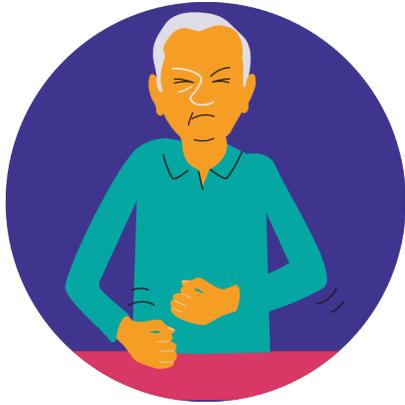
- Build new ways of doing things into new employee orientation, job descriptions, policies and process
- Encourage staff to offer flexible routines that reflect individual habits in how and when care is provided (e.g., flexible meal times, wake times and bedtimes; alternatives to baths)
- Meet individual interests by creating a range of recreational and social activities that anyone can do with a person living with dementia (activity kits, memory kits, etc.)
- Provide staff flexibility to be involved in non-medical activities with people living with dementia, so they are able to get to know the person living with dementia
- Consider staffing enhancements that can promote improved care and support strategies, such as:
 - Shorter shifts during periods of increased need (e.g., supper time, early evening hours)
 - Assign staff as primary caregivers for individual people living with dementia, and as primary contacts for families and care partners; this can lead to better personal relationships and more personalized care
- Promote a physical environment that feels like a home. For example, knock on doors before entering a room, involve people living with dementia in tasks such as setting the table or washing dishes, if they wish

Example strategies to promote Sustained Appropriate Use of Antipsychotics in LTC:

- Build accountability systems into practice, e.g. review within 24 hours all new antipsychotic orders (special attention to orders obtained evenings and weekends)
- Enter antipsychotics as 'one time' or 'PRN dose', rather than as regularly scheduled doses
- Ensure documented indication of use for all antipsychotics
- Have a clearly defined review date within 3 months, if an antipsychotic is prescribed regularly
- Conduct regular medication reviews (e.g., on admission and quarterly) to consider deprescribing
- Taper and discontinue nighttime sedatives as these medications do not provide long-term benefit for sleep and care, cause daytime drowsiness, falls, and confusion

8. Celebrate success and review progress in improving care, support, and appropriate Use of antipsychotics for people living with dementia.

- Share stories to profile improvements in staff work life, family happiness, and a person living with dementia's improved quality of life after deprescribing medications that are no longer needed. Make sure you seek input and permission from individuals before sharing their stories.
- Provide updates on progress toward your improvement goals and successes, and adjust as needed
- Adjust the measures to reflect new goals (to ensure you adapt the improvement over time)



Negative Personal Expressions and Unmet Needs

- Confusion
- Loneliness
- Depression
- Disruption of routine
- Medical need
- Resistance
- Pain
- Agitation



Positive Changes with Supportive Care and Appropriate Deprescribing

- Safe & calm
- Individualized care
- Physical needs are met
- Individual routines
- Activity choices
- Socialization opportunities
- Preferences acknowledged
- Pain managed

RESSOURCES

- **Choosing Wisely Canada Toolkit**: When Psychosis Isn't the Diagnosis.
- **How Antipsychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families, and Caregivers**. The Centre for Effective Practice and Healthcare Excellence Canada (formerly the Canadian Foundation for Healthcare Improvement) created this resource to inform appropriate use of antipsychotics and person centred approaches to care.
- **Deprescribing.org tools to help patients and providers participate in deprescribing**. Evidence-based deprescribing guidelines have been developed by or in collaboration with the Bruyère Research Institute for five classes of medications. Each guideline is accompanied by a decision-support algorithm, patient pamphlet, infographic and for some, a whiteboard video on how to use the algorithm.
- **The INESS antipsychotic decision support tool**.
- **Canadian Deprescribing Network resources**, including patient handouts to empower people to take charge of their medications.
- **The Deprescribing Antipsychotics Tool**. This Deprescribing Tool was developed together by Healthcare Excellence Canada (formerly the Canadian Foundation for Healthcare Improvement) and the School of Pharmacy - Memorial University of Newfoundland. It is used to assess the appropriateness of long-term care residents' antipsychotic medication.
- **The Behavioural Supports Ontario Dementia Observational System**. The BSO-DOS® is a direct observation tool that provides objective and measurable data about a person living with dementia. The data collected can be utilized by clinical teams and care partners to identify patterns, trends, contributing factors and modifiable variables associated with responsive behaviours/personal expressions. This information is useful in the development and evaluation of tailored, person-centred interventions to address unmet needs through activities, environments, approaches and/or medications.
- **Alzheimer Society of Canada All About Me Booklet and conversation starter**. A template that can be completed by a person living with dementia and their care partners to help inform personalized support and care. Sections of this booklet outline a person's usual habits, daily routines, likes and dislikes. This information will help new caregivers maintain the routines that provide a sense of security, comfort and pleasure.

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

APPENDIX A

The template table below can be completed with your team to set goals and monitor progress to improve care, support and Appropriate Use of Antipsychotics.

Measure Name & Operational Definition	Data Collection Sources, frequency and person responsible for collecting, analyzing, reporting.	Baseline Data If available	Goal/Expected Change Specify time period
OUTCOME MEASURES: The main improvement outcomes you want to see. For example, reductions in antipsychotic medications (routine prescriptions, PRN prescriptions, doses/frequency).			
PROCESS MEASURES: The things you are doing to achieve your outcomes/goals. For example, increases in staff and family education sessions; medication reviews that focus on deprescribing.			
BALANCING MEASURES: These are to assess for unintended consequences, so should not change or may decrease. For example, prescriptions for other psychotropic medications; falls; physical restraints.			

REFERENCES

1. Choosing Wisely Canada. Treating Disruptive Behaviour in People with Dementia: Antipsychotics are Usually Not the Best Choice.
2. [How Antipsychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families, and Caregivers](#). The Centre for Effective Practice and the Canadian Foundation for Healthcare Improvement created this resource to inform appropriate use of antipsychotics and person centred approaches to care.
3. Bjerre, L.M.; Farrell, B., et al. (2018). Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia: Evidence-based clinical practice guideline. Canadian Family Physician January 2018, 64 (1) 17-27
4. Schneider, L, Dagerman, K., & Insel, P. Efficacy and Adverse Effects of Atypical Antipsychotics for Dementia: Meta-analysis of Randomized, Placebo-Controlled Trials. The American Journal of Geriatric Psychiatry, 14 (3), 191-210.
5. Hirdes, J. et al. (2020). A Canadian cohort study to evaluate the outcomes associated with a multi-center initiative to reduce antipsychotic use in long term care homes. The Journal of Post-Acute and Long Term Care Medicine, 21(6), 817-822.
6. [Deprescribing.org](#) website to share and exchange information about deprescribing approaches and deprescribing research with the public, health care providers and researchers.
7. The Canadian Foundation for Healthcare Improvement. Appropriate Use of Antipsychotics Collaborative.
8. [Choosing Wisely Canada Toolkit](#): When Psychosis Isn't the Diagnosis.
9. Alzheimer Society of Canada. (2014). PC P.E.A.R.L.S.™ 7 key elements of person-centred care of people with dementia in long-term care homes.
10. The Behavioural Supports Ontario Dementia Observational System.