The Minisitère de la Santé et des Services sociaux in the province of Quebec.

reduced or discontinued in 54% of residents.

implemented nationwide by the Canadian Foundation for Healthcare Improvement (CFHI). Use of AP was

What’s more, they increase the risk of:

• stroke;
• dementia;
• death.

• pneumonia;
• other type of neurocognitive disorder.

FINANCING FOR PHASE 1 AND 2 OF OPUS-AP

CHSLDs in Quebec.

In Quebec, 40-60% of CHSLD residents take antipsychotics (AP) despite the fact they have not been diagnosed with psychosis.

These medications are not very effective at relieving the behavioral and psychological symptoms of dementia (BPSD) associated with Alzheimer’s disease or any other type of neurocognitive disorder. What’s more, they increase the risk of:

• stroke;
• dementia;
• death.

Support for the approach

• Clinical huddles on personalised non-pharmacological approaches to care
• Project managers
• Webinars
• Train the trainer approach
• Online learning platform

Objective

Improve the appropriate use of AP and promote the use of person-centred approaches to care and non-pharmacological interventions for managing BPSD in residents in long-term care centres (CHSLD) with major neurocognitive disorders.

METHODS

BENZODIAZEPINES AND ANTIDEPRESSANTS

The deprescribing of APs has not led to an increase in prescriptions for benzodiazepines or antidepressants. A reduction in the use of benzodiazepines has been observed. The deprescribing of APs has not led to an increase in prescriptions for benzodiazepines or antidepressants. A reduction in the use of benzodiazepines has been observed. The deprescribing of APs does not appear to lead to an increase in prescriptions for antidepressants.

Changes in benzodiazepine and antidepressant prescribing practices in eligible residents in whom deprescribing was attempted

BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) AND FALLS

Overall, the deprescribing of AP did not lead to an increase in BPSD or a decrease in falls.

Changes in BPSD and falls in eligible residents in whom deprescribing was attempted

Cohen-Mansfield Agitation inventory score

• Clinically insignificant change

• Decrease of at least 30%

• Increase of at least 30%

Falls

• No change

• Decrease in falls

• Increase in falls

FINDINGS FROM INTERVIEWS WITH CLINICIANS

The effects

• A deep commitment by all participants in what they view as important and necessary work.
• More active residents and happier families and caregivers.
• Manageable behavioural changes.
• Increased collaboration between professionals.
• Flexibility in the implementation of the antipsychotic prescribing guidelines.

Success factors

• Flexibility in the implementation of the antipsychotic deprescribing guidelines.
• A deep commitment by all participants in what they view as important and necessary work.
• Manageable behavioural changes.
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