OPUS·AP

OPTIMISER LES PRATIQUES, LES USAGES,
LES SOINS ET LES SERVICES - ANTIPSYCHOTIQUES

CONTEXT

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 behavioural 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;
- pneumonia;
- death.

Background

2014-2015
Appropriate Use of Antipsychotics (AUA) project implemented nationwide by the Canadian Foundation for Healthcare Improvement (CFHI). Use of AP was reduced or discontinued in 54% of residents.

March 2017
The Ministère de la Santé et des Services sociaux approves the implementation of the OPUS-AP approach in the province of Quebec.

January to October 2018
Phase 1 of OPUS-AP in **24 CHSLDs in Quebec**.

FINANCING FOR PHASES 1 AND 2 OF OPUS-AP

$1.2 M > CFHI

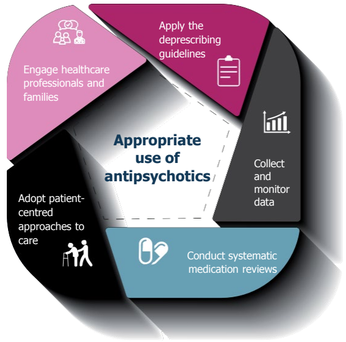
$1.2 M > MSSS

$150,000 for the analysis of the results > Centre for Aging and Brain Health Innovation (CABHI)

Objective

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

METHODS



Support for the approach

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

COHORT

Prospective, longitudinal, closed-cohort with 4 follow-ups (T0, T3, T6, T9), once every 3 months for 9 months. The final analysis was done comparing data at the end of follow-up (9 months) to baseline values.

Semi-structured interviews (n = 18) with CHSLD teams to assess the implementation of OPUS-AP.

30 UNITS IN 24 CHSLDs PARTICIPATED IN PHASE 1 OF OPUS-AP.

Results

Follow-up initiated (T0)
January 2018

1,054 residents were admitted in the participating units

Average age **83 yrs.**

78.3% 825 residents had a major neurocognitive disorder

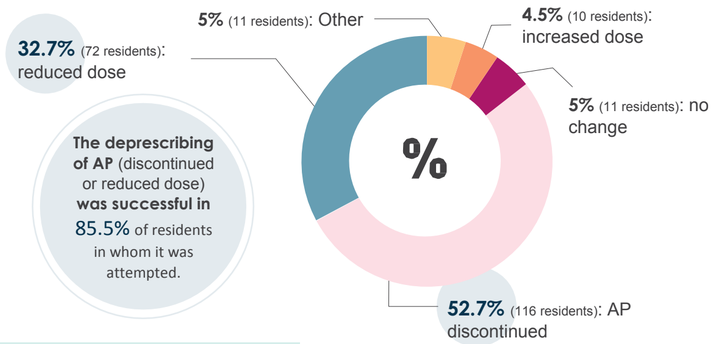
63.4% Women

44.0%
464 residents with a diagnosis of major neurocognitive disorder and an AP prescription were included in the follow-up cohort.
At the final measurement follow-up (T9), 344 residents were still enrolled in the follow-up cohort.

51.7%
545 residents had at least one prescription for antipsychotics.

REDUCING THE USE OF ANTIPSYCHOTICS (AP)

Changes in AP prescribing practices in residents in whom deprescribing was attempted (n = 220)



The deprescribing of AP (discontinued or reduced dose) **was successful in** 85.5% of residents in whom it was attempted.

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 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

	AP discontinued or dose reduced (n = 220)
Benzodiazepines	
+ Addition	12 (5.5%)
- Withdrawal	34 (15.5%)
Antidepressants	
+ Addition	15 (6.8%)
- Withdrawal	15 (6.8%)

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

	AP discontinued or reduced dose (n = 220)
Cohen-Mansfield Agitation Inventory score	
Clinically insignificant change	146 (74.9%)
Decrease of at least 30%	32 (16.4%)
Increase of at least 30%	17 (8.7%)
Falls	
No change	155 (79.1%)
Decrease in falls	23 (11.7%)
Increase in falls	18 (9.2%)

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 deprescribing guidelines.

Success factors

- The clinical huddle, a helpful way to implement and maintain the culture of deprescribing.
- Clear and rapid presentation of results through the quantitative component.

Scaling concerns

- Methods are effective but demanding on staff.
- Challenge of passing the torch from clinical and project champions to other staff members.
- Difficulty implementing new practices given the current resources, which are limited and unstable, especially during nights and weekends.
- Teaching of person centred approaches to care is often an afterthought.
- Sustainability of practices requires a culture change.

CONCLUSION

The use of AP was successfully reduced in more than 85% of CHSLD residents with major neurocognitive disorders in whom deprescribing was attempted. Given this success, phase 2 of OPUS-AP will begin in 2019 in **one-third** (approximately 10,500) of CHSLD residents in Quebec.

OPUS-AP: santeestrie.qc.ca/reduire-les-antipsychotiques
CFHI: https://www.cfhi-fcass.ca/

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