



Quick Guide to Antipsychotic Use in Nursing Homes and the New STAR Measures

Background

Since 2005, both the FDA and CMS took steps to reduce the use of antipsychotics in patients with dementia. Studies do not support the use of antipsychotics in patients with dementia and they are not approved for the treatment of dementia-related psychosis. Despite years of off-label use, atypical antipsychotic drugs are not reliably more effective than placebo for psychotic symptoms of dementia. Furthermore, an analysis of 17 placebo-controlled trials demonstrated increased mortality when antipsychotics were used to treat behavioral symptoms in older patients with dementia.

CMS has taken a number of steps to improve dementia care in nursing homes, including focusing efforts on reducing unnecessary use of antipsychotics. Despite these efforts, antipsychotic prescribing levels in nursing homes remain high. To combat this problem, CMS added antipsychotic prescribing to the CMS Nursing Home 5-Star Quality Rating System in February 2015.

CMS Nursing Home 5-Star Quality Rating System

The 5-Star Quality Rating System measures nursing home performance by awarding 1 to 5 stars in 3 areas: Health Inspections, Staffing and Quality. The quality measures are listed below, including the new measure for antipsychotic medications. The only exceptions for prescribing of antipsychotics are patients with schizophrenia, Tourette's syndrome or Huntington's chorea. It is expected that this new quality mandate will have its intended effect of reducing antipsychotic prescribing in patients with dementia in nursing homes but will also have an unintended effect of making it difficult to prescribe antipsychotics (such as haloperidol) for nausea or when needed for terminal agitation. Hospice clinicians will need to manage dementia-related agitation and other behavioral symptoms with other pharmacological and non-pharmacological modalities.

Long-stay residents- Measures % of residents...

- Whose need for help with activities of daily living has increased
- That are high risk for pressure ulcers (sores)
- Who have/had a catheter inserted and left in their bladder
- Who were physically restrained
- With a urinary tract infection
- Who self-report moderate to severe pain
- Experiencing one or more falls with major injury
- **Who received an antipsychotic medication**

Short-stay residents- Measures % of residents...

- With pressure ulcers (sores) that are new or worsened
- Who self-report moderate to severe pain
- **Who newly received an antipsychotic medication**



Alternate therapy recommendations:

Treat underlying causes of symptoms

- Verbal/vocal behaviors- Associated with pain, loneliness or depression
- Agitation- Due to boredom, isolation, fear, and the need for activity and stimulation
- Aggressive behaviors- Associated with avoiding discomfort, the communication of needs or a demand for personal space

Use non-pharmacologic approaches first line

- Monitor personal comfort
- Simplify the environment
- Calm the environment
- Music- individualized for each patient
- Provide a security object
- Avoid being confrontational
- Acknowledge requests and respond
- Redirect the person's attention

Medication therapy (see MUGs for medication examples and dosages)

- Cholinesterase inhibitors and NMDA receptor antagonist medications- evidence for behavioral benefit is inconclusive; not recommended
- Benzodiazepines- consider use for anxiety, restlessness, and/or verbally disruptive behaviors
- Antidepressants (tricyclic antidepressants, heterocyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs): consider for anxiety, irritability and/or depression, but monitor for side effects
- Anticonvulsants- May be used for mood stabilization and/or agitation

When is antipsychotic use appropriate?

Only when symptoms persist despite non-pharmacological and medication intervention and...

- Behavioral symptoms are due to mania or psychosis
- Symptoms present a danger to the patient or others
- Patient is experiencing inconsolable or persistent distress
- Patient is experiencing a significant decline in function or substantial difficulty receiving needed care

Discontinuation of antipsychotics

Antipsychotics should be tapered or weaned by approximately 25% each week, as abrupt discontinuation will result in withdrawal and rebound symptoms.

Developed by: Terri Maxwell, PhD, APRN

Edited by: Marisa Todd, PharmD, BCPS

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