Antipsychotic Medication Use in Nursing Facility Residents

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Objectives

- Recognize common mental health conditions in nursing facility patients.
- Understand common causes of behavioral disturbance in nursing facility patients.
- Review telepsychiatry in nursing facilities.
- Understand telepsychiatry and medication management options for nursing facility patients.
- Understand alternatives to medication for managing behavioral issues in nursing facility patients.
Part 1: Common Mental Health “Psychiatric” Conditions

Common Behavioral Health Conditions in Nursing Facilities

- Dementia
  - Commonly Comorbid with other Psychiatric Conditions (30% to 90% of Patients)
- Prevalence of Severe Mental Illness: 65 - 90%
- Intellectual Disability
- Drug Problems
- Complex Medical and Behavioral Issues
  - Neurological problems such as strokes, medical issues such as diabetes, hyperlipidemia, urinary tract infections, COPD, and pneumonia
Why is this Important?

- Mental Illness is Often a Major Factor in Nursing Facility Placement
- Longer Stays
- Chemical and Physical Restraints
- Higher Morbidity and Mortality
- Consumes more Nursing Time
- Higher Rates of Staff Turnover and Injury
- Higher Overall Costs to System, including more Frequent Admissions

Telepsychiatry in Nursing Facilities

- Shortage of psychiatric providers in Kansas and across the U.S.
- More than 60% of counties in the continental U.S. are facing a deficit of psychiatrists to treat residents with mental illness
- Telepsychiatry can help connect nursing facilities with the right providers for their clients
- Providers can reside anywhere in the U.S. — broadening the provider applicant pool beyond a clinic’s zip code
Benefits of Telepsychiatry in Nursing Facilities

- Increased access to psychiatrists and APRNs that are passionate about working with your clients
- Targeted medication management and measured use of anti-psychotics
- Sustainable programs for delivering psychiatric care
- Reduced client wait times
- Reimbursable programs; Clinical sessions delivered using telepsychiatry are often reimbursable by Medicaid, Medicare, and commercial payors

Telespsychiatry in Kansas

Sunflower and Genoa Healthcare Telepsychiatry team are currently working on a pilot program with skilled nursing facilities in the state of Kansas.
Part 2: A Primer on Psychotropic Medication

How Do They Work?

- Change the amounts of important chemicals in the brain called neurotransmitters
- Some mental illnesses improve when neurotransmitters in the brain are increased or decreased
Different Classes of Psychotropic Medications

- Antipsychotics
  - Typical
  - Atypical
- Mood Stabilizers (Used to Treat Bipolar Disorder)
- Antidepressants
  - Tricyclics
  - SSRIs
  - MAOIs
  - Others
- Anti-anxiety Agents (includes Anti-panic agents)
- Stimulants
- Medications Used to Treat Substance Abuse

Antipsychotic Medications

- Used to Treat Schizophrenia or Psychotic Disorders
- Can be Prescribed in Pill, Liquid, or Injectable Form

- Typical Antipsychotic Medications
  - Referred to as conventional antipsychotics
  - Some have been around since the 1950’s
  - Examples of typical psychotropics include:
    - Chlorpromazine (Thorazine)
    - Haloperidol (Haldol)
    - Perphenazine (Trilafon)
    - Fluphenazine (Prolixin)
Antipsychotic Medications Continued….

**Atypical** Antipsychotic Medications
- Developed in the 1990's
- Also referred to as second generation antipsychotics
- Examples of atypical antipsychotics include:
  - Risperidone (Risperdal)
  - Olanzapine (Zyprexa): associated with weight gain
  - Quetiapine (Seroquel)
  - Ziprasidone (Geodon)
  - Aripiprazole (Abilify)
  - Paliperidone (Invega)
  - Clozapine (Clozaril): associated with weight gain

Antipsychotic Medications Continued….

**General Benefits**
- Decrease in hallucinations and delusions
- Improved organization of thinking and speech
- Decreased paranoia and increased social contact

**Short Term and Long Term Side Effects**
- Drowsiness
- Dizziness when changing positions
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin rashes
- Menstrual problems for women
Side Effects Continued....

- Increased risk of metabolic syndrome including weight gain, hyperlipidemia, and hypertension
- May affect glucose metabolism
  - Can increase chance of getting diabetes, high cholesterol, or hypertension

Side Effects Continued....

- Typical Psychotropic Side Effects
  - Side effects related to physical movement
    - Rrigidity
    - Persistent muscle spasms
    - Tremors
    - Restlessness
    - Long-term use can lead to Tardive Dyskinesia (TDK)
- Special Concerns when Using Clozaril
  - Requires monthly blood work to check levels (frequency of blood work is dependent on absolute neutrophil count (ANC) level and treatment duration
  - Can cause agranulocytosis as side effect
    - Loss of white blood cell count (fight infection)
Special Issues with Older Adults

- Tend to have more Medical Issues
  - Higher risk of drug interactions
  - Missing doses
  - Overdosing

- Tend to be more Sensitive to Medications
  - As they get older, bodies process medications slower
Special Issues with Older Adults

• Can have unpredictable or paradoxical reactions to medications
  • Benzos such as Xanax and Ativan can cause agitation rather than sedation

• Sometimes experience memory problems
  • Forget to take
  • Take too much

Medical Co-morbidity Considerations

• Atypical anti-psychotics place members at risk for metabolic syndrome
  – Providers should be monitoring weight, cholesterol and blood sugar regularly

• Zyprexa should usually be avoided for members with diabetes

• Hypothyroidism mimics symptoms of depression
  – There is a lab test available to monitor normal thyroid levels
Recovery

Remember that medication management is only ONE portion of a successful treatment plan.

In order to facilitate member recovery, other avenues should also be evaluated and encouraged including therapy, peer & family supports, and community resources.

Part 3: Understanding Behavioral Issues

In Nursing Facility Patients
Importance of Coordinated Care

- Helps to ensure that psychiatrist and the nursing staff are aligned
- Develop plans for care
- Better manage patients with complex needs
Telepsychiatry and Antipsychotic Medications

- Psychiatrists and APRNs are permitted to e-prescribe in Kansas
- APRNs require a collaborating physician and prescribing protocol to prescribe controlled substances

Behavioral Issues

A Behavior becomes a Problem when it is Associated with:
- Distress *(subjective experience)*
- Disability *(observable functional impairment)*
- Disruption *(interference with delivery of care, or disturbance of the living environment)*
- Danger *(to self or others)*

Common Behavioral Issues:
- Restlessness
- Yelling or verbal hostility
- Rejection of care
- Apathy/lethargy
- Physical combativeness
Reasons for Behavioral Issues

• Not all behavioral symptoms are problems
  • Not all caused by psychotic illnesses
  • May signal distress
  • Communication breakdown
  • Worsening medical condition

• Behavior problems can be triggered by an approach to care
  • E.g. care that is based solely on facility routines and caregivers’ perceptions often causes the resident to become anxious, fearful, irritable, or angry

• Unlikely to respond to medication in the long term
  • Only a small proportion of residents will respond to antipsychotic medication
  • Medications may exacerbate problems (e.g. akathisia, confusion) or lead to harm

Causal Factors

• Cognitive deficits
• Unmet needs (*physical and psychological*)
• Environmental / social irritants
• Medical illness / physical discomfort
• Psychiatric conditions
• Adverse drug effects
  • Withdrawal
  • Side effects
  • Interactions
  • Intoxication
Unmet Needs

• Spiritual Needs
• Emotional Needs
  • Human interaction, emotional connection, recreation, agency, self-direction, meaning.
• Physical Needs
  • Nutrition, hydration, toileting, exercise, rest

Environmental Irritants

• Physical
  • Noise
  • Confusing Visual Stimuli (Television)
  • Physical Barriers
  • Uncomfortable Temperature
  • Unfamiliar Surroundings
  • Inadequate hygiene
  • Improper positioning

• Social
  • Changes in routines
  • Caregiver interactions
Medical Conditions and Physical Discomfort that can Lead to Behavioral Disturbances

- Physical Discomfort
  - Pain
  - Constipation
  - Urinary urgency
  - Shortness of breath
  - Dizziness
  - Fatigue

Adverse Drug Effects that can cause Behavioral Disturbances

- Nuisance symptoms
- Anticholinergic effects
- Antihistaminic effects
- Paradoxical excitation/disinhibition
- Intoxication or withdrawal states
- Akathisia (syndrome of motor restlessness)
Person-centered Care: HOW?

• Look for meaning in verbal and non-verbal communication
• Ask, “what do you want? “how can I help?”
• Listen for clues to sources of distress or unmet needs
• Avoid saying “no”, arguing or disagreeing
• Offer to help in ways that reduce distress or meet needs, without compromising safety

One-size-fits-all?

• Different residents have different situations and needs
• Residents change over time; needs and behaviors change, too
• Some responses work one day, not the next
• Some responses work for one caregiver, but not another
• Responses must be tailored to the individual and modified over time
Institutional Approaches

- Consistent staff assignments
- Assignment of staff across disciplines to supervise everyday leisure activities
  - Group
  - Individual / solitary
  - Beyond structured recreation therapy
- Space for exercise, outdoor activities

Aggression

- Often the result of a medical condition such as infections or endocrine conditions
- Common in dementia
- Can be due to underlying/untreated mental health conditions such as schizophrenia, PTSD, Anxiety, Depression
- Sundowning: Change in mental status and behavior that occurs at sunset.
- Medications (may confuse/disinhibit)
- Interpersonal discord with peers and staff.
Aggression Management

Methods of Prevention/De-escalation

• Active listening
• Verbal responding
• Redirection
• Stance
• Positioning
• "Tincture" of time
• Not jumping to conclusions
• Controlling the environment
• Teamwork

Strategies for Communicating with Residents with Mental Illness

**DO**

• Minimize distractions
• Use active listening.
• Mind non-verbals. Understand that eye-contact may be threatening.
• Simplify and be straightforward.
• Acknowledge what the other person says and how they feel, even if you don’t agree.
• Engage by asking for opinions and suggestions.
• Look for common ground. Avoid unnecessary confrontation.
• Stick to present issues.
• Use humor in easy situations.
• Ask permission before physical contact.

**DON’T**

• Don’t take things personally.
• Don’t criticize, accuse or blame.
• Don’t make assumptions. Clarify by asking questions.
• Don’t raise your voice or attempt to intimidate or “discipline” the person.
• Don’t use sarcasm and avoid humor in difficult situations
• Avoid sounding patronizing or condescending.
Part 4: Managing Behavioral Issues

Bio-Psycho-Social Treatment

- A thorough, careful review to rule out underlying causes.
- ALWAYS rule out delirium.
- Investigate personal and family history.
- Review medications, especially if new-onset and temporally related to addition/discontinuation of medication.
- Review drug/addiction history.
- Physical examination: look for stigmata of ETOH/opioid/other drug use.
- Investigate for potential underlying etiologies: ABGs, EKG, ECHO, Holter, serum PTH, TSH, CMP, CBC, MRI, catecholamines.
- Check serum markers for ETOH addiction, such as MCV, GGT, LFTs, CDT.
Medication Use in LTC Facility Residents

• Inappropriate prescribing
  • Use of medications to address behavioral symptoms through sedation
  • Used to compensate for inadequate staffing
• 40% of LTC facility residents using an antipsychotic medication had no appropriate indication.
• 42% of residents who took benzodiazepines had no appropriate indication.
• Antipsychotic use for dementia related psychosis and behavioral problems is linked to increased mortality.


Medication Use in Nursing Facility Residents

• 27.6% of Medicare beneficiaries in LTC are on antipsychotic medication.
• Only 41.8% received antipsychotic therapy in accordance with nursing home prescribing guidelines
• 23.4% of residents had no appropriate indication
• 17.2% had daily doses exceeding recommended levels
• 17.6% had both inappropriate indications and high dosing (Briesacher et al., 2005).

Psychotherapy

- Generally underutilized
- Fewer side effects compared with psychiatric drug regimens (Bharucha, Dew, Miller, Borson, & Reynolds, 2006).
- Reminiscence group therapies (Goldwasser, Auerbach, & Harkins, 1987)
  - Significantly decrease depression scores, as measured by the GDS and the Beck Depression Inventory (Cook, 1991; Haight, Michel, & Hendrix, 1998; E. D. Jones, 2003).
  - Documented improvements in psychological well-being, self-esteem, and life satisfaction (Frey, Kelbley, Durham, & James, 1992).
- Other nonpharmacological therapeutic modalities include
  - Improve/give a sense of control
  - Problem solving
  - Cognitive behavioral therapies
    - Shown to decrease depression symptoms and improve the quality of life for residents in the nursing home (Zerhusen, Boyle, & Wilson, 1991)

Social Treatments

- Appropriately involving family, friends whom the patient identifies as being supportive with permission
- Help patient with realistic planning: imparts a sense of control and direction
- Pastoral care/involving religious community
- Social work: can be helpful in identifying additional resources
Questions