

Understanding long-term care: Reducing antipsychotics

ONTARIO
LONG TERM CARE
ASSOCIATION

KEY FACTS

- In 2014-2015, one in four (27.3%) long-term care residents was prescribed a “potentially inappropriate antipsychotic” medication, meaning that it was prescribed for reasons other than psychosis (delusions or hallucinations). (Source: yourhealthsystem.cihi.ca)
- In the general population, antipsychotic medications are used to manage symptoms of psychosis. In seniors, they are also commonly used to manage the distressing behavioural and psychological symptoms of dementia (BPSD). Antipsychotics are appropriate and effective for some symptoms, specifically severe aggressive behaviour, but not for others such as wandering, hoarding, or repeated vocalizations.
- A proportion of residents without a diagnosis of psychosis and therefore a “potentially inappropriate” prescription may in fact be receiving the medication appropriately to help manage severe aggressive behaviour and ensure the safety of other residents and staff. Irritability, confusion, fear, and frustration are common feelings among people with dementia, and sometimes these feelings escalate to behaviour that includes lashing out physically. If a resident’s behaviour poses a danger to others, an antipsychotic may be appropriate.

EXPERT VOICE

“Behavioural and psychological symptoms are part of the journey for more than 80% of people with dementia. Although antipsychotic use is viewed as a pervasive problem, it is more helpful to see the widespread use as an attempt to manage the natural but distressing consequences of the disease.” – Dr. Carlos Rojas-Fernandez, geriatric pharmacologist, Schlegel Research Chair in pharmacology, University of Waterloo

Reducing the use of antipsychotics

- Long-term care homes are working to reduce the inappropriate prescribing of antipsychotics through strategies such as medication reviews and behaviour management strategies.
- The goal is to ensure that antipsychotics are being used for the right symptoms, at the right dose, and only for as long as needed. It was once believed that all seniors prescribed an antipsychotic medication would need it permanently, but evidence has shown otherwise. Symptoms related to dementia frequently wax and wane over time.
- These efforts are making a significant difference: in the last four years, there has been an 8% drop in the number of residents on a potentially inappropriate antipsychotic (from 35% to 27%). (Source: yourhealthsystem.cihi.ca)
- Medication reviews involve evaluating the reasons for the initial prescription, the type of drug and the dose, and slowly tapering a resident off the antipsychotic to see if their symptoms still cause difficulties.
- Behaviour management strategies—which involve gentle, personalized approaches to care—have been shown to reduce residents’ behavioural symptoms and the use of antipsychotics.

More can be done

- Specialized behavioural support teams that assess and reduce the triggers for residents’ behavioural symptoms are making a significant difference, but there are not enough of these teams in long-term care homes across the province.
- The Ontario Long Term Care Association has asked the government to fund specialized behaviour management staff, called Behavioural Supports Ontario (BSO) teams, in every long-term care home in the province.