

## **James L. Holly, M.D.**

### **Texas Department of Aging and Disability's Antipsychotic Medication Tool Kit**

**By James L. Holly, MD**

**Your Life Your Health**

*The Examiner*

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In a September, 2012 article entitled, “Atypical Antipsychotic Use in Patients With Dementia: Managing Safety Concerns,” the *American Journal of Psychiatry* stated:

“In the elderly population, the largest number of prescriptions for atypical antipsychotics is written for the neuropsychiatric symptoms (NPS) of dementia, e.g., delusions, depression, agitation which affect up to 97% of people with dementia.

“This Treatment is especially challenging because, while the symptoms often cause significant distress, no effective alternative medication treatments are available. Efficacy seems best, albeit modest, for atypical antipsychotics, but these must be used with great caution due to risk of adverse events including stroke and death. Before an antipsychotic is started, comprehensive assessment must be performed to rule out a medical etiology, as well as environmental and caregiving factors that could be provoking the targeted behavior.

An antipsychotic trial is warranted when non-pharmacological intervention is unsuccessful and behaviors cause significant distress and/or pose a safety risk. Low doses should be used, with slow titration as needed. Patients and surrogate decision-makers should be educated about side effects to observe for, such as fall, Parkinsonism, and sedation. Metabolic parameters should be regularly monitored, although metabolic adverse effects may be of less concern in the elderly. Face-to-face visits are essential to monitor response, tolerance, and the need for continued treatment, and a discontinuation trial should be strongly considered in patients with a 3–6 month history of behavioral stability.

Until better treatment options become available, atypical antipsychotics continue to have an important, albeit limited, role in dementia care. Safety risks can be minimized through careful selection of appropriate patients for treatment, education of patients and surrogate decision-makers, and close monitoring, with the understanding that for many patients, short term treatment is sufficient.”

In an effort to decrease the inappropriate use of antipsychotic medications in Texas Nursing Homes, The Texas Medical Foundation and the Texas Department of Aging and Disability provided this toolkit. Because SETMA provides care to over 80% of the long-term care residents in Southeast Texas, which comprises a five county area, and because SETMA documents the care of those patients in our electronic patient record (EMR), we have taken this tool kit and created a Clinical Decision Support tool to improve the care of the patients for whom we have responsibility.

The following are the templates and functionalities which are now deployed in SETMA's EMR.

First is the principle template which launches all of our electronic patient care. Outlined in green on this template is the hyperlink which launches the Nursing Home suite of templates.

The screenshot displays the SETMA EMR interface for a patient named Larry QTest. At the top, there is a patient information section with fields for Name, Sex (M), Age (55), Home Phone, Work Phone, Cell Phone, Date of Birth (09/01/1959), and Patient's Code Status. A red alert message states "Patient has one or more alerts!" with a link to "Click Here to View Alerts".

Below the patient information, there are sections for "Pre-Visit/Preventive Screening" and "Patient Eligible For Medicare Preventive Exam". Two questions are posed: "Has the patient traveled to West Africa recently?" and "Has the patient had any suspected contact with Ebola?", each with Yes/No radio buttons. There are also checkboxes for administrative use and patient response status.

The main content area is a grid of template categories:

- Preventive Care:** SETMA's LESS Initiative, Preventing Diabetes, Preventing Hypertension, Smoking Cessation, Care Coordination Referral, PC-MH Coordination Review (Needs Attention!), HEDIS, NQF, PQRS, ACO, Elderly Medication Summary, STARS Program Measures, Exercise, CHF Exercise, Diabetic Exercise.
- Template Suites:** Master GP, **Nursing Home** (highlighted in green), Physical Therapy, Podiatry, Rheumatology, Hospital Care, Hospital Care Summary, Daily Progress Note, Admission Orders.
- Disease Management:** Diabetes, Hypertension, Lipids, Acute Coronary Syn, Angina, Asthma, Cardiometabolic Risk Syn, CHF, Diabetes Education, Headaches, Renal Failure, Weight Management.
- Last Updated:** A column showing update dates for various templates, such as 01/20/2015, 05/21/2013, 03/08/2013, and 09/23/2013.
- Special Functions:** Lab Present, Lab Future, Lab Results, Hydration, Nutrition, Guidelines, Pain Management, Immunizations, Reportable Conditions, Information (Charge Posting Tutorial, E&M Coding Recommendations, Drug Interactions, Infusion Flowsheet, Insulin Infusion).

When the Nursing Home hyperlink is deployed the Nursing Home Master template is displayed. Outlined in green is the button which launches the Antipsychotics Toolkit. There are five sections to the tool kit:

1. Is the patient on one or more antipsychotic drugs?
2. Does the patient have one or more diagnoses for an antipsychotic drug?
3. The following are not adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.
4. Start with the following general principles to reduce antipsychotic use.
5. What to do when?

Nursing Home Patient **Nursing Home Master**

Medications Reviewed/Ordered 04/10/2013  **NQF Nursing Home Measures**

Nursing Home   
 Current Unit   
 Room #

Source of Information

Complaints

Chronic Conditions

#	Problem Description
0	Compression fracture of spine
0	Discharge from ear
0	Both parents smoke
0	Tourette's disease
0	Pancreatic cancer
0	Yellow mutant oculocutaneous albinism
0	Purple toe syndrome
0	Red cell aplasia
0	Alcohol dependence
0	Chronic ischemic heart disease, unsp
0	CHF (congestive heart failure)
0	Green monkey disease
0	One chronic disease present
0	Two chambered right ventricle
0	HIV (human immunodeficiency virus in
0	Dementia
1	Controlled type 2 diabetes with renal r
2	Chronic kidney disease, stage II (mild)
3	Chronic diastolic congestive heart fail
4	Chronic kidney disease, stage II (mild)
5	Hypertension

Patient Larry QTest

Age 55 years Last Visit //  
 Sex M Last H&P //  
 BP // Last Flu Shot 20140113  
 Temp F Last Tetanus 20140923  
 Pulse /min Last Pneumonvax 20130419  
 Resp Last Rectal Exam //  
 Weight lbs. Last TB Skin test //  
 Height 73.00 in. Last Chest Xray 08/15/2006  
 BMI 0.00 VRE status  
 Body Fat 38.9 % MRSA status  
 BMR cal/day Hepatitis status  
 Protein Req grams/day

DNR Status Full Code

Visit Today  
 History and Physical Today

Consent Form Signed Updated 09/13/2013  
   
 Script Review Updated 05/21/2013  
  
 Updated //

Comments

Home  
 Nursing  
 Histories  
 Health  
 Questionnaires  
 HPI Chief  
 System Review  
 Physical Exam  
 Radiology  
 Procedures  
 Assessment  
  
 Guidelines for Care  
 Hydration  
 Nutrition  
 Skin Lesions  
 Mini Mental Status  
 Fall Risk  
  
  
 Call to Family  
 Call/Nursing Home  
 Email  
 Chartnote  
 Admission Orders

When this button is deployed, the EMR is searched for Antipsychotic Drugs in these Classifications:

- Antipsychotic
- Anxiolytic
- Hypnotic
- Antidepressant
- Anticonvulsant/Manic

This is a partial list of psychotropic drugs commonly used in the long-term care setting. Some of these drugs are listed under their official classifications, but may be seen with the intended use of the above classifications to alter/change mood or behavior. Any drugs which are found are automatically listed under its category.

**Reduction of Psychotropic Medications** Return

**Yes** 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

**Yes** 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder
- Mood disorders
- e.g. Bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- Psychosis in the absence of dementia
- Medical illness with psychotic symptoms
- e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- Tourette's disorder
- Huntington's disease
- Hiccups
- not induced by other medications
- Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<ul style="list-style-type: none"> <li><input type="checkbox"/> Wandering</li> <li><input type="checkbox"/> Poor self care</li> <li><input type="checkbox"/> Restlessness</li> <li><input type="checkbox"/> Impaired memory</li> <li><input checked="" type="checkbox"/> Mild anxiety</li> <li><input type="checkbox"/> Insomnia</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inattention or indifference to surroundings</li> <li><input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders</li> <li><input type="checkbox"/> Fidgeting</li> <li><input checked="" type="checkbox"/> Nervousness</li> <li><input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care</li> </ul>
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4. Start with the following general principles to reduce antipsychotic use.

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Start with a pain assessment.</li> <li><input checked="" type="checkbox"/> Provide for a sense of security</li> <li><input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear).</li> <li><input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box.</li> <li><input checked="" type="checkbox"/> Play to the resident's strengths.</li> <li><input checked="" type="checkbox"/> Encourage independence.</li> <li><input checked="" type="checkbox"/> Use pets, children and volunteers.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident.</li> <li><input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed.</li> <li><input checked="" type="checkbox"/> Provide consistent caregivers.</li> <li><input checked="" type="checkbox"/> Screen for depression and possible interventions.</li> <li><input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.)</li> <li><input checked="" type="checkbox"/> Be calm and self-assured.</li> <li><input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors.</li> <li><input checked="" type="checkbox"/> Employ distraction methods based upon their work and career.</li> <li><input checked="" type="checkbox"/> Offer choices.</li> </ul>
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5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

In section 2 of this template, the computer automatically denotes: “Does the patient have one or more adequate indications for an antipsychotic drug?” See below for details.

**Reduction of Psychotropic Medications** Return

**Yes** 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

**Yes** 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder
- Mood disorders
- e.g. Bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- Psychosis in the absence of dementia
- Medical illness with psychotic symptoms
- e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- Tourette's disorder
- Huntington's disease
- Hiccups
- not induced by other medications
- Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<ul style="list-style-type: none"> <li><input type="checkbox"/> Wandering</li> <li><input type="checkbox"/> Poor self care</li> <li><input type="checkbox"/> Restlessness</li> <li><input type="checkbox"/> Impaired memory</li> <li><input checked="" type="checkbox"/> Mild anxiety</li> <li><input type="checkbox"/> Insomnia</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inattention or indifference to surroundings</li> <li><input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders</li> <li><input type="checkbox"/> Fidgeting</li> <li><input checked="" type="checkbox"/> Nervousness</li> <li><input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care</li> </ul>
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4. Start with the following general principles to reduce antipsychotic use.

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Start with a pain assessment.</li> <li><input checked="" type="checkbox"/> Provide for a sense of security</li> <li><input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear).</li> <li><input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box.</li> <li><input checked="" type="checkbox"/> Play to the resident's strengths.</li> <li><input checked="" type="checkbox"/> Encourage independence.</li> <li><input checked="" type="checkbox"/> Use pets, children and volunteers.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident.</li> <li><input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed.</li> <li><input checked="" type="checkbox"/> Provide consistent caregivers.</li> <li><input checked="" type="checkbox"/> Screen for depression and possible interventions.</li> <li><input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.)</li> <li><input checked="" type="checkbox"/> Be calm and self-assured.</li> <li><input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors.</li> <li><input checked="" type="checkbox"/> Employ distraction methods based upon their work and career.</li> <li><input checked="" type="checkbox"/> Offer choices.</li> </ul>
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5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

If there is no appropriate diagnosis for the use of an antipsychotic medication, consideration should be given for discontinuing the medication and/or for employing one of more of the therapeutic or environment interventions provided below.

Section 3 of the tool kit lists the indications for which antipsychotics are often used but which are inadequate indications for such use.

**Reduction of Psychotropic Medications** Return

**Yes** 1. Is the patient on one or more antipsychotic drugs?

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ARIPRAZOLE				

**Yes** 2. Does the patient have one or more adequate indications for an antipsychotic drug?

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- Tourette's disorder
- Huntington's disease
- Hiccups
- not induced by other medications
- Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

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Section 4 lists alternatives for antipsychotic medications when there is not an indication for their use. This section lists 16 actions which can be instituted to decrease the use of antipsychotic medications. The example shows all of the actions checked off but generally you would only began a few a time.

Those which you check off will appear on the chart note to be placed on the nursing home chart or on the chart of a patient in the clinic.

## Reduction of Psychotropic Medications Return

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Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

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<input type="checkbox"/> Insomnia	

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident.
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5. What to do when...

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The above principles are used for the reduction of the use of physical restraints. The most important actions are to start with a pain assessment and a screen for depression. These assessments can be done with tools provided by SETMA: see [Patient-Centered Medical Home Annual Questionnaires](#) for: Fall Risk, Pain Assessment, Functional Assessment, Wellness and Stress; see [Depression Tutorial](#) for depression evaluation.

Fear is created by disorientation and confusion. The “5 Magic Tools” are helpful in enhancing orientation and decreasing confusion. These “Magic Tools” involving “knowing what the resident likes to See, Smell, Touch, Taste, Hear.” Remember that new and/or strange environments can disorient and confuse patients. Using these five sensory perceptions to create a familiar and pleasant environment can help patients regain their sense of security and safety.

Section five is entitled “What can be done when?” Each of the five “What Can Be Done” recommendations give specific guides for helping patients cope with their new surroundings and with their decreasing mental acuity.

## Reduction of Psychotropic Medications

Yes **1. Is the patient on one or more antipsychotic drugs?**

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
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**3. The following are *NOT* adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.**

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**4. Start with the following general principles to reduce antipsychotic use.**

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**5. What to do when...**

The resident tries to resist care.	<input type="button" value="Click for Plan"/>
The resident is verbally/physically abusive.	<input type="button" value="Click for Plan"/>
The resident is pacing/wandering/at risk for elopement.	<input type="button" value="Click for Plan"/>
The resident is disruptive in group functions.	<input type="button" value="Click for Plan"/>
The resident has sudden mood changes or depression.	<input type="button" value="Click for Plan"/>

The five categories of “What to do when?” are:

1. The resident tries to resist care
2. The resident is verbally/physically abusive
3. The resident is pacing/wandering/at risk for elopement
4. The resident is disruptive in group functions
5. The resident has sudden mood changes or depression

The first is “what to do when the patient resists care.”