

# “Lead From Where You Stand”



## **EXTRA Research Project: Reducing Antipsychotic Medications**



WRHA PCH Program

Alzheimer *Society*  
MANITOBA

# Module 5: Antipsychotic Medications

Use with Residents in Long Term Care



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# Module Outline

1. What are antipsychotic medications?
2. When should antipsychotic be used?
3. When should antipsychotics not be used?
4. What are the side effects?
5. How are we doing with usage rates?
6. What is the solution?



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# What are Antipsychotic Medications?

- Antipsychotic medications were introduced more than 50 years ago.
- These medications were developed to treat psychotic conditions such as Schizophrenia.
- Antipsychotic medications are sometimes referred to as 'neuroleptics' or 'tranquilizers'.
- These medications were not originally developed to treat dementia.



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# What are Antipsychotic Medications?

- The first type of antipsychotics that were introduced are often referred to as ‘first generation’ Antipsychotics (ex. Haldol).
- More recently ‘second generation’ antipsychotics have been introduced. These are also referred to as ‘atypical’ antipsychotics (ex. Olanzapine, Risperidone, Quetiapine).
- Compared with the older ‘first generation’ antipsychotics, the newer ‘atypical’ medications are thought to cause fewer long term side effects.



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# When Should Antipsychotics be used?

- Antipsychotic medications are used primarily for the treatment of Schizophrenia and Bipolar Disorder.
- They are also often prescribed for symptoms like agitation, psychotic episodes and obsessive behaviors.
- More recently they have been used to treat people who have dementia.



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# When Should Antipsychotics be used?

- Antipsychotics may be appropriate for residents with dementia if they are experiencing:
  - Delusions that are distressing to the resident
  - Hallucinations that are distressing to the resident
  - Defensive/Reactive behavior (aggression) that is high risk



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# When should antipsychotics not be used?

- Antipsychotics should **not be used** for :
  - Insomnia
  - Anxiety
  - Wandering
  - Room-entering
  - Pacing



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## Also not effective for:

- Inappropriate urination/defecation
- Inappropriate dressing/undressing
- Vocally repetitious behavior
- Hiding/hoarding
- Pushing wheelchair bound co-resident
- Eating inedibles
- Tugging at/removing restraints



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# What are the side effects?

- All antipsychotics cause side effects.
- Side effects increase with dose.
- The following chart shows the side effects for adults taking an atypical antipsychotic for an 'off label' condition compared with those taking placebo:



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# What are the side effects?

| SIDE EFFECTS  | OLANZAPINE<br>(Zyprexa®) | RISPERIDONE<br>(Risperdal®) | ARIPIRAZOLE<br>(Abilify®) | QUETIAPINE<br>(Seroquel®) | ZIPRASIDONE<br>(Geodon®) |
|---|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------|
| Weight gain   |                          | INSF                        | INSF                      | INSF                      | INSF                     |
| Cardiovascular problems                               |                          |                             |                           | INSF                      | INSF                     |
| Stroke  |                          |                             | INSF                      | INSF                      | INSF                     |
| Extrapyramidal symptoms<br>(uncontrollable movements) |                          |                             |                           | INSF                      |                          |
| Agitation   | INSF                     | INSF                        |                           | INSF                      | INSF                     |
| Gait disturbance                                      |                          |                             | INSF                      | INSF                      | INSF                     |
| Fatigue   |                          |                             |                           | INSF                      | INSF                     |
| Sleepiness  |                          |                             |                           |                           |                          |
| Headache  | <input type="checkbox"/> | INSF                        | INSF                      | INSF                      | INSF                     |
| Cognitive problems                                    |                          | INSF                        | INSF                      | INSF                      | INSF                     |
| Pain  | INSF                     | INSF                        |                           | INSF                      | INSF                     |
| Gastrointestinal symptoms                             | INSF                     | <input type="checkbox"/>    |                           |                           | INSF                     |
| Urinary symptoms                                      |                          |                             |                           | INSF                      | INSF                     |
| Skin problems   | INSF                     | INSF                        |                           | INSF                      | INSF                     |
| Dry mouth   |                          | INSF                        | INSF                      |                           | INSF                     |

The length of the bar indicates how many people typically experience the side effect.

21-50% 11-20% 5-10% Less than 5%

INSF = Insufficient evidence.

The harmful side effect occurred more often in people taking placebo (inactive substance) than in people taking the drug.



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# What are the side effects?

- Death: All atypical antipsychotics increase the risk of death for elderly people with dementia (cardiovascular events, pneumonia) :
  - 35 deaths per 1000 elderly people taking atypicals.
  - 23 deaths per 1000 elderly people taking placebo.



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# What are the side effects?

- Stroke: Antipsychotic medications have been shown to increase the risk of stroke.
  - 43 strokes per 1000 people taking risperidone
  - 11 strokes per 1000 elderly people taking placebo



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# How are we doing with usage rates?

- WRHA regional MDS data indicates that approximately 30% of all PCH residents are receiving antipsychotic medications.
- MDS information also shows that approximately 93% of these PCH residents receiving antipsychotic medications do not have a psychotic or related condition.



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# How are we doing with usage rates?

- There is a high level of variance between personal care homes in Winnipeg regarding usage rates.
- At some facilities usage rates are over 40%, while other facilities are below 15%.
- Therefore, we know it is possible to have lower usage rates.
- According to MDS information, these lower rates occur with similar populations and do not seem to result in an increase in behavioral symptoms when these drugs are decreased or discontinued among residents at these facilities.



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# What is the solution?

- PIECES approach
- Medications should be used as the last resort to manage behavioral symptoms
- Discussion should occur and consent should be received from resident's family, caregiver or Public Trustee
- At least every 6 months medication titration and discontinuation attempted



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# Final Word...

- “In patient populations for whom the evidence of the efficacy of antipsychotic medications is limited and the risk of a fatal side effect is clear, prudence would suggest that the use of these drugs should be reduced sharply.”

Reference: Antipsychotic Agents and Sudden Cardiac Death —How Should We Manage the Risk? (NEJM Jan 2009)



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# QUESTIONS



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