



Success Through Less

Reducing the use of antipsychotic
medications in nursing homes

A Report of the Alzheimer's Association
of Southeastern Wisconsin

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Alzheimer's Association

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Executive Summary

Data indicate that efforts at the local, state and national levels are making headway into reducing the use of antipsychotic medications among nursing home residents with dementia. While Wisconsin has historically had a lower level of utilization than the national average, the state has also experienced success in reducing its overall rate. The most recent data indicate that utilization of these medications has decreased over the past eighteen months and is continuing to decrease.

As a follow-up to “We All Hold the Keys” a report of the Alzheimer’s Challenging Behaviors Task Force, this document takes a look at the national, state and local context of these efforts and examines strategies adopted by seven nursing homes in Wisconsin to use antipsychotic medications as a last resort. Successful strategies include person-centered care, gradual dose reduction practices, hands-on staff training and structured staff communication, and an investigative and creative team approach to care.

While the overall trends are encouraging, there remains work to be done in terms of reducing the use of antipsychotic medications in acute care settings, and in educating family members about the possible consequences of the medications and dose reduction practices. While many nursing homes in Wisconsin have adopted strategies to reduce the use of medications, there are some that continue to use antipsychotics as a default despite practice guidelines.

It is hoped that sharing this information will lead to success in other facilities committed to reducing the inappropriate use of antipsychotic medications.

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Golden Living Center - Valley of Hayward

Lasata Care Center (Cedarburg)

Markesan Resident Home

Monroe Manor Nursing & Rehabilitation

North Central Health Care (Wausau)

VMP - Maplewood Center (West Allis)

Wausau Manor

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Introduction

In the past, residents with challenging behaviors in nursing homes were often “managed” with physical restraints or with chemical restraints, i.e., antipsychotic medications. The tide has slowly been shifting away from this practice as regulators, policy makers, the nursing home industry and advocates look more closely at the quality of life residents lead in nursing homes. While the use of antipsychotic medications has not been abandoned, their use as a behavioral control for those without a serious mental illness has come into question. This issue is important because of the grave health risks (including death) associated with the use of these medications in people with dementia and the side effects that can diminish quality of life.

Medical providers are careful to say that use of these medications in people with dementia can sometimes be therapeutic, while stressing the importance of attempting non-pharmacological interventions first. After ruling out or treating medical or psychological conditions that can cause behaviors, if an antipsychotic medication appears warranted, standards indicate prescribing the lowest dosage possible, monitoring the change in the overall health and behavior of the resident, and taking steps to ensure gradual dose reduction. These steps are documented in the scientific literature and outlined in Medicare regulations. Federal and state inspectors conduct nursing home surveys to ensure that these regulations are followed.

While data indicates that current practice does not always meet these standards, there are many signs of a changing landscape. Whether due to increased competition among nursing home providers, the emergence of quality coalitions, the movement toward person-centered care, or the Center for Medicare and Medicaid Services’ initiative to reduce the use of these high-cost medications, **there has been a positive trend in reducing the use of antipsychotic medications among residents with dementia in skilled nursing facilities.** This trend holds up nationally as well as throughout the state of Wisconsin, and recent data indicates the trend is continuing.

Dementia as a growing health issue

According to the national Alzheimer’s Association, an estimated 5.2 million Americans have Alzheimer’s disease and other dementias.¹ This number will grow each year as the size and proportion of the U.S. population age 65 and

¹ Alzheimer’s Association 2014 Alzheimer’s Disease Facts and Figures, Chicago: Alzheimer’s Association, Volume 10 Issue 2.

older continues to increase. The number will escalate rapidly in coming years as the baby boom generation ages and the number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically due to advances in medicine and medical technology as well as social and environmental conditions.

Wisconsin is estimated to have 120,000 people with Alzheimer's disease or other dementia.² Of that number, about 12,000 people are living in nursing homes and 18,000 in assisted living facilities, with the large majority of people continuing to live in apartments and homes in the community.³

Dealing with challenging behaviors

Because nursing homes include a large number of people with dementia, the issue of dealing with challenging behaviors has significant implications for this industry in particular. *The term "challenging behaviors" does not necessarily mean that people with dementia are challenging or threatening anyone. It means the behaviors themselves are a challenge to understand and address.*

Challenging behaviors including physical aggression, repetitive vocalizations, self-neglect, resisting help with personal care, anger and irritability, inappropriate sexual behavior, wandering, and disturbance of sleep cycle are relatively common in people with dementia, with 60-90% of residents experiencing these behaviors at some point.⁴ There is no doubt that these behaviors can be difficult. Without context, these behaviors can cause frustration and can be time-consuming for those tasked with caring for residents.

There is no single approach that is effective in helping caregivers deal with challenging behaviors. Researchers and practitioners believe that these behaviors are a means of communication and stem from triggers that might be physiological, environmental, or related to the caregiver's communication. There is consensus in theory that non-pharmacological interventions should always be the first step in dealing with challenging behaviors. The American Geriatrics

² Wisconsin Dementia Care System Redesign A Plan for a Dementia-Capable Wisconsin February 2014 Wisconsin Department of Health Services/Division of Long Term Care P-00586. Based upon dementia prevalence rates recommended by Denis A. Evans, M.D., et al. "Prevalence of Alzheimer's Disease in a Community Population of Older Persons," *Journal of the American Medical Association*, 262(18), 1989. Note that these rates may include people with or without a confirmed dementia diagnosis

³ Wisconsin Dept. of Health Services at <http://www.dhs.wisconsin.gov/bqaconsumer/assistedliving/AstLvgStats.htm> and Alzheimer's Association of Southeastern Wisconsin, *Faces of Dementia in Wisconsin: An Emerging Portrait* (2013)

⁴ Henry Brodaty et al, "Psychosis, Depression and Behavioral Disturbances in Sydney Nursing Home Residents: Prevalence and Predictors", *International Journal of Geriatric Psychiatry* 16 (2001): 504-512

Society states that, “Non-pharmacologic interventions have been shown to be more effective than pharmacologic treatment for dementia-related behavioral problems.”⁵

For many years in countless facilities, the de facto approach has been to treat the behaviors with medications, particularly antipsychotic medications, to lessen the likelihood that the behavior will continue. Significant utilization of these medications occurs despite the fact that the FDA has issued a “black box warning” to prescribing physicians due to the risk of death, stroke, tardive dyskinesia, Parkinsonism, and many other risks. In 2008, the Food and Drug Administration warned that “Antipsychotics are not indicated for the treatment of dementia-related psychosis...both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis.”⁶ In addition to these severe health risks, quality of life is diminished as a result of the inappropriate use of these medications, as side effects include lethargy and sedation. Moreover, the use of these medications often masks the underlying reason for the challenging behavior, which may be related to pain or another physical or emotional issue.

The National Front: DHHS Inspector General Report leads to Centers for Medicare and Medicaid Services initiative

At the national level, a major turning point in thinking about these medications occurred in 2011 with the issuance of a report by the Inspector General of the U.S. Department of Health and Human Services outlining widespread use of antipsychotic medications among older adults in general, and among those with dementia in particular. According to this report, 83% of atypical antipsychotic drug claims were for elderly nursing home residents who had not been diagnosed with a condition for which antipsychotic medications were approved by the FDA.⁷ The U.S. Senate Special Committee on Aging held a hearing on the Inspector General’s report on November 30, 2011 titled, “Overprescribed: The

⁵ The American Geriatrics Society, “A Guide to the Management of Psychotic Disorders and Neuropsychiatric Symptoms of Dementia in Older Adults”, April 2011
<dementia.americangeriatrics.org/AGSGeriPsych-Consult>

⁶ “Information on Conventional Antipsychotics”, FDA Alert 6-16-2008< <http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm107211.htm>

⁷ Levinson DR. Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents. Department of Health and Human Services Office of Inspector General Report (OEI-07-08-00150)05-04-2011 accessed at <https://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf>

Human and Taxpayer's Cost of Antipsychotics in Nursing Homes".

Tom Hlavacek, Executive Director of the Alzheimer's Association Southeastern Wisconsin, provided testimony to the Committee at the invitation of its Chair.

In 2012, at the request of nursing home advocates and others, CMS formed "The Partnership to Improve Dementia Care in Nursing Homes" with the purpose of "optimizing quality of life for residents in America's nursing homes by improving comprehensive approaches to the psychosocial and behavioral health needs." This public-private collaboration includes providers and provider associations, clinicians, researchers, advocates, government agencies, residents and families in every state and outlines a multidimensional strategy to address this public health issue. Although the initial focus of the Partnership has been on reducing the use of antipsychotic medications, the overall goal of this Partnership is to enhance the use of non-pharmacologic approaches and person-centered dementia care practices.⁸

According to the latest report from CMS issued on April 14th, 2014:

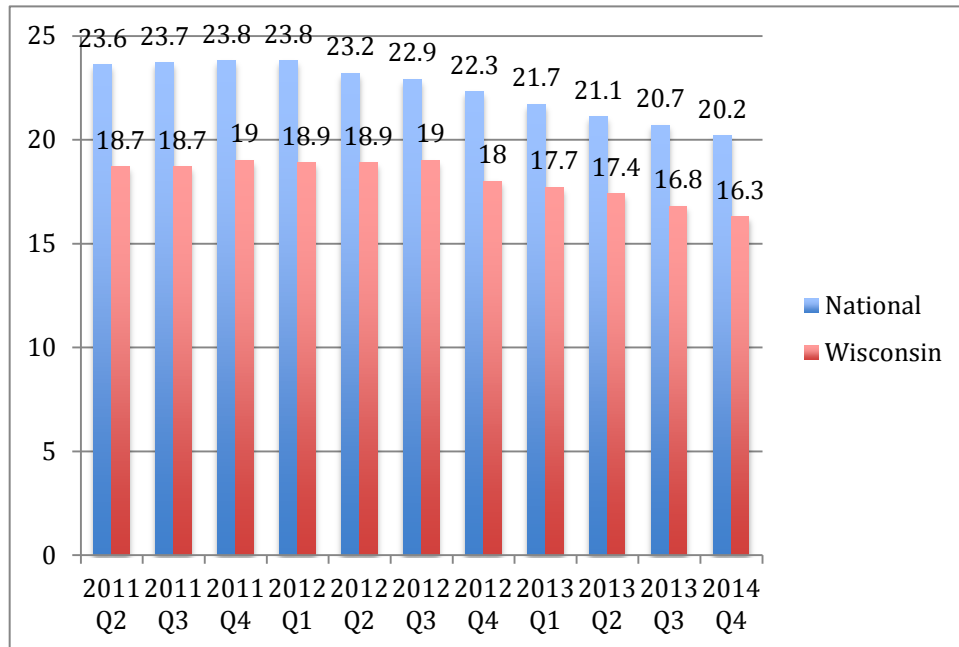
Over 18 months, the national prevalence of antipsychotic [medication] use in long-stay NH residents was reduced by 15.1% (the prevalence rate decreased from 23.8% to 20.2%) and every CMS region showed at least some improvement... More remains to be done to focus nursing home care on person-centered care principles, individualized approaches and a systems-based framework for quality improvement. Many nursing homes across the country demonstrated that these changes may be achievable without a substantial investment in additional resources (and in some cases, even saved resources).⁹

⁸ CMS Memorandum from the Director of the Survey and Certification Group to State Survey Directors Re: Interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes: Q4 2011 – Q1 2014 on April 11, 2014 accessed at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>

⁹ Ibid.

Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents

- CMS Nursing Home Compare



The data also indicates that there is great variability among different regions in the country, with Louisiana registering the highest rate of antipsychotic use (26.5% of all nursing home residents with dementia) and Hawaii the lowest (11.6%).

Anecdotally, some nursing home facilities have reported a culture shift in their approach to residents with dementia, taking a more individualized or “person-centered” approach to their care. Providers are also aware that their quality data and specifically their rates of antipsychotic medication utilization among residents are being shared publicly on websites such as CMS’s “Nursing Home Compare”.

Wisconsin has also seen success. Although it started out with a rate of utilization (18.7 %) lower than the national average, it has decreased its utilization rate by 14.5% since 2011 and now stands at 16.3% of the resident population overall. Among neighboring states there is great variability, with Illinois having the highest rate (24.0%) and Michigan the lowest (13.9%). In Wisconsin, there are nursing homes with very low rates of antipsychotic medication use and nursing homes with very high rates; the range is between 0-50% of the resident population.

The State Front: Coalitions, System Redesign

Following CMS's lead, every state including Wisconsin has a Partnership for Dementia Care Coalition. In addition to this Coalition, Wisconsin has taken several other steps to directly or indirectly reduce the use of antipsychotics in nursing homes, via partnerships such as:

- Advancing Excellence in America's Nursing Home Campaign/Wisconsin Local Area Network for Excellence;
- The Wisconsin Quality Coalition;
- Wisconsin Coalition for Collaborative Excellence in Assisted Living;
- Through trade associations such as LeadingAge Wisconsin and the Wisconsin Health Care Association;
- Wisconsin Department of Health Services (DHS) initiatives such as Music & Memory, and the Falls Reduction Initiative;
- Community coalitions such as the Wisconsin Coalition for Person-Directed Care, and the Transitions of Care Community Coalition;
- Professional organizations such as the Wisconsin Representatives of Activity Professionals; and
- The Wisconsin Clinical Resource Center of the University of Wisconsin-Madison (additional information can be found in the Other Resources section at the end of the document).

This is by no means an exhaustive list. These organizations and coalitions provide training tools, conferences, and/or mentorship geared toward quality improvement initiatives in nursing homes.

At the same time, the State of Wisconsin Department of Health Services has been working on a systematic approach to dementia care. The "Wisconsin Dementia Care System Redesign: A Plan for a Dementia-Capable Wisconsin" report was released in February of 2014, outlining a vision and agenda for dementia care, from prevention through the progression of the disease to end of life. The plan includes several strategies to improve facility-based care, particularly related to challenging behaviors.

The Local Front: Task Force on Challenging Behaviors

The Alzheimer's Association of Southeastern Wisconsin's Task Force on Challenging Behaviors was originally convened in 2010 following the tragic death of Mr. Richard "Stretch" Petersen. Mr. Petersen was a long-time Milwaukee resident who developed difficult behaviors in a long-term care facility. His family sought help for him at a local hospital, but instead of having the issues resolved,

they embarked on a troubling journey that took them through the Chapter 51 legal system and several hospitalizations, finally resulting in Mr. Petersen's death from pneumonia. The purpose of the Task Force was to bring different perspectives together to find a common understanding of key issues surrounding challenging behaviors. It was established as a working body aimed at finding solutions and not at pointing fingers or finding blame. The Task Force operated on the assumption that all are motivated to find better solutions to this complex problem.

Phase 1 of the Task Force concluded in December, 2010 with the issuance of a report to the community titled, "Handcuffed". The report provided a description of the overall problems associated with difficult behaviors, made recommendations, and identified specific areas for further discussion and planning. Phase 2 of the Task Force saw the development of four work groups: Training, Law Enforcement, Legal Interventions, and Psychotropic Medications. Specific to the use of medications, the charge of the Psychotropic Medications Work Group was to answer the question, "What, if any, is the appropriate role for psychotropic medications in the treatment of challenging behaviors?"¹⁰

The Task Force issued its Phase 2 report, "[We All Hold the Keys](http://www.alz.org/sewi/documents/weallholdthekeys(2).pdf)" in December of 2012. [http://www.alz.org/sewi/documents/weallholdthekeys\(2\).pdf](http://www.alz.org/sewi/documents/weallholdthekeys(2).pdf)

The Psychotropic Medications Work Group issued the following recommendations:

1. Psychotropic medications should not be used as a default for treating challenging behaviors associated with dementia.
2. Psychotropic medications should *only* be used after ruling out all possible causes for the behavior and exhausting non-pharmacologic interventions.
3. Before prescribing psychotropic medications, current medications should be carefully reviewed. Many medications can worsen the symptoms of dementia and can actually exacerbate challenging behaviors (Refer to 2012 AGS Beers Criteria for a listing, found in the "Resource" section)

¹⁰ The Psychotropic Medications Work Group focused on all prescription drugs used to treat a psychiatric symptom or challenging behavior, hence the term psychotropic. Antipsychotics are just one class of medications under this umbrella. Their use has garnered the most attention because they are the top-selling class of drugs in the country and because they can be particularly harmful and potentially lethal when prescribed for people with dementia.

4. When psychotropic medications are used, they should be prescribed at the lowest effective dosage possible.
5. A written care plan should be developed to monitor and document the challenging behavior. Documentation should include indication(s) for the medication, side effects, effect on the quality of life of the person with dementia, anticipated duration, and plan for gradual dose reduction over time. (This is often not done and leads to an inability to ascertain whether the treatment is working or is worsening the condition).
6. If a person with dementia moves to a different care setting, written or electronic medication lists should be reconciled to assure accuracy.
7. Written or electronic care plans should be reviewed on at least a quarterly basis with more frequent review for medications prescribed for the onset of new behavioral symptoms.
8. When antipsychotic medications are used to treat delirium related behavioral disturbances, the medications should be tapered and subsequently discontinued after a short period of time (days to weeks) rather than waiting for the quarterly review.

Background: non-pharmacological approaches

The Alzheimer's Association notes that as with pharmacologic therapies, non-pharmacologic therapies have not been shown to alter the course of Alzheimer's disease. Rather, they are used with the goal of maintaining cognitive function or helping the brain compensate for impairments. Non-pharmacologic therapies are also used with the goals of improving quality of life or reducing behavioral symptoms such as depression, apathy, wandering, sleep disturbances, agitation and aggression.

The CMS National Partnership to Improve Care in Nursing Homes provides the following guidelines to non-pharmacological approaches¹¹

- Start with a pain assessment.
- Provide for a sense of security.
- Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear).
- 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.
- Play to the resident's strengths.

¹¹ Interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes: Q4 2011 – Q1 2014 on April 11, 2014 accessed at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>

- Encourage independence.
- Use pets, children and volunteers.
- Involve the family by giving them a task to support the resident.
- Use a validated pain assessment tool to assure non-verbal pain is addressed.
- Provide consistent caregivers.
- Screen for depression and possible interventions.
- Reduce noise (paging, alarms, TV's, etc.).
- Be calm and self-assured.
- Attempt to identify triggering events that stimulate behaviors.
- Employ distraction methods based upon their work and career.
- Offer choices.

What Successful Facilities in Wisconsin Tell Us

Wisconsin's success in reducing its overall antipsychotic utilization in nursing homes is impressive -- approximately 130 facilities have reduced their rates by 15% or more and the State's overall rate has dropped by 14.5%. We chose seven facilities from around the state to identify the factors behind their success, whether in reducing the utilization of antipsychotics or in maintaining a relatively low level of use over time. Data from the Wisconsin DHS Division of Quality Assurance was used to help identify successful nursing homes and interviews were conducted either in-person or over-the-phone. These nursing homes do not necessarily have the lowest utilization rates; they were chosen because they have had success in decreasing utilization rates and they represent different types of facilities.

Participating facilities included:

Golden Living Center - Valley of Hayward

Lasata Care Center (Cedarburg)

Markesan Resident Home

Monroe Manor Nursing & Rehabilitation

North Central Health Care (Wausau)

VMP - Maplewood Center (West Allis)

Wausau Manor

The interviews focused on four major areas of interest:

- What was the process your facility used to reduce the medication rate?
- Who was involved?
- How has it been implemented/what were the barriers and how were they overcome?
- What recommendations do you have for other facilities?

Background on the facilities

All of the questions directed to facilities were in regard to their long-term residents with dementia. The facilities interviewed were large and small, urban and rural. Residents with dementia comprised anywhere between 10-65% of the total resident population at each facility. Other characteristics of those interviewed:

- Three facilities are part of a national chain, either Extencicare (Wausau Manor and Monroe Manor) or Golden Living Centers (Golden Living Center- Valley of Hayward), two are operated by counties (Lasata, North Central) and two are stand-alone facilities (Markesan and VMP - Maplewood).
- Three use consultant pharmacists.
- Two use a consultant psychiatrist or other behavioral specialist.
- Four have separate memory care units in their facilities; all have developed or adapted forms specific to behavioral assessment and medications.
- Two report being active in state coalitions/associations.



About the behaviors

All of the facilities encounter challenging behaviors on a daily basis, whether it's aggression, passivity, insomnia, repetitive yelling, or some other behavior. When asked about the *most* challenging behaviors they have encountered with residents, answers included paranoid dementia, sexual inappropriateness, and alcoholism-related dementia.

In considering whether to admit someone who has a challenging behavior, facilities vary in their policies. Some will not take anyone with a history of physical aggression. Most will look very carefully before taking someone on the sex offender registry or with a criminal record. A pattern of elopement will sometimes disqualify a prospective resident. A few facilities state they have no set policy and make the determination based upon the resident mix at the time.

What sparked the reduction in the use of antipsychotic medications?

There has to be buy-in from all staff, from the top down. –
Monroe Manor

Across the board, all of the facilities attribute their reduced rate or already low rate of antipsychotic use to the culture of the care provided. The phrases “treat each resident as an individual”, “look at the person as a whole, not just the behaviors” and “person-centered care” were prominent in each interview. Two facilities also cite the influence of efforts at the state level to improve quality and two said that a change in their own administration and key staff prompted a change in practice regarding challenging behaviors.

Gradual Dose Reduction

Each of the facilities follows Gradual Dose Reduction (GDR) guidelines, two with the help of a Consultant Pharmacist and two under the guidance of either a Consultant Psychiatrist or Behavioral Health Specialist. Some facilities do this on a quarterly basis, some monthly, and one facility on a weekly basis. They all noted that GDR requires commitment and patience, and that the process is not always straightforward -- some patients get worse before they get better. Facilities also cautioned against doing GDR at the same time for all residents, recommending instead that it be phased-in. One facility reports that their approach to dose reduction is to move away from starting a resident's dose reduction by a certain date in favor of starting the reduction as soon as possible because “it's the right thing to do”.

Interviewees also note that engaging in more disciplined Gradual Dose Reduction practice has resulted in greater consideration before starting a

resident on an antipsychotic. Facilities report having a stronger commitment to addressing the behavior without it and are more prone to avoid the medication if at all possible.

Staff training and communication

Nursing staff can't do this alone - they need to work as a team with other staff.

Golden Living
Center- Valley
of Hayward

Facilities describe their culture shift as a process that initially faced some resistance from staff reluctant to change their practice of using medications first in addressing challenging behaviors. One facility decided to start with one resident as a test case, and when this resident was no longer receiving the antipsychotic medication, staff observed the positive change in the resident and started to buy into the process. Others reported that in cases where dose reduction was started and a resident's behavior worsened, staff was quick to point to the reduction as the problem instead of waiting it out and trying to problem-solve around the behavior. Facilities also shared that there were some staff members who left because of the change in practice.

Overall, facilities report that staff feels better about the care provided at the nursing homes as a result of an emphasis on non-pharmacological approaches.

In terms of staff training, facilities vary between formal training programs to orientation and on-the-job training followed by occasional in-services. All of the facilities note the significance of having staff with the right attitude on board. They also cite the importance of developing staff to work as a team, which often includes dietary, housekeeping, and activity staff along with nursing/CNA staff. A systematic approach to gathering input from these staff as part of a team has made resident care easier.

Staff communication tools used by the facilities include online tracking systems such as Care Tracker, overlapping shift transitions that include walking rounds, and Nurse/CNA huddles. Team meetings regarding resident behaviors are held weekly to monthly.

All of the facilities report that they are consistent in their staffing assignments and that they adjust activity levels according to each resident's abilities.

Investigative approach and flexible planning

A critical key to success in avoiding the use of medications is the **willingness of staff to approach challenging behaviors with an investigative eye toward determining what may be causing the behavior**. Facilities emphasize the

Our approach requires lots and lots of problem-solving.

Markesan Resident Home

importance of family in this process, from the first interview to keeping the lines of communication open throughout the resident's stay. Discussing the resident's habits, likes and routines with family members and past caregivers is the starting point. When a resident's behavior changes, the staffing team meets to try and uncover possible reasons and from there, to identify specific strategies. One facility notes that its team reviews no longer start with a list of the resident's medications;

that list has been moved to the end to symbolize their use as a last resort. Two facilities note their success in first looking at pain as a possible reason for a change in behavior, and in treating the resident with Tylenol as opposed to asking the physician to prescribe an antipsychotic.

Another key to success noted by all of the facilities is the use of creative approaches to prevent challenging behaviors from occurring in the first place by understanding the factors that trigger the behavior. A few examples of this creativity:

If a behavior doesn't cause harm, just let it be.

Lasata Care Center

- A woman who worked in a bakery all of her life awakens at 2:00 am every night in a restless state. She now finds baking tools near her bed along with the scent of bread dough and is able to use the items without causing a nightly disturbance.
- A man who worked as an electrician was provided with some tools and wire to manipulate by the nursing home's maintenance staff to help ease his anxiety.
- A man who was worried about which family members were using his car is relieved to see the car parked in a spot he is able to view from his room window.
- At one nursing home, residents have the opportunity to help with "life tasks" on a voluntary basis, e.g., folding towels, washing dishes.
- At a rural nursing home where a number of former farmers reside, early schedules in terms of sleeping, bathing and eating are accommodated.

More conventional approaches are also employed at the facilities including aromatherapy, music therapy, hand massage, soft lighting, art therapy, and in one facility, a low sensory room.



Knowing that activities surrounding bathing, mealtime, and sleep are often difficult for people with dementia, we asked the facilities how they have accommodated residents in these areas. Tips they offered include:

- 1) Bathing: Ask the family what the resident's routine was in terms of bath vs. shower, time of day, frequency. Determine if the resident is more comfortable with a specific staff person. Create a spa-like setting with low lights, music, and aroma.
- 2) Meals: Provide snacks for those who miss mealtime. One facility attributed its reduced fall rate to a change in mealtime schedules, i.e., residents eat on their own schedule and since they are not all leaving the dining room at the same time, there is less traffic and fewer mishaps.
- 3) Sleep: Perform a sleep study over a 7-day period; try aromatherapy, massages, tea, and walking before bedtime.

Role of facility physicians in reducing the use of antipsychotics

Almost all of the facilities report that their staff physicians are on the same page as the rest of staff in terms of avoiding the use of antipsychotic medications. Nurses feel that their suggestions are respected and supported. They add that it has helped the learning process when physicians explain their rationale for not prescribing a particular medication. When one facility set out to reduce its level of antipsychotic use, the administrator sent a letter to each community physician regarding the facility's commitment to try non-pharmacological approaches as a preventive action. Another facility observed that physicians sometimes are reluctant to change prescriptions or try Gradual Dose Reduction when a resident has been prescribed a medication by another physician.

Role of acute care providers

Five out of seven facilities report significant problems in overmedication of residents either returning from or being admitted to a nursing home facility following a hospital stay. They point out that hospitals are quick to put people on many medications, especially Haloperidol (Haldol) and other antipsychotics. Residents often return to nursing homes on a variety of new medications, and the process of understanding the reason for the use of the medication and subsequent dose reduction is left to nursing home staff. This tendency to overmedicate also holds true for residents treated by other community providers such as family practice physicians.

Role of family members in reducing the use of antipsychotics

Family members can be embarrassed by some of the behaviors associated with dementia, saying, "That is just not my mom". They are not always in favor of dose reduction.

Five out of six facilities report that resistance to Gradual Dose Reduction often comes from family members. While families are sometimes reluctant to agree that an antipsychotic is warranted in the first place, they are just as reluctant to see the use of the medication end. They report not understanding the resident's behavior and being embarrassed by it, believing that the medication can keep the behavior away. Facilities who take time to educate families from the start about the plan to try dose reduction report fewer problems, but all agree that more awareness and education efforts are needed for families.

Recommendations from facilities

When asked for recommendations for other facilities whose goal is to reduce the use of antipsychotics among dementia residents, interviewees said the following:

“Don’t be afraid to do it; look at what has happened now that facilities no longer use bedrails and alarms - residents are truly better off. “

“Build a team that supports the effort.”

“Don’t underestimate family involvement; get to know who the resident was in the past.”

“It will work, but it may take awhile and sometimes residents get worse before they get better.”

“Stagger your Gradual Dose Reduction efforts so that not all residents are reducing at the same time.”

“No single approach works for everyone; be as flexible as possible.”

“[Commitment to non-pharmacological approaches] works well in a small community where everyone is accountable to one another.”

“[Commitment to non-pharmacological approaches] works well in a large corporation where everyone is committed to it.”

These facilities have shown that with a multidisciplinary team committed to person-centered care, avoidance of medications as a first response to challenging behaviors, and a commitment to Gradual Dose Reduction efforts when medication is warranted, it is possible to achieve lower rates of antipsychotic medication use to the benefit of resident health and well-being.

Further action needed

While Wisconsin’s decrease in the use of antipsychotic medication among nursing home residents is admirable, additional work is needed to ensure that more facilities embrace successful strategies. There are facilities in the state that continue to show rates of utilization well above the national average. This variation requires greater attention from industry leaders and advocates.

The State of Wisconsin Department of Health Service’s Plan for a Dementia Capable Wisconsin holds great promise for people with dementia. For a true systematic response, increased efforts must be made to include hospitals and

other acute care providers in reducing the use of antipsychotic medications among people with dementia when they are in acute care settings. Because transitions to and from hospitals are relatively common for nursing home residents, consistency of care is paramount, especially given the harm these medications can inflict on this vulnerable population.

Finally, there is a role for the Alzheimer’s Association and the medical community to play in educating family members and people with dementia about the use of antipsychotic medications, following the principles outlined by the Alzheimer’s Association Challenging Behaviors Task Force in its report, “We All Hold the Keys” and referenced in this report.



Other resources regarding challenging behaviors in people with dementia

1) The Wisconsin Clinical Resource Center (WCRC) project is jointly sponsored by the Wisconsin Department of Health Services, the Wisconsin Health Care Association, and LeadingAge Wisconsin through funding from the Wisconsin Department of Health Services (DHS). <https://wcrc.chsra.wisc.edu/> Website development and training activities have been guided by the WCRC Advisory Group. The Advisory Group, with representation from the Division of Quality Assurance, recommends and reviews content provided in the website and training. Development support is provided by staff from the [Center for Health Systems Research & Analysis \(CHSRA\)](#).

Access to the WCRC website is available to all nursing home staff including all Wisconsin Nursing Homes affiliated with WHCA/WICAL or LeadingAge Wisconsin. The WCRC website is designed to provide key information about clinical care. The website is not intended as an exhaustive listing of all resources; the key content identified has been selected by a diverse group of professionals working in long-term care. To facilitate ease of use, each care area module is organized using a framework that provides tools, guidelines, related regulations and additional resources for learning.

2) *Interim Report on the CMS National Partnership to Improve Dementia Care in Nursing Homes: Q4 2011 - Q1 2014*. This report outlines the history of the National Partnership, summarizes activities to date, provides insight into the early progress of the initiative and outlines next steps for the future. Resources can be found in Attachment D of the report.

3) An online toolkit prepared for the Commonwealth Fund in collaboration with the Hartford Foundation with hints for specific behaviors. <http://www.nursinghometoolkit.com/>

4) Alzheimer's Association Professional Care Provider Resources: Information on dementia care training, quality care and certification. www.alz.org/professionals or 800.272.3900