

## The Use of Antipsychotic Medications in the Elderly

There are currently about 8,666 individuals in Newfoundland and Labrador diagnosed with Dementia. Dementia affects each person differently. Memory loss and an increasing inability to understand what is happening may lead an individual with dementia to express themselves through behaviours. These behaviours can include restlessness, aggression, wandering, pacing, screaming and wailing, and can have a major impact for the individual, their loved ones, and care providers. Powerful antipsychotic drugs have been frequently prescribed to manage disruptive behaviours. Research has shown that antipsychotic medications are only slightly effective in managing disruptive behaviours associated with dementia and can have serious consequences including increased risk of falls, pneumonia, and stroke??. There are times when antipsychotic medications are prescribed for an older adult with dementia with disruptive behaviours such as when all other treatment options have been tried, and an individual is severely distressed or could seriously harm themselves or others. Regularly reviewing the use of antipsychotic medications in partnership with your family physician is important to monitor serious side effects, and to determine if the medication can be reduced or stopped if it is no longer helping.

Recent studies indicate that one in four residents in Long Term Care Homes in Canada may potentially be prescribed an antipsychotic medication inappropriately. Many national organizations including Choosing Wisely Canada and the Canadian Foundation for Healthcare Improvement (CFHI) have been working to educate and engage providers and patients to create improvements in the utilization of antipsychotic medications in the elderly. Western Health has also been taking steps to make improvements in the use of antipsychotic medications, beginning first in Long Term Care Homes.

In 2015, Western Health participated in a National initiative led by the CFHI to reduce inappropriate use of these medications. We started to introduce changes in our approach to disruptive behaviours in older adults with dementia. Non-pharmacological strategies to manage disruptive behaviours include distraction techniques, regular pain assessments, introduction of art therapy, individualized music therapy, understanding specific aspects of the resident's life history and supporting a resident-centered approach to care. A team based approach was used to improve communication between providers and families, reduce environmental stress, modify care giving approaches, enhance input of families, educate staff and care givers, and enhance our philosophy of resident centered care. Since implementing new methods to manage disruptive behaviours, we have seen a decrease in the inappropriate use of antipsychotic medications, a decrease in resident falls, and a decrease in disruptive behaviours. The impact on this initiative has been seen positively by family members and staff.

*"I understand that Dementia is a disease and I know my loved one will have good and bad days. But when he was on that antipsychotic medication he was a zombie. There was no quality of life and now when I go see him he chats with me and asks questions. He didn't do that when he was taking an antipsychotic medication. Now after visiting him I can go home happy and content."*

-Family Member of Long Term Care Resident

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