

Providing the Best Care and Support Through the Appropriate Use Of Antipsychotics For People Living With Dementia:

GUIDANCE FOR PRESCRIBERS

- 1 Take a team approach
- 2 Start slow for success
- 3 Provide education
- 5 Participate in 'team huddles'
- 6 Document changes

WHO SHOULD USE THIS GUIDE?

Prescribers and staff who work closely with prescribers in Long Term Care

Dementia is caused by physical changes that affect the brain. These changes can affect memory, thinking, mood, problem solving, and communication. A person living with dementia can become confused and depressed. Negative personal expressions* or behaviours (e.g., agitation, resistance, shouting, or repeating actions) can be a response to the way a person feels about a change in environment, routine, or from an unmet need.

Antipsychotics are sometimes used to treat negative personal expressions or behaviours. But, usually this is not the best choice. Here's why.

* Negative personal expressions are also known as responsive behaviours, or behavioural and psychological symptoms of dementia (BPSD).

View CFHI's related reference, [Providing the Best Care and Support and Appropriate use of Antipsychotics for People Living with Dementia](#), for more information on the points below.

- supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop negative personal expressions or behaviours
- appropriate use of antipsychotics includes treating specific diagnoses including Huntington's disease, schizophrenia, distressing hallucinations and delusions
- antipsychotics can cause serious side effects including increased risk for falls, fractures, and death
- supervised deprescribing can improve a person's quality of life and safety

The planned process of reducing or stopping antipsychotics that may no longer be of benefit or may be causing harm – deprescribing – can improve a person's quality of life and safety. Deprescribing is best done with the partnership of a health care provider; abruptly stopping any medication can be dangerous. A plan to gradually deprescribe antipsychotics may be appropriate if the person is no longer experiencing benefit from the medication; is at risk of harm from the medication; and if safety risks associated with deprescribing are minimized. It's important to have supportive care strategies in place before deprescribing and observe behaviour during reductions to identify and address unmet needs.



Following appropriate deprescribing of antipsychotics, benefits for the person, family, and care providers can include:

- Decreased caregiver workload
- Improved quality of life
- Improved independence, mobility, alertness
- Improved connection with family
- Increased ability to socialize and participate in activities

1. Take a team approach. and conduct a medication review with a physician, nurse, and pharmacist to identify people who are candidates for deprescribing antipsychotics.

Consider deprescribing for people living with dementia who:

- Do not have a diagnosis of schizophrenia, Huntington's disease
- Are not experiencing distressing hallucinations or delusions
- Are not end-of-life or receiving hospice care

A person who is currently prescribed as needed (PRN) medication only, is on one low-dose antipsychotic, or, who does not typically have distressing negative personal expressions may be a good initial candidate.

See the website [deprescribing.org](https://www.deprescribing.org) for a comprehensive guideline and algorithm to safely deprescribe antipsychotic.

Before deprescribing, meet with the person living with dementia, their care partners and staff to discuss:

- Any proposed changes to medications and associated processes and supports
- Existing and new supportive care solutions to best meet social, medical and other needs of the person
- How they can support the change such as by observing a person's well-being and behaviour during deprescribing

Deprescribing should be individualized to the person and requires supervision by medical professionals; abruptly stopping any medication is not safe. Before deprescribing antipsychotics, ensure supportive care strategies are in place. and observe behaviour during reductions to identify and address unmet needs.

Example practices that support safe deprescribing of antipsychotics include:

- Slowly taper medication (e.g. reduce by 25% to 50% weekly/biweekly) - to limit possible withdrawal symptoms, which can include insomnia, nausea, psychosis, agitation, delusions or hallucinations
- Return temporarily to a previously tolerated dose if intolerable withdrawal symptoms occur, until symptoms resolve and 3 months of behavioural stability is achieved - then plan to start a more gradual taper
- Slow the rate of reduction as the dose becomes smaller (i.e. 25% of the original dose) to prevent withdrawal or intolerable symptoms
- Monitor closely - deprescribing should not result in other prescriptions (e.g. anxiolytics or hypnotics)

2. Start slow for success

Begin deprescribing antipsychotics for only one or two people living with dementia at a time. Once deprescribing is progressing smoothly, consider additional candidates for deprescribing.

Starting the deprescribing process with only a few people at once ensures:

- time to prepare personalized supportive care strategies to better identify and meet the needs of the person
- careful monitoring of a person's well-being and behaviour to identify opportunities to adjust supportive care strategies and/or the deprescribing plan

2. Provide education to ensure staff, people living with dementia, and families have the information and skills they need to improve care, support and deprescribing.

Begin deprescribing antipsychotics for only one or two people living with dementia at a time. Once deprescribing is progressing smoothly, consider additional candidates for deprescribing.

Education can include:

- review of dementia (eg. types, symptoms)
- risks of antipsychotic use without specific diagnosis and the lack of evidence for their effectiveness to reduce negative personal expressions/behaviours
- how to track behaviours over time to better identify and meet needs of a person living with dementia
- stories of how deprescribing antipsychotics has benefits for the person, family and care providers
- education that supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop negative personal expressions/behaviour

Create a supportive care environment by:

- Getting to know the person and things that help the person to feel safe and calm
- Providing supportive care, tailored to a person's needs, habits and preferences
- Investigating all possible causes of negative personal expressions or behaviours to meet any unmet needs, including, but not limited to:



Discomfort

- Too hot, cold, itchy
- Hunger, thirst
- Elimination difficulty
- Fatigue



Medical/Biological

- Pain
- Dehydration, delirium, infection
- Disease progression
- Excessive medications/ combinations



Psychosocial

- Loneliness, depression
- Stress
- Relationship influences
- Language/cultural factors



Environmental

- Over/under stimulation
- Boredom
- Inconsistent routine, noise, lighting
- Provocation by others

View CFHI's related reference, [Providing the Best Care and Support and Appropriate use of Antipsychotics for People Living with Dementia, Guidance for Long Term Care home](#), for more information on how to implement an initiative to improve care, support and appropriate use of antipsychotics in LTC.

RESOURCES

- **Choosing Wisely Canada Toolkit: When Psychosis Isn't the Diagnosis.**
- **How Antipsychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families, and Caregivers.** The Centre for Effective Practice and the Canadian Foundation for Healthcare Improvement created this resource to inform appropriate use of antipsychotics and person centred approaches to care.
- **Deprescribing.org tools to help patients and providers participate in deprescribing.** Evidence-based deprescribing guidelines have been developed by or in collaboration with the Bruyère Research Institute for five classes of medications. Each guideline is accompanied by a decision-support algorithm, patient pamphlet, infographic and for some, a whiteboard video on how to use the algorithm.
- **The INESS antipsychotic decision support tool.**
- **Canadian Deprescribing Network resources,** including patient handouts to empower people to take charge of their medications.
- **The Deprescribing Antipsychotics Tool.** This Deprescribing Tool was developed together by the Canadian Foundation for Healthcare Improvement and the School of Pharmacy - Memorial University of Newfoundland. It is used to assess the appropriateness of long-term care residents' antipsychotic medication.
- **The Behavioural Supports Ontario Dementia Observational System.** The BSO-DOS® is a direct observation tool that provides objective and measurable data about a person living with dementia. The data collected can be utilized by clinical teams and care partners to identify patterns, trends, contributing factors and modifiable variables associated with responsive behaviours/personal expressions. This information is useful in the development and evaluation of tailored, person-centred interventions to address unmet needs through activities, environments, approaches and/or medications.
- **Alzheimer Society of Canada All About Me Booklet and conversation starter.** A template that can be completed by a person living with dementia and their care partners to help inform personalized support and care. Sections of this booklet outline a person's usual habits, daily routines, likes and dislikes. This information will help new caregivers maintain the routines that provide a sense of security, comfort and pleasure.

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REFERENCES

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