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GUIDELINE FOR MANAGEMENT OF ANTIPSYCHOTIC MEDICATION IN CONTINUING CARE	Date Established: **April 2009**	
Approving Authority: Integrated Supportive & Facility Living/ Long Term Care Pharmacy and Therapeutics Committee	Date(s) Revised: **September, 2009**	

REASONS FOR GUIDELINE

1. To optimize resident safety while receiving antipsychotic medications.
2. To promote consistent adoption of least use of antipsychotic medications for treatment of the behavioural and psychological symptoms of dementia.
3. To ensure all persons involved in the care of the individual are informed and understand the implications of antipsychotic medication use including which behaviors may be responsive to antipsychotic therapy, the potential side effects that may occur, the expected therapeutic effects and the assessment monitoring.
4. To ensure judicious consideration of risks and benefits of initial and ongoing use of a antipsychotic medications as it pertains to the individual's choices and experiences.
5. To prevent ongoing use of antipsychotic therapy without review of continued necessity or effectiveness.
6. To comply with the Alberta Health and Wellness Continuing Care Health Service Standards.

THE FOLLOWING MEDICATIONS ARE DEFINED AS ANTIPSYCHOTIC AGENTS:

Tranquilizers (28:16.08)

- chlorpromazine (Largactil®)
- fluphenazine decanoate (Modecate®)
- loxapine (Loxapac®)
- pericyazine (Neuleptil®)
- risperidone (Risperdal®)
- zuclopenthixol (Clopixol Depot®/Accuphase)
- olanzapine (Zyprexa®; Zydis®) ***
- flupenthixol (Fluanxol®)
- haloperidol (Haldol®)
- methotrimeprazine (Nozinan®)
- perphenazine (Trilafon®)
- trifluoperazine (Stelazine®)
- clozapine (Clozaril®)***
- quetiapine (Seroquel®) ***
- other antipsychotic agents agreed upon as per Formulary processes as well as those approved as a special authorization

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GUIDELINE STATEMENT

1. Non-pharmaceutical strategies for behavior management are the first consideration in the care of individuals living with dementia.

2. The absence or limited effect of other strategies may trigger consideration of antipsychotic medications when the situation poses a risk to the individual or others. The use of antipsychotic medications to manage behaviors associated with dementia is guided by the philosophy of least restraint.

3. Antipsychotic medications can cause serious side effects and comprehensive evidence of antipsychotic efficacy is limited. Should the physician determine the need for antipsychotic medication given the individual circumstances, health professionals must provide comprehensive and accurate information about the situation, proceed with caution and closely monitor the individual on a scheduled basis.

4. The Behavior and Symptom Mapping Tool (BSMT) will be adopted by organizations to initiate and monitor response to antipsychotic treatment in accordance with the guidelines set down below. The completion of the BSMT (included in guideline) is required to initiate, change, maintain, or discontinue antipsychotic medications.

5. Assessment information collected will be reviewed by the resident's physician/prescriber, professional nurse and the pharmacist to determine therapeutic plan of care. Discussion of this review should be documented.

6. The decision to use antipsychotic medication must be shared with the family and staff and include a discussion of expected benefits, possible risks, and the fit of the treatment into the individual therapeutic plan of care and the processes for ongoing assessment and monitoring. Where disagreement occurs, an opportunity for further discussion and ethical review must be provided.

7. Physicians are required to review the continued need for and use of antipsychotic therapy for BPSD monthly, in keeping with the Alberta Health & Wellness Continuing Care Health Service Standards (2008).

8. For residents with other health concerns, assessment and monitoring of the use of antipsychotic medications is considered to be best practice. This form will assist you in supporting this practice, provides continuity of monitoring and will be familiar to your staff. As such use of the tool is recommended for all residents on antipsychotic medications therapy.

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ASSUMPTIONS

1. The limited definitive evidence for the use of antipsychotic medications in the treatment of behavioural and psychological symptoms of dementia (BPSD) requires individual physician judgment as to the appropriateness of the medication in each unique resident situation. Physician decision making requires accurate and comprehensive input from other health professionals, direct care providers, and significant others including where possible the resident.

2. Ongoing and structured monitoring of individual response directs continued treatment.

3. In keeping with the philosophy of least restraint, once the behavior has been managed, review and consideration of the need for continued antipsychotic therapy is required.

DEFINITIONS

Behavioral and Psychological Symptoms of Dementia (BPSD) – a spectrum of new and persistent "non-cognitive manifestations of dementia, that include verbal and physical aggression, agitation, psychotic symptoms (delusions and hallucinations), and wandering" (Lee, et al, 2004).

Antipsychotic Medications – are used to treat symptoms associated with psychiatric disease; in the presence of dementia, antipsychotic medications may manage behaviors such as hallucinations, delusions, aggression (to self or others), and anxiety (interfering with the person's ability to carry out daily activities).

Chemical Restraint: "any medication that is used to inhibit a particular behaviour or restrict movement and that is not the standard treatment for a resident's medical or psychiatric condition" (Alberta Health and Wellness. (2008). Continuing Care Health Services Standards).

APPLICABILITY

All Continuing Care facilities and contract providers will utilize this tool. Facility and contract provider policies will include the guideline elements in policy development.

GUIDELINES

1. A comprehensive assessment of the resident that must include:
   - Assessment of the clinical or environmental factors that may be affecting the behaviours.
   - Evidence that non-drug interventions have been trialed.
   - Evidence that behaviours have been described and identified as not responsive or may respond to antipsychotic medications.

- Evidence that when the safety of staff or other residents is not compromised two weeks of behaviour mapping is completed to establish a baseline for ongoing assessments.
- Continued monitoring of behaviours as soon as any drug therapy has begun and continue until the behaviour is resolved or the drug therapy is deemed ineffective.

2. A process of planned physician review and documentation to meet Alberta Health and Wellness Continuing Care Health Service Standards (2008), for determination of ongoing need.

3. A process to educate families and residents about the organization's antipsychotic drug therapy philosophy, policy, procedures and accountabilities.

4. A process to educate staff and physicians about the organization's antipsychotic drug therapy philosophy, policy, procedures and accountabilities.

6 A process that provides evidence that decisions around drug therapy use involve the physician, staff, the resident and the family/decision maker in discussions around resident choice, lifestyle surrounding the benefits and risks of drug therapy.

7 Where disagreement occurs, an opportunity for further discussion and ethical review must be provided.

REFERENCES

Alberta Health and Wellness. (2008). Continuing care health services standards. Edmonton, AB: Author.

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Lee, P. E., Gill, S., Freedman, M., Bronskill, S., Hillmer, M., & Rochon,P. Atypical andtipsychotic drugs in the treatment of behavioural and psychological symptoms of dementia: systematic review. BMJ2004;329;75.