Hello everyone.

Today we will be discussing the PSYCHOTROPIC SOLUTIONS protocols developed to deal with the increasingly topical issue of antipsychotic medication use in aged care.
Following concerns raised in the media about the use of medications to manage residents with dementia, a Senate Committee undertook a thorough investigation and presented 18 key recommendations in March 2014.

More recently in October 2017, a review of the quality regulatory processes (AKA the Oakden Review) reaffirmed many of the Senate’s recommendations and with further likely ramifications to a facility’s Accreditation and public accountability.
Key Senate Committee Recommendations:

- All RACF employees should receive accredited training in the management of BPSD
- Antipsychotic medications should be reviewed by the GP after the first 3-months
- Accreditation audits should report on general antipsychotic usage patterns in each facility
- Develop guidelines for the recording and reporting on all forms of restraint.

Let’s quickly review some of the key Senate recommendations:

- All facility employees should receive accredited training in the management of BPSD.
  Note - Choice Aged Care’s Registered Training Organization is qualified to deliver the formal nationally recognized training in the Dementia Support Skills Set.

- Antipsychotic medication use for a resident should be reviewed by the GP after the first 3-months

- Accreditation audits should report on general antipsychotic usage patterns in each facility

- Guidelines should be developed for the recording and reporting on all forms of restraint.
The Oakden Review was submitted to the Minister for Aged Care in October 2017 and presented several recommendations regarding medication management.

- Use a star-rated system for public reporting of provider performance with the review specifying an example to “measure the proportion of residents taking more than 5 medications who receive RMMRs.”
- Aged care standards will limit the use of restrictive practices:
  - Accreditation assessments will review the use of psychotropic agents
  - An RACF’s antipsychotic rate will be publicly reported
- RMMRs must be conducted for residents on admission to an aged care service, after any hospitalisation, upon deterioration of behaviour or any change in the medication regime.
- The lack of informed consent in current practice contributes to the high levels of antipsychotic use
- The elimination of restrictive practices is a goal that both government and providers should aspire to.
The expectation is that the Government will act upon many of the recommendations contained in the Senate Committee and Oakden Review reports.
For this reason Choice Aged Care has developed a proactive response, built into our government funded RMMR and QUM service.

We have formulated the “PSYCHOTROPIC SOLUTIONS” methodology that will support our client facilities and nursing staff to implement Best Practice and be well placed for those future changes to Accreditation processes.
The Psychototropic acronym component relates to a list of pre-requisites we should attend to prior to commencing an antipsychotic.
Firstly, PERSON CENTERED CARE promotes the prioritisation of the resident’s unique needs and goals.

- Care is designed to meet the resident’s values and experiences.
Next we have SYMPTOMS. This refers to limiting antipsychotic use to aggression or psychotic symptoms that are causing severe distress or risk of harm.
“YOU” discusses a need for staff to accept a role and responsibility within the wider team and to commit to person-centred principles.
CONSENT for antipsychotic therapy needs to be obtained correctly and documented.

The consent form should specify the diagnosis and target symptoms; desired outcomes; the drug and dose to be used; potential side-effects; expected duration of treatment and review frequency.

Choice Aged Care has developed a simple, yet compliant Form for client use. We have also designed a QUM Digest resource to give residents or their representative to support informed consent.
The HEALTH CARE TEAM needs to be involved as the complexities of dementia require a coordinated multidisciplinary approach.
As we earlier noted, a key recommendation from the Oakden Review was that “RMMRs must be conducted for residents on admission to an aged care service, after any hospitalisation, upon deterioration of behaviour or any change in the medication regime”.

Residents who have exhibited a behavioural exacerbation or change in psychotropic medication ARE eligible for a Changed Circumstances RMMR on an ‘as needed’ basis at whatever interval deemed appropriate by the GP.
It is fundamental to TREAT the underlying cause of the behaviour.
There’s a multitude of treatable causes that can manifest in behavioural challenges including pain, depression, delirium and UTIs.
RESTRAINT should only be used as a last resort and to prevent harm.

Chemical restraint is the control of a resident’s behaviour through the use of a medication and it occurs when there is no identified medical condition being treated. BPSD and behaviours are symptoms rather than a medical diagnosis so managing a resident’s behaviour with an antipsychotic is generally considered chemical restraint.
ORGANISATIONAL COMMITMENT to dementia friendly environments; staff training; and quality use of medicines will become increasingly important.

Both the Senate Report and Oakden Review strongly advocated for facilities to be obligated via Accreditation Standards to monitor antipsychotic usage levels.
Accordingly, one of Choice Aged Care’s QUM services is to provide drug use evaluation and benchmarking analysis. We also use this data to help identify clinical priorities for our RMMR medication review service and QUM education service.
Continuing on...PSYCHOSOCIAL and non-pharmacological strategies must be prioritised and considered first line.

- Utilise a person centred approach to the resident’s individuality.

We need to find creative and flexible applications of evidence backed non-drug approaches such as music therapy; massage; aromatherapy; environmental changes; exercise; pet therapy. Carer education is also considered a psychosocial strategy.
It is also important to IDENTIFY the influences and triggers for a resident’s behaviours. Challenging behaviours can precipitate due to a range of physical, environmental and psychosocial causes.

- The Need-Driven Behaviour model suggests unmet needs manifest in behaviours.
- The Progressively Lowered Threshold model attributes BPSD to a progressive inability to manage stress.
And finally, CARE and provide support for the resident’s family and care staff in accordance with the principles of relationship centred care.
Moving onto the SOLUTIONS acronym and this is where we will look at the quality use of antipsychotics, once therapy has been charted.
Firstly, when using antipsychotics, we should START LOW & GO SLOW, increasing slowly as necessary, with careful monitoring for adverse effects.
PSYCHOTROPIC SOLUTIONS

ONGOING NEED REVIEWED REGULARLY
to confirm therapy is still appropriate
✓ There should be no longer than a 6-weeks interval between GP reviews of a resident taking an antipsychotic.
✓ A GP review on the antipsychotic’s actual ongoing need should be conducted at least every 3 months.
✓ Behaviours may abate with time as dementia progresses or if the initial BPSD was due to an ‘acute’ cause.

The ONGOING NEED for the psychotropic should be REVIEWED REGULARLY.
Behaviours may abate with time as dementia progresses or if the initial BPSD was due to an ‘acute’ cause.
This cartoon depicts the ‘set and forget’ approach criticised in the Oakden Review.
The LOWEST EFFECTIVE DOSE should be actively sought. As with most medications, antipsychotics carry a dose dependent risk of adverse effects, especially in the elderly.
PSYCHOTROPIC SOLUTIONS

UTILISE QUM

(safe, effective, appropriate & judicious use of antipsychotics)

✓ Follow ‘PSYCHOTROPIC SOLUTIONS’ for quality use of antipsychotics.
✓ Intervention with an antipsychotic may aim to settle distress, though they should not compromise clarity of consciousness or quality of life.

UTILISE QUM principles which relates to the safe, effective, appropriate and judicious use of psychotropics.

Antipsychotic interventions may aim to settle distress, though they should not compromise the resident’s clarity of consciousness or quality of life.
When antipsychotics are needed, they should initially be considered as a trial for a specified period.

Discontinue treatment if there is no improvement in the target behaviour.

Several studies report no worsening of behaviour when antipsychotic therapy for BPSD is withdrawn.

Antipsychotic use should be TIME-LIMITTED & TRIAL WITHDRAWALS attempted.

When antipsychotics are needed, they should initially be considered as a trial for a specified period.
Assess whether the antipsychotic is INEFFECTIVE and do any benefits outweigh the risks.

- If the antipsychotic is found to be ineffective, it should be altered or withdrawn.
An ORGANISATIONAL COMMITMENT is again needed to achieve quality use of antipsychotics.
PSYCHOTROPIC SOLUTIONS

NON-DRUG OPTIONS

should continue to be maximised for residents on an antipsychotic.

- Continue to pursue creative and individually tailored approaches based on the resident’s unique needs.
- Options include: music therapy; massage; aromatherapy; exercise; pet therapy; gardening; environmental changes; carer education; reassurance; distraction; activities etc...

A fundamental of quality use of medicines is that priority must continue to be placed on maximising NON-DRUG OPTIONS.
PSYCHOTROPIC SOLUTIONS

SIDE EFFECTS?
(are side-effects/risks outweighed by any benefits?)

- Antipsychotics increase the risk of death (via strokes, pneumonia and heart arrhythmia).
- Antipsychotics can also cause sedation, confusion, fracture, falls, Parkinsonism and affect mobility & swallow.
- Polypharmacy increases the risk of side effects.

And finally, are there any SIDE-EFFECTS and are these risks outweighed by any benefits?

- Antipsychotics increase the risk of death (via strokes, pneumonia and heart arrhythmia).
- Antipsychotics can also cause sedation, confusion, fracture and falls.
- The action of antipsychotics is the opposite to drug’s that treat Parkinson’s and the elderly are particularly susceptible to developing tremor, rigidity, stooped posture and a shuffling gait. Swallow can also be affected.

Thank you very much for your time.
Do we have time for a couple of quick questions?
THANKYOU & ANY QUESTIONS?

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Thank you very much for your time and here are my contact details if anyone would like to get in touch.

Do we have time for a couple of quick questions?