

GRADUAL DOSE REDUCTION SCHEDULE

Antipsychotics & Anxiolytics

- During the **first year** of use of these drugs in the facility, there should be **one attempt** to reduce the medication.
- **If successful**, a second (**2nd**) **attempt** should be tried in a **subsequent quarter of that same year**.
- **The attempts should be at least a month apart**.
- **After the first year, the gradual dose reduction should be attempted at least once a year**.
- **If unsuccessful**, further reductions can be considered "**clinically contraindicated**" *

***Clinically contraindicated related to dementia:** is defined as 2 failed dose reductions attempts in a 12-month period. The reduction attempt resulted in a return or worsening of symptoms after the MOST RECENT attempt WITHIN the facility and the physician documents the clinical rationale.

***Clinically contraindicated related to psychiatric disorder** is defined as 2 failed dose reductions attempts in a 12-month period. The continued use is in accordance with relevant current standards of practice and the physician has documented clinical rationale OR the resident's targeted symptoms returned or worsened after the MOST RECENT attempt WITHIN the facility and the physician has documented clinical rationale.

Exempted Indications for Reductions: Tourette's Disorder, movement disorders associated with Huntington's disease, hiccups, nausea and vomiting associated with cancer or chemotherapy, or adjunctive therapy at end of life.

Hypnotics

- Daily use of a **hypnotic should not exceed 10 consecutive days** unless an attempt at a gradual dose reduction is unsuccessful.
- Gradual dose reductions should be **attempted quarterly at least 3 times within one year before** it can be concluded that a gradual dose reduction is "**clinically contraindicated**".

Hypnotics: Drugs used for sleep induction should only be used when all possible reasons for insomnia have been ruled out.

OTHER PSYCHOPHARMACOLOGICAL MEDICATIONS

Applicable medications depends on how the medication is used or what condition the medication is used to treat:

Anxiolytics*

- Antidepressants
- Benzodiazepines
- Buspirone

**F329 states that diphenhydramine and hydroxyzine are not appropriate for use as anxiolytics*

Gradual dose reduction is indicated when these drugs are used to manage behavior, stabilize mood or treat a psychiatric disorder

Frequency of Gradual Dose Reduction:

- Within the **first year** of use, taper **twice in 2 separate quarters** with at least **one month** between attempts.
- **After the first year, once annually.**

Exempted Gradual Dose Reduction Indications are:

- Used for neuromuscular syndromes such as cerebral palsy, tardive dyskinesia, restless leg syndrome or seizure disorders.
- Long-acting benzodiazepines used to withdraw a resident from short-acting benzodiazepines.
- Symptom relief in end of life situations.

Tapering is clinically contraindicated if:

- The continued use is in accordance with relevant current standards of practice AND the physician has documented clinical rationale.
- The resident's targeted symptoms returned or worsened after the MOST RECENT tapering attempt WITHIN the facility AND the physician has documented clinical rationale.