

PSYCHOPHARMACOLOGICAL DRUGS

GRADUAL DOSE REDUCTION SCHEDULE

Antipsychotics

- During the **first year** of use of these drugs, there must be a gradual dose reduction attempt in **two separate quarters**, unless clinically contraindicated. **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 the gradual dose reduction is unsuccessful**, further reductions can be considered "**clinically contraindicated**" *

*Definition of Clinically Contraindicated for Antipsychotics

For residents with dementia . . .

- If the resident's **symptoms returned or worsened** after the most recent GDR attempt.
- The **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or increase distressed behavior.

For residents with a psychiatric disorder other than dementia . . .

- If the continued use is in accordance with **relevant current standards of practice** and the **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying psychiatric disorder.
- If the resident's **symptoms returned or worsened** after the most recent GDR attempt and the **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying psychiatric disorder.

Sedatives/Hypnotics

- If the resident is receiving this drug routinely (>50%) and remains on the drug beyond the manufacturer's guidelines, **taper medication quarterly unless clinically contraindicated**
- 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**".

***Definition of Clinically Contraindicated for Sedatives/Hypnotics**

- If the continued use is in accordance with **relevant current standards of practice** and the **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.
- If the resident's targeted **symptoms returned or worsened** after the most recent GDR attempt and the **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

Psychopharmacological Medications (Other than Antipsychotics and Sedatives/Hypnotics)

- Examples, Depakote, Anxiolytics, Antidepressants, Cognitive Enhancers
- During the **first year** of use of these drugs, there must be a gradual dose reduction attempt in **two separate quarters**, unless clinically contraindicated. **The attempts should be at least a month apart.**
- **After the first year**, the gradual dose reduction should be attempted **annually**.

***Definition of Clinically Contraindicated for Psychopharmacologicals**

- If the continued use is in accordance with **relevant current standards of practice** and the **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.
- If the resident's targeted **symptoms returned or worsened** after the most recent GDR attempt and the **physician has documented the clinical rationale** for why any additional attempted dose reduction would likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

Behavioral Interventions

DEFINITION:

Individualized **non-pharmacological approaches** (including direct care and activities) that are provided as part of a supportive physical and psychosocial environment and are directed toward preventing, relieving and/or accommodating a resident's distressed behavior.

Distressed behavior is behavior that reflects individual discomfort or emotional strain. It is a neutral all inclusive term that suggests there is an underlying cause for the distress (perhaps physical or environmental that can be corrected without medication).

Non-pharmacological interventions are required in an effort **to reduce or eliminate** antipsychotic medications.

Interventions to Consider

- **Modifications to the environment**
- **Reduction or elimination of psychological stressors such as**
 - Behavioral interventions
 - Accommodation of previous lifelong activities or preferences
 - Changes in staff/resident interactions such as how the resident is addressed or approached.
- **Pain Management**
- **Nutritional interventions or alterations**
- **Anticipating or meeting bodily needs such as toileting**

Documentation

Consistently recording your non-pharmacological interventions is paramount!!!

Use either progress notes OR behavioral flow records.

Also monitor and document any adverse side effects.

DRUG MONITORING

Expectation:

All drugs are to be monitored to determine their necessity.

Reasons:

- Determine resident's response to medication,
- Detect complications or side effects,
- Support decisions for modifying, discontinuing or continuing the therapy.

Ways to Monitor:

1. Routinely evaluating for the presence of drugs that were intended for **temporary use**.
2. Routinely evaluating the use of **PRN ordered** medications.
3. **Laboratory results** indicating level of drug efficacy
4. **Vital signs** relevant to established perimeters.
5. **Blood glucose results** relevant to established monitors

Evaluation:

The following are expected evaluations for assessing a resident's response to his/her medications:

- Monthly Medication Regimen Review
- Review of the total care plan and renewing of monthly orders
- Quarterly MDS review

EXAMPLES of CITATIONS

The following are examples of recently cited deficiencies under F329-Unnecessary Drugs:

Resident receiving routine Ambien with no documented evidence of appropriate diagnosis.

Resident receiving PRN Ativan with no documented evidence of attempts to implement non-pharmacological interventions listed on the Behavioral Plan of Care or Behavioral Flow Record.

Resident receiving routine Ambien without evidence that any other measures had been attempted to reduce sleepiness. Upon interview, the resident stated it was noisy at night on her unit.

Resident receiving Risperdal without a documented appropriate diagnosis.

Behavioral Flow Records inadequately or incorrectly completed.

Lack of behavioral and side effect monitoring for a resident receiving Seroquel.

Resident receiving Ambien with no documented gradual dose reduction attempts.

Resident with elevated PT/INR that resulted in a bleeding episode. No baseline PT/INR was obtained prior to initiating an antibiotic concomitantly with warfarin.