Psychoactive Medications in Long Term Care

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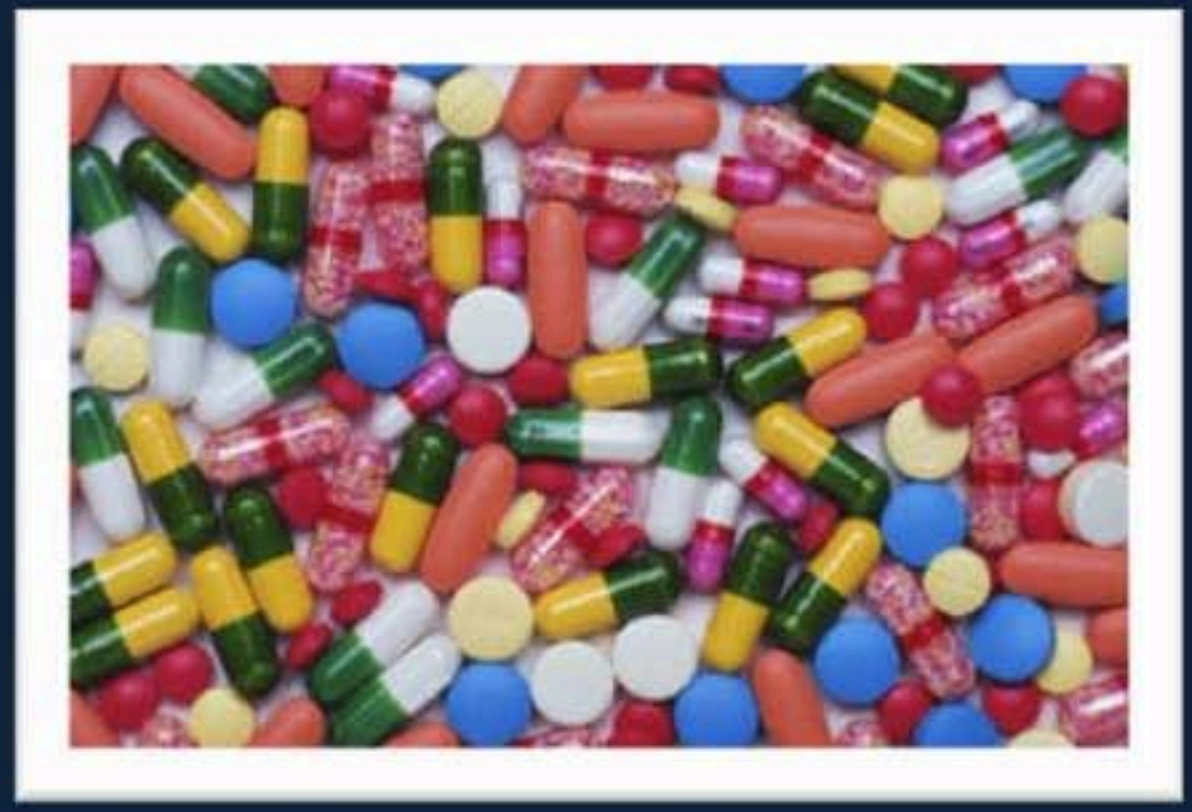

Psychotropic medications

Any medication that is meant to affect the mind, emotions, and/or behavior of a person

- Antianxiety meds
- Antipsychotics
- Antidepressants
- "mood stabilizers" – usually anticonvulsants
- In some cases, hormones – men taking Premarin for sexual aggression towards others

Psychotropic medications

The Omnibus Budget Reconciliation Act **(OBRA)** of 1987 encourages:

- Limiting the use of psychotropic medications in the elderly (e.g. residents of long-term care facilities)
- Focus on legitimate reason for use, not medicating for STAFF convenience
- Periodic trials of medication dose reduction or withdrawal are important.

Psychotropic medications

Psychoactive or psychotropic meds are chemical restraints

Chemical restraints act to "hold back" or alter a person's behavioral tendencies or urges

Psychotropic medications

In Nursing Homes we need consents for psychoactive medications because:

- They can act as a chemical restraint
- They have significant side effects

Residents and families need to know what they are signing up for, so these consent forms should be accurate

Psychotropic medications

- Rule out other causes of behavioral issues:
  - Medical (illness - such as UTI)
  - Environmental (such as loud roommate who disturbs sleep, or are they napping all day…or both)
  - Psychosocial causes -how people develop, behave and react in a social environment
    - some may be loud,
    - some quiet,
    - some suspicious & reserved,
    - some outgoing &/or touchy feely

Individualize

- Some people are less social so may not want to participate in group activities much
- Some people do not speak English as a first language and may be uncomfortable in activities that are English based (Scrabble) or vice versa
- Someone's roommate or family may just have died, give them some time to grieve & an outlet to talk (if needed).

Psychotropic medications

- We want the lowest possible effective dose of medications
- We want to decrease side effects
- We want to make sure the medication is still relevant
  - Sometimes as people age, or dementia progresses, the delusion or agitation that required medication has now changed/disappeared

Psychotropic Drugs

Behavior monitoring & side effect monitoring is SO IMPORTANT & falls largely on the facility, not the physician

- We get a lot of zeros all across the side effect & behavioral monitoring sheets BUT THEN
- We'll see PRN meds used for anxiety
- We'll see resident get a medication for a newly developed movement disorder or tremor
- Monitoring should be more consistent and meaningful…better documented (see it done, not written)

Psychotropic Drugs

- Some medications have both psychotropic and physical effects.
  - Some mood stabilizers are also anticonvulsant drugs used to treat epilepsy & can affect thinking, alertness and increase fall risk.
  - Some antianxiety meds can affect short term memory and can increase fall risk
  - Some meds used for tremor can lower blood pressure and heart rate (increased fall risk)

Psychoactive medications: SPECIFIC

- There should be TARGETED BEHAVIORS, not just general things like:
  - Anxiety (when? why? How does it manifest)
  - Agitation (when? How does it manifest)
  - Psychosis (what kind? Are there Delusions?)
  - Wandering (not usually a great reason to chemically restrain someone unless a danger to others or themselves)

Side Effects of Psychotropic Drugs

- Antipsychotics are popular these days
- **Studies show there is an all cause increased risk in mortality for elderly persons with dementia taking these meds.**
- **Black Box Warning - FDA**
- **Risk VS Benefit?**
- Some medication name examples:
  - Abilify
  - Risperdal
  - Seroquel
  - Haldol
  - Thorazine

Side Effects of Psychotropic Drugs

People taking antipsychotic drugs are at risk of developing certain side effects known as extrapyramidal symptoms.

These symptoms are movement related:

- **repetitive, involuntary muscle movements (such as lip smacking, blinking, grimacing)**
- **undeniable urge to be moving constantly.**

Psychotropics and Parkinson's-like SX

Antipsychotics can cause Parkinson's-like symptoms:

- Tremor
- Rigidity
- Bradykinesia (slow moving), shuffling gait
- Hand movements: "air guitar", pill rolling
- Chewing or rabbit nose movements
- Throat clearing, grunting
- **Anxiety like SX: restlessness, pacing, foot-tapping, rocking, shifting body weight leg to leg**

Side Effects of psychotropic drugs

- The movement disorders (extrapyramidal symptoms) can become PERMANENT, these are called "Tardive dyskinesia"
- Tardive symptoms are CAN be permanent even after the medication is stopped.

Movement Disorders and Meds

- EARLY DETECTION IS KEY - MAY REDUCE RISK OF MOVMENT ISSUES BECOMING PERMANENT
- This is an example of why monitoring and nursing assessment on an ongoing basis is CRITICAL

Movement Disorders and Meds

- Neuroleptic Malignant Syndrome (NMS) has been reported in association with antipsychotic drugs, in general.
- Signs of NMS could include high fever, muscle rigidity, altered mental status, irregular/fast hear rate, changes in blood pressure, sweating, and unusual "fixed" eye movement.
- NMS is also PAINFUL (I asked)

Antipsychotics: Low, Slow and get them done ASAP

- You can see why we want to:
  - Use low doses
  - Use them only when needed & for specific reasons
  - Use them for short durations of time

Parkinson's Disease

- Tremor or trembling (hands, arms, legs, jaw)
- Rigidity or stiffness of the limbs and trunk (possibly in face)
- Bradykinesia/ slow movements
- Problems with balance & coordination
- **Any of this sound like side effects from Antipsychotics?**

Med Related Psychosis in Parkinson's disease

- Hallucinations, delusions, paranoia, reckless behavior, poor impulse control and psychosis can occur with Parkinson's meds:
  - Mirapex
  - Requip
  - Sinemet
  - Amantadine, etc

Serotonin

- Serotonin is a hormone/neurotransmitter found in the brain, digestive tract and platelets .
- It works in several areas of the body:
  - Transmitting nerve impulses,
  - Regulating moods,
  - Relieving depression & anxiety,
  - Regulating aggression,
  - Appetite, metabolism & nausea pathways,
  - Sleep cycle,
  - Body temperature regulation
  - Sexuality.

Serotonin syndrome

- Serotonin pathways can go awry in life and therefore drugs are prescribed to increase serotonin
- Selective serotonin re-uptake inhibitors (SSRIs), other meds and herbals can affect serotonin:
  - Celexa
  - Zoloft
  - Lexapro
  - Prozac
  - Effexor (SNRI)
  - St. john's Wort
  - Migraine medications
- It's GREAT, BUT you CAN have TOO MUCH = Serotonin Syndrome

Serotonin Syndrome

- Serotonin syndrome can occur in someone exposed to a serotonergic drug or drug combination.
- We prescribe a lot of meds that can affect this pathway in the elderly (N/V meds, AP, Sleep meds, AD)

Serotonin syndrome :

- Severe rigidity
- Change in mental status
- Fever, sweating
- Gastrointestinal disturbances
- Large, involuntary movements
- Tremor, restlessness

Serotonin syndrome

- Serotonin syndrome can best be prevented by avoiding multidrug regimens (polypharmacy) whenever possible.
- Particularly
  - 2 or more antidepressants on the same person (even when mechanism is somewhat different)
  - Antidepressants and migraine relief medications
  - Antidepressants and herbals like St. Johns Wort
  - Antidepressants and some anti-nausea medications

Anxiety & Insomnia

- Anxiety is part of life…and aging
- There are some harsh realities there
- Talk to these people, & you'll know what I mean

Anxiety

Typically treated with medications such as:

- Ativan
- Xanax
- BuSpar (AD)
- Restoril (more for sleep)
- Ambien (not BZD, sleep, not anxiety)
- Valium
- Klonopin

- Last 2 are pretty long acting, especially in the elderly
- Side effects such as sedation, short term memory loss, confusion, disinhibition, hang-over effect, balance and gait issues

Anxiety

- Low dose medications for short-term management of anxiety (and insomnia)
- Usually NOT a good long term solution, especially with benzodiazepines (Xanax, Valium, Klonopin, Ativan).
- WEAN off
- We want to use them for specific reasons & behaviors, not because residents bother staff
- Are there other, specific reasons for anxiety that can be fixed?
  - Nightlight, decreased caffeine, decreased decongestant use, calming activities

Insomnia (& anxiety)

Non-pharmacologic measures:

- Decreasing caffeine intake, especially in afternoon
- Exercising regularly
- Decreasing daytime sleeping/regular sleep hours
- Adequately treating pain
- Toilet training, not using diuretics close to sleep hours
- Maintaining a comfortable sleep environment
  - low noise level, temperature, dim lighting, few staff interruptions
  - Loud Music Facility Story

PRESCRIBING CASCADE:
Not as tranquil as it sounds

The most common medical intervention we ask doctors to perform is to write a prescription.

Prescribing cascade: prescribing one medication to fix the side effects of other medications

-Example: Reglan (not 1st line for GERD) and prescribing cascade with Sinemet

PRESCRIBING CASCADE:
Try not to contribute

Nurses are very often the start of a new prescription order

Telephone orders for meds to control behavior – try to limit as much as possible

Try to limit the duration and the dose

NEVER medicate for staff convenience

Questions?

- Contact us