

When the Diagnosis Isn't Psychosis but Antipsychotic Medications are Prescribed

Mrs. S is a newly admitted resident in a long-term care home with a diagnosis of dementia. She was prescribed antipsychotics to manage her responsive behaviours, which are actions, words or gestures presented by a person with dementia, mental health, substance use and/or other neurological disorders as a way of responding to something important in their social and physical environment. For Mrs. S, these included wandering behaviours, such as entering other residents' rooms and rummaging through their closets. These behaviours, while disruptive to other residents, are not always indicative of psychosis; rather, they may represent a form of communication regarding unmet needs. The care team's attempts to manage her behaviours have often resulted in Mrs. S becoming upset and restless. They are also concerned about some symptoms of sedation, reduced food and fluid intake, and an unsteady gait, which increases her risk of falling.

The care team has scheduled an interdisciplinary meeting to discuss these findings and reassess her antipsychotic medication regimen. During their review, they include information from her family and the health record. They discovered that Mrs. S's prior occupation was a housekeeper and note that she may possibly be entering other resident rooms to clean.

To manage this behaviour, the care team talked with the resident's family and implemented an intervention involving providing Mrs. S with clothes and towels to fold and other related activities. Upon reassessment, the team noted that Mrs. S's wandering behaviour had improved.

Over time, her antipsychotic medication was gradually tapered down then eventually discontinued. By aligning the intervention with Mrs. S's personal history and interests, the care team not only promoted her engagement and satisfaction but also reduced the risk of adverse effects associated with antipsychotics (e.g. sedation and falling). Providing individualized non-pharmacological interventions is crucial as it addresses residents' unique needs and preferences, significantly enhancing their quality of life.

The first step in advancing the appropriate use of antipsychotics is to ensure an understanding of the diagnosis and relevant symptoms of dementia.

Behavioural and psychosocial symptoms of dementia (BPSD) are non-cognitive symptoms of dementia, including changes to behaviour and mood. BPSD are associated with poor mental health outcomes for people living with dementia, increased caregiver burden, and decreased quality of life and mental health among caregivers.

BPSD often occur as a result of the interactions between an individual's biology, their prior life experiences, and their current social and physical environment. Their personal expressions (words, gestures, actions, body language) all have meaning and are a mechanism to communicate the person's needs and concerns.



The potentially inappropriate use of antipsychotics in long-term care homes across Canada has been a recognized issue for over ten years. The use of antipsychotics is associated with significant risks to residents, including mortality and stroke and a significant number of residents receive these medications without an appropriate clinical indication. Inappropriately prescribed antipsychotics increase the risk of adverse drug events and preventable resident harm. Other psychotropic medications such as benzodiazepines, anti-depressants, and anti-seizure medications have also been used, often with no or limited evidence of benefit. Furthermore, certain manifestations of BPSD may not be amenable to pharmacological treatment.

Developing an individualized and person-centred care plan for people living with dementia is essential for effectively managing BPSD. Non-pharmacologic interventions should be implemented first to support persons with these symptoms, and medication strategies should only be considered if the symptoms become distressing and/or potentially dangerous to the resident or others.

The Institute for Safe Medication Practices Canada (ISMP Canada) is working with health care providers in Ontario long-term care homes to advance the appropriate use of antipsychotics. Contact us at info@ismpcanada.ca for more information.

About ISMP Canada

ISMP Canada is a national, independent, not-for-profit organization that purposefully partners with organizations, practitioners, consumers, and caregivers to advance medication safety in all healthcare settings.

References

Alzheimer Society of Canada. Conversations About Dementia and Responsive Behaviours (2019). Available:

https://alzheimer.ca/sites/default/files/documents/conversations_dementia-and-responsive-behaviours.pdf

Behavioural Supports Ontario. Behaviour Change in Older Adults (2024). Available:

<https://ismpcanada.ca/fr/resource/guidemstp/>



Canadian Coalition for Seniors' Mental Health. (2024). Canadian Clinical Practice Guidelines for Assessing and Managing Behavioural and Psychological Symptoms of Dementia (BPSD). Toronto, Canada.

Alzheimer Society. Person-Centred Language Guidelines (2017). Available: https://alzheimer.ca/sites/default/files/documents/Person-centred-language-guidelines_Alzheimer-Society.pdf

CIHI, 2016. [Online]. Available: <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC1411>

Health Quality Ontario, 2014. [Online]. Available: <https://www.hqontario.ca/portals/0/Documents/pr/looking-for-balance-en.pdf>.

Rapp M, et al. 1992. Behavioural Disturbances in the Demented Elderly: Phenomenology, Pharmacotherapy and Behavioural Management. Can J Psychiatry 37: 651-657.

CIHI, 2023. [Online]. Available: <https://www.cihi.ca/en/indicators/potentially-inappropriate-use-of-antipsychotics-in-long-term-care>