

Information About Inappropriate Drug Use for Long-Term Care Consumers



ISSUE SHEET

This issue sheet is available in English, Simplified Chinese and Spanish.

THE ISSUE

Residents of long-term care facilities are increasingly being placed on antipsychotic medications despite having no proper diagnosis to warrant their use. Antipsychotics are especially dangerous when prescribed to elderly individuals and have been linked to numerous resident deaths in nursing homes and other long-term care facilities. Furthermore, the misuse and overprescribing of antipsychotics in long-term care facilities is extremely costly for the Medicare program and for consumers, as these medications tend to be high-priced.

WHY IS THIS A PROBLEM?

- Although Medicare and Medicaid prohibit physically or chemically restraining residents for staff convenience, antipsychotics continue to be used amongst residents with dementia, Alzheimer's and other forms of cognitive disorders as a means of behavior control.
- According to the Department of Health and Human Services (HHS), 26% of nursing home residents receive antipsychotic medications, 88% of whom are elderly people with dementia.
- Antipsychotic drugs, when prescribed for elderly persons with dementia, can have serious medical complications, including: death, loss of independence, over-sedation, confusion, and falls.
- In 2005, the Food and Drug Administration (FDA) issued "Black Box" warnings for antipsychotics stating that individuals diagnosed with dementia are at an increased risk of death from their use.

Here's what can happen when antipsychotics are misused:

SITUATION #1

Peggy's husband Jim was admitted into a nursing home after his Parkinson's disease and dystonia had advanced to where Peggy did not feel as if she could care for him adequately on her own. Upon entering the nursing home, Jim was able to walk and speak with relative ease; however Jim was not happy about being placed in a nursing home and became increasingly irritable and uncooperative with staff.

Peggy visited her husband frequently and noticed over time that his mobility and speech were rapidly declining, and her husband had trouble staying awake during her visits. Peggy spoke with Jim's nurses and discovered that he was being administered an antipsychotic medicine three times a day. Jim's condition continued to deteriorate and he was eventually moved to the Alzheimer's unit of the nursing home.

SITUATION #2

Countless times every day, Mrs. Janelle Price walked across the hall into Mrs. Jonas' room without knocking. Mrs. Price had a dementing illness and could no longer talk. She became very anxious when staff or Mrs. Jonas directed her out of the room. She sat in the chair in front of the window and refused to move. Mrs. Jonas grew exasperated and staff asked the doctor for an antipsychotic. After being placed on the antipsychotic, Mrs. Price stayed in her room as she began to sleep through meals and most of the day, and found it increasingly difficult to sit upright.

WHAT ARE THE ALTERNATIVES?

- Identifying and determining the cause of behavioral symptoms (anger, agitation, swearing, continuous wandering, etc.). Labeling people as “problem behaviors” only masks the problem.
- Developing an individualized care plan to address these symptoms.
- Good care practices – such as consistent staff assignments, adequate numbers of staff, staff training in how to care for people without physical or chemical restraints, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities – have been emphasized by the Center for Medicare and Medicaid Services (CMS) as nonpharmacological treatments and therapies for residents with dementia and other cognitive disorders.
- Staff training in how to care for people without physical or chemical restraints.

Here’s what can happen when alternatives are tried:

SITUATION #1

Peggy’s husband Jim was admitted into a nursing home after his Parkinson’s disease and dystonia had reached an advanced enough stage to where Peggy did not feel as if she could care for him adequately on her own. Upon entering the nursing home, Jim was able to walk and speak with relative ease; however Jim was not happy about being placed in a nursing home and became increasingly irritable and uncooperative with staff.

Peggy noticed these changes in Jim’s behaviors and scheduled a care conference with facility staff, Jim’s neurologist, Jim and herself. In the care conference, Jim was able to tell staff how he wanted his day and room to be organized. He told staff that he could not hear in large groups. It was easier for him to talk to one person at a time. Also, the neurologist was able to comment on behavioral symptoms that may stem from Jim’s Parkinson’s disease.

As a result of the care conference, staff introduced Jim to another man with whom he had many common interests and experiences. They chose to eat lunch together at a small table set apart from the others. This arrangement reduced the extra noise, making it easier for Jim to hear. This plan prevented isolation and the depressive or paranoid response.

SITUATION #2

Countless times every day, Mrs. Janelle Price walked across the hall into Mrs. Jonas’ room without knocking. Mrs. Price had a dementing illness and could no longer talk. She became very anxious when staff or Mrs. Jonas directed her out of the room. She sat in the chair in front of the window and refused to move. Mrs. Jonas grew exasperated and staff considered talking with Mrs. Price’s doctor about prescribing an antipsychotic. First, however, they stopped and asked themselves, “Who is this person?” and “What is she trying to tell us?”

Nursing staff then realized that they didn’t know much about Mrs. Price’s life before she entered the nursing home. Upon consulting with Mrs. Price’s family, they learned that she was an avid gardener and was noted in her community for her flowers. Her unmet need was to have some connection to a garden. Staff then realized that the window in Mrs. Jonas’ room looked out on a flower garden, while in contrast, Mrs. Price’s window overlooked the parking lot.

While Mrs. Price’s room couldn’t be changed immediately, in a few month’s time she was able to relocate to the garden side of the nursing home. In the meantime, staff directed Mrs. Price to another window in the day room, overlooking a garden. They set her favorite chair in front of the window, and she spent much of the day contentedly looking at the garden. In addition, staff walked with Mrs. Price in the garden daily. The key to this problem was knowing the details of Mrs. Price’s earlier life – her love of gardening.

To view facility and state specific data on antipsychotic usage, visit www.medicare.gov/nursinghomecompare.

To read more about this issue, visit www.theconsumervoic.org/advocate/antipsychotic-drugs.

This fact sheet was completed by The National Consumer Voice for Quality Long-Term Care for the National Center on Elder Abuse (Grant Number 90-AB0002) and is supported in part by a grant from the Administration on Aging, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy. NCEA: <https://ncea.acl.gov>.

NCEA
National Center on Elder Abuse