

## Questions to Ask before Starting Antipsychotic Medications

**What is the indication, condition or target symptom(s)?**

**Is any testing necessary to confirm a diagnosis?**

**Could any medications already prescribed or comorbid conditions the resident has be causally related to a target symptom?**

**What safety goals must be considered, and is the resident currently exhibiting dangerous behavior?**

**Has behavior modification been tried or can a psychosocial or behavior treatment be started immediately?**

**Who is providing informed consent for any new medication?**

**Have medications other than antipsychotics received adequate trials?**

**What baseline and follow-up monitoring will be recommended with an antipsychotic medication?**

**Does the resident have a medical condition (recognized by national guidelines or standards) that supports the use of antipsychotic treatment in this case?**

**How will use of the antipsychotic medication be documented?**

**What endpoints for antipsychotic treatment will be considered within the first six months?**

Original source: "The Use of Antipsychotic Medication in Long Term Care," published in *Medicine & Health/Rhode Island*, written by Gary Epstein-Lubow, MD and Andrew Rosenzweig, MD, MPH

# Quick Tips for Reducing Antipsychotic Drug Usage



## Each month, evaluate with the ordering physicians.

- Why is the resident prescribed these medications?
- Can there be a gradual rate reduction to remove resident from medications?

## Create a root cause analysis or data collection form that works for you.

- Two example forms have been provided for you. Choose one that works best for you or create your own.

## Use caution with subjective data collection.



- Questions like “Are these medications still warranted?” may be a judgment call. If this is the case, cut it from your collection.
- Asking why the medication was recommended or who recommended it can be sensitive information, but may lead to the source, which needs to be identified and addressed.
- It may be uncomfortable or awkward to ask questions about why antipsychotic medications are used. For example, you may find out they are to avoid a physical restraint, the resident or his or her family requested them or they are simply a convenience. However, when looking after the residents’ best interests, tough questions need to be asked.

## Adverse side effects of antipsychotic medications include, but are not limited to



- strokes,
- diabetes,
- loss of movement,
- death.

## Antipsychotic medications will not help with

- socialization,
- caring for oneself,
- memory problems,
- not paying attention,
- caring about what is going on,
- yelling,
- repeating questions over and over,
- being restless.

## Modifications in interactions or activities can help in reducing or even eliminating the use of antipsychotic medications.



## Quick Data Collection Form for Antipsychotic (AP) Medications

Resident name and chart number:	
Admitting diagnosis:	
Resident on AP meds at time of admission, and are they still warranted?	
Reason(s) resident is given AP medication:	
Name of AP medication:	
Date and time of AP medication administration:	
Last RX review:	
Alternatives tried before medication?	
Are AP meds used instead of restraints?	
Who is recommending or requesting AP meds?	
Does staff, resident or family need education on AP use?	

## Quick Data Collection Form for Antipsychotic (AP) Medications

Resident's name	Chart #	Admitting diagnosis	Resident admitted < 30 days on AP meds at time of admission	Date/time of antipsychotic administration	Medication	Reason(s) resident given medication?	Alternatives tried before medication	Last pharmacy review	Who ordered medication?