Gradual Dose Reduction: Lessons from the Field

Part 1: March 22

2:30 PM MDT
Meet today’s speakers:

**David Lawless, PharmD, MBA**  
Pharmacoeconomics  
Omnicare

**Jesse Kinsey, RN**  
Account Manager  
Mountain-Pacific Quality Health
Polling Questions
What’s ahead?

• The why for gradual dose reductions (GDRs)
• Emphasis on individualized care plan for each resident
• Focus on non-pharmacological interventions
• Antipsychotic rates across our region
• Minimum Data Set (MDS) highlights
• IDT (interdisciplinary team approach) and focused care committees
Omnibus Budget Reconciliation Act of 1987 (OBRA ‘87)

- Improving quality of care in nursing homes
- Quality of life ↔ quality of care
- Higher quality of care standards
Why are we focusing on this?

83% of Medicare claims associated with off-label conditions

88% associated with condition specified in FDA boxed warning
Why are we focusing on this?

While antipsychotic drugs have been approved by the FDA to treat an array of psychiatric conditions, numerous studies have concluded that **these medications can be harmful when used by frail elders with dementia** who do not have a diagnosis of serious mental illness. In fact, the FDA issued 2 “black box” warnings citing **increased risk of death** when these drugs are used to treat elderly patients with dementia. Improper prescribing not only **puts patients’ health at risk**, it also **leads to higher health costs.**

*Senator Herb Kohl*

*Senate Special Committee on Aging Hearing*  
*November 30, 2011*
A Telling Story: Length of Antipsychotic Package Inserts

Risperdal® - 43 pages
Seroquel® - 51 pages
Zyprexa® - 49 pages

Many of these pages are related to adverse drug effects!

As a comparison:
Coumadin® (warfarin) - 21 pages
Digoxin - 16 pages
Methotrexate - 16 pages
Amiodarone - 21 pages
Duragesic® - 26 pages
Pradaxa® - 13 pages
Approaches to Behavioral Symptom Management

D: Describe the behavior

R: Reasons for the behavior

N: Non-pharmacologic approach

O: Order medication as last step
Behavioral Tracking Importance and Elements

Identify target behavior/trigger prior to medication start

Monitor for:
- Behavioral episodes
- Care planned interventions
- Outcomes
- Side effects

Track specific behaviors (ideally for several days prior to medication start)

Discuss certified nursing assistants (CNAs) reporting to nursing and filling out behavioral tracking forms
General Approach for Residents with Dementia: “Approach Is Almost Everything”

- Display positive, comforting demeanor (smile; calm; praise)
- Treat resident with respect
- Be aware of resident’s need for personal space/way of doing things
- Individualize care
Nonpharmacologic Approaches to Behavior Management

Examples of nonpharmacologic treatment categories and strategies:

**Sensory**
- Music therapy
- Massage
- Light therapy

**Environmental**
- Adequate space
- Reduction in disruptive stimuli

**Behavioral**
- Positive reinforcement
- Redirection
- Avoid reality orientation

**Communication**
- Short sentences
- Adequate time for response
- Awareness of nonverbal communication
Nonpharmacologic Approaches to Agitation

Avoid confrontation

Remove environmental triggers

Create calm, quiet environment (offer gentle help)

Structure daily routine

Address pain, discomfort

Use aromatherapy

Use scheduled or prompted toileting
Most Important Takeaways

• Individualized interventions (including direct care and activities)

• Person-centered or person-appropriate care

“Activities should be relevant to the specific needs, interests, culture, background, etc., of the individual for whom they are developed, and medical treatment should be tailored to an individual’s risk factors, current conditions, past history and details of any present symptoms.”
Current Picture

![QM 419 Anti Psych (LS)](image)
Antipsychotic Medications

• Minimum Data Set (MDS)
  • Is your MDS working multiple positions?
  • Is coding accurate?
  • Impact
  • Opportunities

• Orders from outside vendors
  • Hospice
Supporting the TEAM

Have staff members and family been educated on behavior management and nonpharmacological interventions?

Do staff members have educational opportunities and resources for better understanding underlying conditions that may affect behavior?
The Power of the TEAM

Do you have a behavior monitoring committee?

Do you have family involvement in behavior management and suggested interventions?

Do you have a pain committee?
Reflection

• The why
• Individualized care plan
• Nonpharmacological interventions
• Antipsychotic rates
• MDS highlights
• IDT
Resources

Quality Measure Tip Sheet
https://www.mpqhf.org/QIO/quality-improvement-tools-resources/nursing-home-quality-improvement-tools-resources/

Antipsychotic use by State

F-Tag of the Week
https://cmscompliancegroup.com/2017/10/06/f758-unnecess-psychotropic-prn/
SAVE THE DATE

Part 2: Tuesday, April 5

Spotlight on Wind River Rehabilitation & Wellness

- Best practice sharing
- Review of the team approach