



USE OF ANTIPSYCHOTIC MEDICATIONS TO TREAT PEOPLE WITH DEMENTIA IN LONG-TERM CARE HOMES

Position statement

Background

In addition to cognitive impairment, people living with dementia may experience changes in mood and behaviour, such as aggression, delusions, hallucinations, agitation, wandering and apathy. Some may even develop a mood disorder. These symptoms can appear, change or worsen as the disease progresses.

While antipsychotic medications are typically prescribed to manage psychotic conditions such as schizophrenia and bipolar disorder, they are also used to treat psychological and behavioural symptoms in people with dementia. Often, they are administered in long-term care homes, where people with dementia have advanced symptoms and require 24-hour care.

Issue

Over-prescription

In Canada, about one third or 30.2 per cent of residents in long-term care are prescribed antipsychotic medications¹. This is contrary to criteria set out in the *American Geriatrics Society Beers Criteria for Potentially Inappropriate Medication use in Older Adults*². This commonly referenced source recommends that antipsychotic medications should only be used by people with dementia if:

- their behavioural problems do not improve with non-drug approaches;
- the person is threatening to harm themselves or others; and
- they are not used for more than six to 12 weeks.

Uneven usage

The use of antipsychotic medications in Canada also varies considerably from province to province and from one long-term care home to another. This is despite the fact that there are very few differences between residents in one long-term care home versus another, or in one province versus another. In Ontario, for example, long-term care residents are three times more likely than similar residents to receive an antipsychotic drug if they live in a long-term care home with high prescribing rates versus a long-term care home with low prescribing rates³.

Risk

As the human body ages, it reacts to medications differently. This puts older adults at an increased risk of adverse events from medications. In particular, antipsychotic drugs have been linked to an increased risk of falls, diabetes and heart disease⁴. Older adults are also more likely to be prescribed multiple medications, increasing the likelihood of negative drug interactions. Higher rates of hospital admission or death have also been reported after the use of antipsychotics in older adults, suggesting that these drugs should be prescribed with extreme caution⁵.

Our position

The Alzheimer Society recommends that antipsychotics only be used as a last resort to treat behavioural and psychological symptoms of dementia, especially in older adults.

The Society encourages health professionals in all settings to practice a [person-centred approach to care](#) for people living with dementia. When staff take the time to understand each individual as a unique human being with specific needs, preferences and values, they are better able to recognize their behaviours, remove triggers that may be at the root of the behaviour, and provide more personalized care. When put into practice, this approach can reduce and even eliminate the use of antipsychotics⁶.

In cases where these drugs must be prescribed, the Alzheimer Society recommends that staff, family members and the person with dementia be informed of the risks, benefits and side effects, and that these drugs be monitored regularly and discontinued immediately if adverse effects occur. Recommended practice guidelines should be followed to assess the efficacy of any antipsychotic medications and to cease their use if no obvious benefit for the person is noted.

The Society also urges that more training and education be provided for health-care workers on dementia-specific care practices and person-centred care. With increased skills and knowledge, staff can deliver better quality of care that all people with dementia need and rightly deserve.

About the Alzheimer Society of Canada

The Alzheimer Society is the leading nationwide health charity for people living with Alzheimer's disease and other dementias. Active in communities across Canada, the Society offers help for today through our programs and services, and hope for tomorrow by funding research into the cause, prevention and a cure.

Additional resources

- Alzheimer Society of Canada. PC P.E.A.R.L.S. 7 key elements of person-centred care of people with dementia in long-term care homes. 2014.
<http://www.alzheimer.ca/en/We-can-help/Resources/For-health-care-professionals/culture-change-towards-person-centred-care/seven-key-elements-of-pcc>
- Alzheimer's Society (UK). Drugs used to relieve behavioural and psychological symptoms in dementia. 2012.
https://www.alzheimers.org.uk/download/downloads/id/2628/factsheet_drugs_used_to_relieve_behavioural_and_psychological_symptoms_in_dementia.pdf
- Canadian Foundation for Healthcare Improvement. The New-Brunswick Appropriate Use of Antipsychotics Collaborative. 2017. <http://www.cfhi-fcass.ca/WhatWeDo/new-brunswick-appropriate-use-of-antipsychotics>
- Herrmann N. Treating behavioural problems of dementia: When confusion leads to controversy. 2014.
<https://www.mcmasteroptimalaging.org/blog/detail/blog/2014/06/10/treating-behavioural-problems-of-dementia-when-confusion-leads-to-controversy>

¹ Canadian Institute for Health Information. Your Health System: Potentially inappropriate medication in long-term care. 2015.

² American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *Journal of the American Geriatrics Society* 2015; **63**(11): 2227-46.

³ Rochon PA, Stukel TA, Bronskill SE, et al. Variation in nursing home antipsychotic prescribing rates. *Archives of internal medicine* 2007; **167**(7): 676-83.

⁴ Health Quality Ontario. Looking for balance: Antipsychotic medication use in Ontario long-term care homes. 2015.
<http://www.hqontario.ca/portals/0/Documents/pr/looking-for-balance-en.pdf>

⁵ Rochon PA, Normand SL, Gomes T, et al. Antipsychotic therapy and short-term serious events in older adults with dementia. *Archives of internal medicine* 2008; **168**(10): 1090-6.

⁶ Brownie S, Nancarrow S. Effects of person-centered care on residents and staff in aged-care facilities: a systematic review. *Clinical interventions in aging* 2013; **8**: 1-10.