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Psychotropic Safety in Long Term Care

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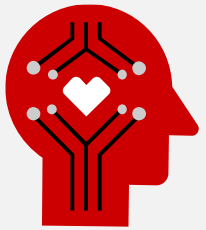
Agenda

Identify psychotropic medications commonly encountered in long term care (LTC)

Recognize the potential adverse effects related to psychotropic use

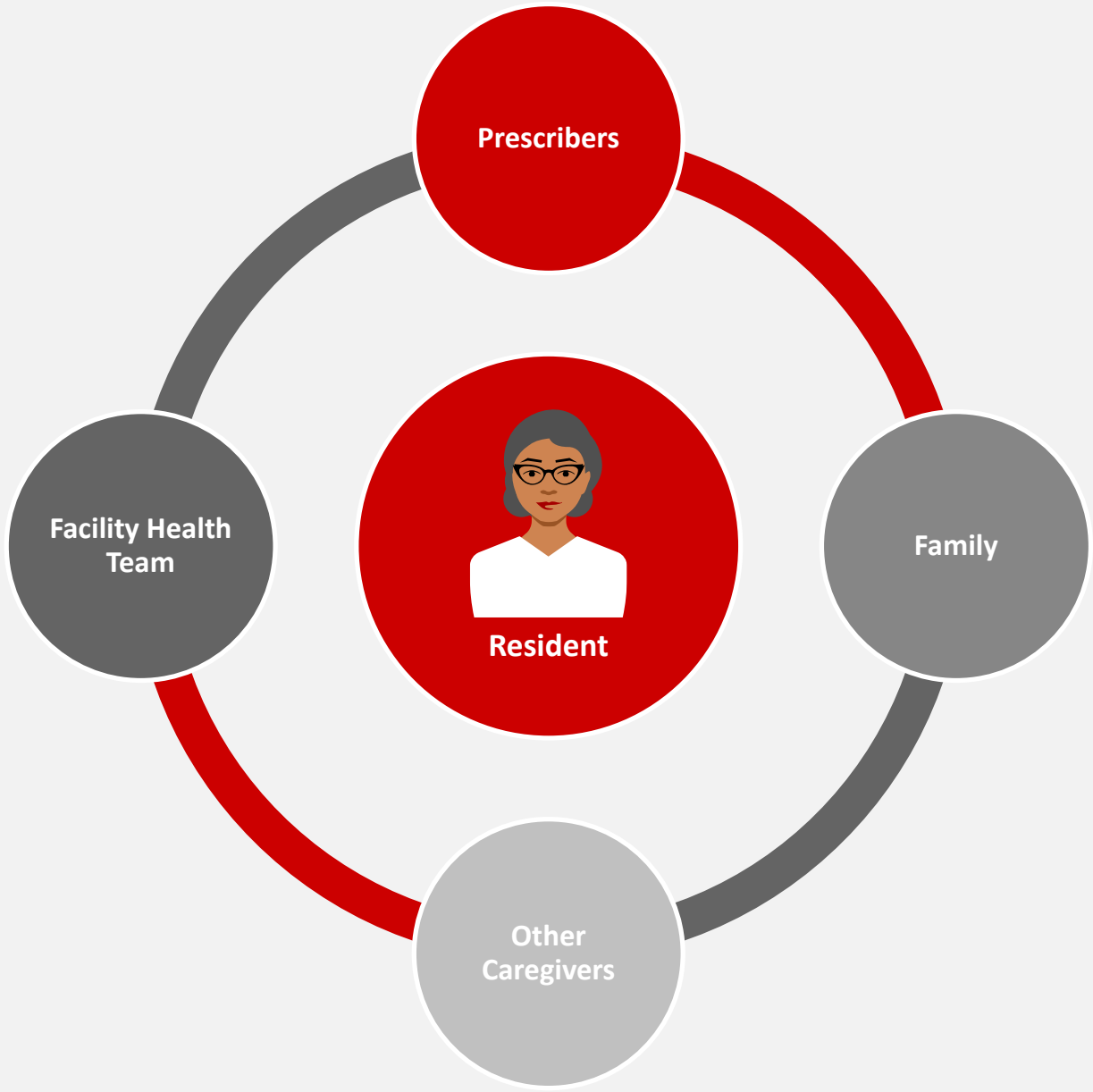


Understand appropriate monitoring and administration of psychotropic medications

TEAMWORK

Psychotropic Management and Deprescribing

- Family members may have valuable historical information
- Front-line caregivers have more frequent interaction with residents
- Prescribers and specialists can use information obtained from others when making clinical decisions



Garfinkel D et al. Routine deprescribing of chronic medications to combat polypharmacy. Ther Adv Drug Saf. 2015; 6:212-233.
Liau SJ et al. Medication management in frail older people: consensus principles for clinical practice, research, and education. J Am Med Dir Assoc. 2021; ;22(1):43-49.

Common Psychotropic Medications

Antipsychotics

Anxiolytics

Antidepressants

Mood Stabilizers

Sedatives/Hypnotics

Common Antipsychotics

Haldol (haloperidol)

Rexulti (brexpiprazole)

Risperdal (risperidone)

Seroquel (quetiapine)

Zyprexa (olanzapine)

Potential Approved (on-label) Uses

- Bipolar I Disorder
- Bipolar Depression
- Schizophrenia
- Schizoaffective Disorder
- Major Depressive Disorder

FDA-approved indications vary.

Considerations for Adequate Indication for Use

Diagnosis **alone** may **not** warrant treatment with antipsychotics, but treatment may be justifiable when using a person-centered approach, especially when:

- Behavioral symptoms pose a **danger** to the resident or others
- Multiple attempts at **non-pharmacological approaches** failed to alleviate dangerous or distressful behavior
- The expressed behaviors are **distressful to the resident** (e.g., hallucinations)
- Symptoms returned following gradual dose reduction

42 CFR 483, Subpart B – Requirements for Long Term Care Facilities.
Keepers GA et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. Am J Psychiatry. 2020; 177(9):868-872.
Prescribing information obtained at DailyMed.

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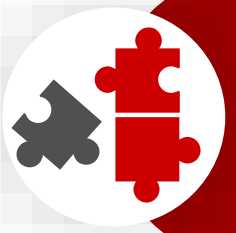
Case Study

Mrs. Garcia

72-year-old female

PMH: depression, anxiety, seizures, diabetes, a fib, HTN, overactive bladder and “behaviors”

Findings:
Behavior monitoring: blank
AIMS: 4
A1C: 8
Weight: 210 lbs



The Problem

Agitation: Yelling and waiving her fist at other residents in the hallway before dinner.

Medications: metformin/insulin glargine, apixaban (Eliquis), lorazepam 0.5 mg po q 6 hr prn, oxybutynin 5 mg po BID, levetiracetam (Keppra), olanzapine (Zyprexa) 5 mg po BID, Benztropine (Cogentin), hydroxyzine 50 mg po qhs, APAP prn

A/P:

Ruled out pain/other medical issues affecting behaviors

Prescribed quetiapine 50 mg po QHS and Haldol 2.5 mg po BID prn agitation

Antipsychotic Boxed Warning

Most antipsychotics have a **BOXED WARNING** for increased risk of mortality in older adults with psychosis related to dementia.

US Food & Drug Administration. Information for Healthcare Professionals: Conventional Antipsychotics. 2008 Jun.

Monitoring for Adverse Effects of Antipsychotics

Potential Adverse Effects

General	Dry mouth, constipation, increased falls, sedation/drowsiness
Cardiovascular	Irregular heartbeat, changes in blood pressure
Metabolic	Weight gain, elevated cholesterol, elevated blood glucose
Neurologic	Uncontrollable movements, tardive dyskinesia, stroke, increased suicidality

Monitoring for Potential Adverse Effects

Observational monitoring should be ongoing. Lab monitoring should be performed upon initiation, with any dose change, following discontinuation, and as clinically appropriate.

Laboratory Monitoring and Vital Signs

- Weight, blood pressure, blood glucose
- Lipid panel
- Electrocardiogram at baseline and as clinically indicated

Observational Monitoring

Observe for extrapyramidal symptoms (EPS) and consider the use of objective rating tools such as an AIMS assessment.

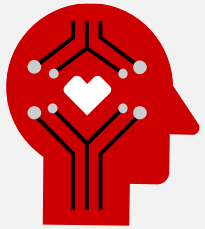
- **Parkinsonism**: Tremors, drooling, muscle rigidity, shuffled gait
- **Dystonia**: Painful, acute, muscle contracture commonly in the neck, eyes, and trunk
- **Akathisia**: Restlessness, fidgeting, pacing, rocking

AIMS = Abnormal Involuntary Movement Scale

Jankelowitz SK. Treatment of neurolept-induced tardive dyskinesia. Neuropsychiatr Dis Treat. 2013; 9:1371-1380.
Prescribing information obtained from DailyMed.
Stroup TS et al. Management of common adverse effects of antipsychotic medications. World Psychiatry. 2018; 17(3):341-356.

Common Anxiolytics

- Ativan (lorazepam)
- Buspar (buspirone)
- Klonopin (clonazepam)
- Valium (diazepam)
- Vistaril, Atarax (hydroxyzine)
- Xanax (alprazolam)



Potential Approved (on-label) Uses

- Generalized Anxiety Disorder
- Social Phobia
- Anxiety Before Medical Procedures
- Excessive Worrying

FDA-approved indications vary.

Prescribing information obtained from DailyMed.

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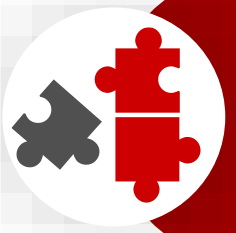
Case Study

Mr. Lopez

67-year-old male

PMH: alcohol use disorder, seizures, hepatic encephalopathy, personal history of DVTs

Findings:
Behavior monitoring: increasing behaviors, particularly at night
LFTs: WNL
Ammonia: WNL
Weight: 125 lbs
BP: 110/70
HR: 60



The Problem

Excessive worrying, racing thoughts, palpitations and difficulty sleeping.

Medications: Lactulose, Apixaban (Eliquis), lorazepam 0.5 mg po q 6 hr prn, divalproex (Depakote) for seizures, buspirone 5 mg po BID prn anxiety, methocarbamol prn

A/P:

MARS: sporadic use of PRN buspirone and increased use of PRN lorazepam

Ruled out symptomatic encephalopathy

Lorazepam changed from PRN to scheduled

Monitoring for Adverse Effects of Anxiolytics

Potential Adverse Effects

General	Drowsiness, confusion, impaired coordination
Cardiovascular	Low heart rate, dizziness upon standing
Metabolic	Changes in appetite
Neurologic	Difficulty sleeping, nightmares

Monitoring for Potential Adverse Effects

Observational monitoring should be ongoing. Other monitoring should be performed upon initiation, at least every 3 months, with any dose changes, following discontinuation, and as clinically appropriate.

Laboratory Monitoring and Vital Signs

- Blood pressure
- Pulse rate
- Select drugs may require additional labs (e.g., liver function, CBC)

Observational Monitoring

- Self-harming behaviors
- Suicidal ideation
- Insomnia
- Slurred speech
- Sedation
- Falls

Prescribing information obtained from DailyMed.

Common Antidepressants

Celexa (citalopram)

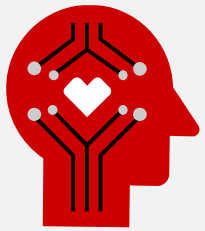
Cymbalta (duloxetine)

Elavil (amitriptyline)

Lexapro (escitalopram)

Remeron (mirtazapine)

Zoloft (sertraline)



Potential Approved (on-label) Uses

- Bipolar Disorder
- Major Depressive Disorder
- Obsessive Compulsive Disorder
- Panic Disorder/Generalized Anxiety Disorder
- Posttraumatic Stress Disorder
- Social Anxiety Disorder

FDA-approved indications vary.

Prescribing information obtained from DailyMed.

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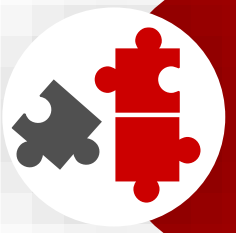
Case Study

Mrs. Padilla

77-year-old female

PMH: depression, anxiety, cirrhosis, PTSD, seizures

Findings:
Behavior monitoring: more frequent/severe nightmares/night terrors and nighttime agitation.
LFTs: WNL
Ammonia: mildly elevated
Weight: 175 lbs



The Problem:

Depression AEB insomnia. Presently denying insomnia, depression, anxiety, pain, nightmares. Staff report patient often complains of non-specific pain and malaise.

Medications: prazosin 3 mg po qhs for PTSD, oxcarbazepine 150 mg po BID, midodrine 5 mg po TID, trazodone 200 mg po qhs, scheduled lactulose, APAP PRN, cyclobenzaprine PRN, amitriptyline, 50 mg po qhs

A/P:

MARs: intermittently refused lactulose

Prescribed rifaximin and quetiapine 25 mg po qhs, increased prazosin to 5 mg po qhs.

Monitoring for Adverse Effects of Antidepressants

Potential Adverse Effects

General	Constipation, muscle weakness, dry mouth, loss of appetite, decreased libido
Cardiovascular	Dizziness upon standing, QT prolongation, bleeding risk, blood pressure changes
Metabolic	Low serum sodium, excessive sweating
Neurologic	Headache, drowsiness, insomnia, suicidality

Monitoring for Potential Adverse Effects

Observational monitoring should be ongoing. Other monitoring should be performed upon initiation, at least every 3 months, with any dose changes, following discontinuation, and as clinically appropriate.

Laboratory Monitoring and Vital Signs

- Weight, blood pressure
- Basic metabolic panel
- Electrocardiogram at baseline and whenever QT prolongation is suspected

Observational Monitoring

- Self-harming behaviors
- Suicidal ideation
- Sedation
- Dry mouth
- Serotonin syndrome
- New or worsening seizures

Prescribing information obtained from DailyMed.

Common Mood Stabilizers

Divalproex/Valproic Acid

Lamictal (lamotrigine)

Lithium

Tegretol (carbamazepine)

Potential Approved (on-label) Uses

- Bipolar Disorder
- Seizure
- Severe Behavioral Disturbances
- Augmentation for Major Depressive Disorder

FDA-approved indications vary.

Prescribing information obtained from DailyMed.

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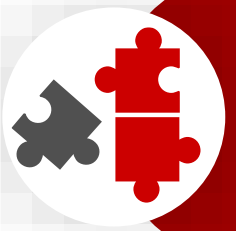
Case Study

Mr. Jones

68-year-old male

PMH: Bipolar, psychotic disorder, substance abuse, h/o inappropriate sexual behaviors, a fib, HTN

Findings:
Behavior monitoring: increased falls
AIMS: 2
Weight: 215 lbs
Height: 6’2



The Problem:

Bipolar disorder and inappropriate sexual behaviors. Staff report unsteadiness while standing, sleepiness and recent falls.

Medications: aripiprazole 10 mg po daily, risperidone 2 mg po BID, lisinopril, trazodone 100 mg po TID, apixaban (Eliquis), estradiol 0.5 mg po daily, pantoprazole

A/P:

Decreased trazodone

Monitoring for Adverse Effects of Mood Stabilizers

Potential Adverse Effects

General	Appetite changes, decreased libido, temporary hair loss
Cardiovascular	Changes in blood pressure, increased stroke risk
Metabolic	Thyroid changes, weight gain, electrolyte imbalances, low potassium or sodium
Neurologic	Headache, drowsiness, suicidality

Monitoring for Potential Adverse Effects

Monitoring generally should be performed upon initiation, with any dose reduction or increase, following discontinuation, and at least every 3 months.

Observational monitoring should be ongoing.

Laboratory Monitoring and Vital Signs

- Weight, blood pressure
- LFT, CBC, BMP, serum medication concentrations, TSH
- Consider need for bone density screening

Observational Monitoring

- Self-harming behaviors
- Suicidal ideation
- Sedation
- Skin rashes

Prescribing information obtained from DailyMed.

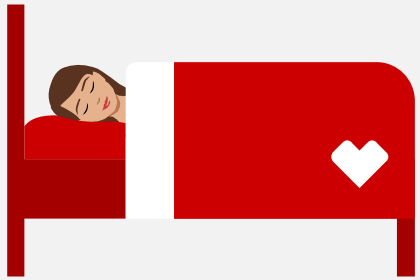
Common Sedatives/Hypnotics

Ambien (zolpidem)

Dayvigo (lemborexant)

Rozerem (ramelteon)

Sleep-Aid (diphenhydramine)



Potential Approved (on-label) Uses

- Insomnia

FDA-approved indications vary.

Prescribing information obtained from DailyMed.

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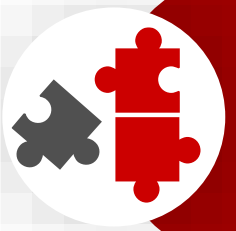
Case Study

Mrs. Begay

86-year-old female

PMH: depression, anxiety, diabetes, HTN, GERD, dementia

Findings:
Behavior monitoring: consistently over sedated in the morning.
Weight: 115 lbs



The Problem:

Insomnia: Reports difficulty sleeping. Staff report patient is difficult to wake in the morning and seems sleepy until about lunchtime.

Medications: melatonin 15 mg po qhs, lisinopril, insulin glargine and insulin aspart, pantoprazole, zolpidem 5 mg po qhs prn insomnia, lorazepam 0.5 mg po q 6 hr prn, hydroxyzine 25 mg po qhs

A/P:

MARs: receives zolpidem almost every night and lorazepam intermittently

Scheduled zolpidem, prescribed doxepin 10 mg po qhs and Tylenol PM 500-25 mg po qhs

Monitoring for Adverse Effects of Sedatives/Hypnotics

Potential Adverse Effects

General	Sleep-walking, daytime sedation
Cardiovascular	Chest pain, tachycardia
Psychiatric	Depression, hallucinations
Neurologic	Dizziness, somnolence, headache

Monitoring for Potential Adverse Effects

Observational monitoring should be ongoing.

Observational Monitoring

- Sleep diary
- Mood changes, depressed mood
- Daytime sleepiness
- Unsafe ambulation (e.g., sleepwalking)

Prescribing information obtained from DailyMed.

Identifying Overutilization and Misuse of Psychotropic Medications

It is important to recognize when an individual may benefit from a reduction in the use of psychotropic medications in order to prevent or reduce the risk of adverse effects related to their use.

What Overutilization and Misuse Looks Like

Adverse Effect (e.g., oversedation)
Resident requires assistance to wake up or stay awake

Toxicity of medications
Elevated serum concentrations of medications

Inappropriate use or indication
- Anxiolytics and antipsychotics used for sleep
- Not utilizing nonpharmacologic therapy
- Unsupported or undocumented diagnosis, indication for use, or consent

Duplicate therapy
Multiple antidepressants without a clear rationale

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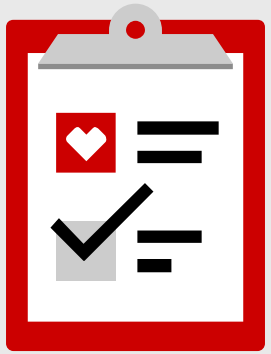
Steps to Reduce the Risk of Psychotropic Use

It is important to develop a plan of care and share that plan with individuals, family, and other caregivers.



Establish the goals of therapy and how they will be measured and documented

- Develop and reevaluate non-drug interventions (e.g., CBT, music, companionship)
- Identify the impacts to the resident and monitor for changes (e.g., improving, worsening)
- Educate individuals and caregivers of potential side effects and what to look for (e.g., falls, mood changes)
- Formulate a plan for periodic reevaluation, including discussions regarding gradual dose reductions where appropriate

CBT = cognitive behavioral therapy

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Next Steps

Be aware of the impact of psychotropic medications in long term care is important to provide optimal resident care

Understand monitoring of psychotropic medications can help to prevent or identify potential adverse effects

Help prevent overuse and misuse of psychotropic medications can help to promote resident safety