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Long-Term Care Survey Alert

Drug Management: Is A Resident's Antipsychotic Medication Going To Pass Muster Under OBRA?

Use this checklist of assessment questions to find out.

Antipsychotic medications not only increase residents'risk for falls and a host of other clinical problems -- inappropriate use can land your facility with an F329 tag for unnecessary drugs.

So if the interdisciplinary staff is considering an antipsychotic med to treat a resident's dementia-related behavioral or psychotic symptoms, ask this series of questions:

1. Have you ruled out a medical, social or environmental cause of the behavioral or psychotic symptoms? For example, is there reason to suspect the patient is in pain or discomfort? Parkinson's medications can cause visual hallucinations (typically recurrent ones of people or animals) in about 30 percent of residents, according to information presented at the June 2004 NADONA conference. The drugs can also cause delusions -- most commonly paranoid ones, according to NADONA presenter **Ella Hunter, RN, PhD**, a nursing professor at **Eastern Kentucky University** (for more information, see the September 2004 Long-Term Care Survey Alert).

2. What kind of functional loss is the person suffering as a result of the behavioral disturbance? To meet OBRA requirements, the documentation should show that the behavioral symptom (delusion, hallucination, paranoia, etc.) is causing the resident distress and/or interfering with his functional status," says **CarolynLehman**, **MSN, RN, NHA**, a consultant with **Howard, Wershbale & Co**. in Cleveland, OH. "It can't just be that the resident is talking to his stuffed animals or having a pleasant hallucination, such as conversing with a deceased family member, which brings him or her comfort," Lehman cautions.

By the same token: If the facility does give a resident an antipsychotic med to treat dementia-related behavioral/psychotic symptoms,monitor whether the drug actually improved the resident's functional loss or distress, advises **Sam Kidder, PharmD**, in Silver Spring, MD. "But don't be fooled by sedation," he warns, "where you think the resident is 'cured' because he's sleeping a lot or not interacting with others much anymore. Sedation also increases fall risk and can mask delirium and urinary tract infection."

3. Have you tried numerous behavioral interventions or environmental modifications? In one case, an Alzheimer's resident's "delusion" that "another woman" was following her husband during his visits to the facility turned out to be her own unrecognized reflection in the mirror in her room, reported **Adam Rosenblatt, MD**, speaking at the June 2004 NADONA conference in Orlando. The staff "cured" the delusion by removing the mirror. Dementia residents who battle the bath may agree to receive a comforting no-rinse towel bath.

For instructions on giving a towel bath, go to www.bathingwithoutabattle.unc.edu/main_page.html.

4. Are you thinking about giving the antipsychotic medication for any of the behaviors that the Centers for Medicare & Medicaid Services has specifically said don't warrant such therapy? The list includes poor self care, wandering, restlessness, impaired memory, anxiety, depression (without psychotic symptoms), insomnia, unsociability, indifference to surroundings, fidgeting, nervousness, uncooperativeness or agitated behaviors that do not represent a danger to themselves and/or others.

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