

## REDUCING ANTI-PSYCHOTIC DRUGS AND BEHAVIORS WITH DEMENTIA ENGAGEMENT

**Mt. Vernon Nursing & Rehab Center (MVNRC)** is a family-owned, independent, multi-care facility dedicated to addressing the healthcare needs of seniors while providing the most attentive, compassionate care possible. Their mission is to ensure that their patients' time with them is as comfortable, engaging and worry-free as possible and their primary focus is to help their patients to restore their life's balance and become well again.

### CHALLENGE

- People with dementia, such as Alzheimer's, develop behavioral and psychological symptoms, including wandering, restlessness, aggression, delusions, hallucinations, apathy and sleep disturbances. These symptoms are distressing, both for the person and the caregiver.
- Anti-psychotic drugs are a group of medications that are usually used to treat people with mental health conditions such as schizophrenia. They are also commonly prescribed for behavioral and psychological symptoms in dementia as they may eliminate or reduce the intensity of psychotic symptoms and can have a calming and sedative effect.
- In 2012, the Centers for Medicare & Medicaid Services (CMS) launched a federal initiative aimed at reducing the use of these anti-psychotropic drugs in nursing homes. The initiative called for a 15% reduction in the use of anti-psychotics by nursing home residents.
- Nearly 40% of nursing home residents with signs of dementia are receiving anti-psychotic drugs, even though there is no diagnosis of psychosis, according to CMS.
- Anti-psychotic drugs have an average monthly prescription cost of \$250 to \$475 per resident.
- The FDA has warned that treatment with anti-psychotic drugs increases the risk of death among elderly patients with dementia.
- Possible side effects include:
  - sedation (drowsiness)
  - parkinsonism (shaking and unsteadiness)
  - increased risk of infections
  - increased risk of falls
  - increased risk of blood clots
  - increased risk of stroke
  - worsening of other dementia symptoms
  - increased risk of death.
- It is important to consider that anti-psychotic drugs may help reduce behavioral and psychological symptoms, but because of these side effects, this may be at the expense of the person's quality of life.

### CLIENT

Mt. Vernon Nursing & Rehab Center  
[www.mvnrc.net/](http://www.mvnrc.net/)  
Industry: Long term care  
State: Virginia



**Linked Senior is the best solution to decrease PRN medicine for residents with behaviors.**

—Nora Miller, LPN,  
Charge Nurse, Mt Vernon  
Nursing & Rehab Center

Mt Vernon Nursing and Rehab, in accordance with the CMS mandate to reduce the use of psychotropic medications, had utilized non-pharmacological interventions for residents' exhibiting behaviors with success. The facility had been using a reactive approach and wanted to develop a strategy for a proactive approach.

The nursing and activity staff collaborated on the initiative and identified residents that would benefit from it. Each resident had a different need, but all were being followed by the behavior team and the facility psychiatrist and were on both routine and PRN medications for depression and or agitation/anxiety.

## 3 STUDIES

### CHALLENGE

Mrs. S is a 93 year old resident with a diagnosis of senile dementia. Admitted with an order for a PRN medication for anxiety and agitation, Mrs. S experiences sun downing in the late afternoon and is agitated and difficult to re-direct. She sits near the nurses' station and yells out for help. The staff has tried many non-pharmacological interventions, but due to an inability to maintain focus, these were short lived distractions.

### SOLUTION

The staff engaged Mrs. S with meaningful activity with her favorite country music. She was also an avid gardener and responded very well to videos and slideshows of flowers that she could recognize by heart. This was done using Linked Senior prior to the start of her usual afternoon behaviors.

### RESULT

The staff noted that on many days Mrs. S doesn't exhibit any of those behaviors, but when she does, it is shorter in time and severity. Mrs. S. has not needed her PRN medication for agitation for 90 days and it has been discontinued.

### CHALLENGE

Dr T. is an 82 year old resident with a primary diagnosis of dysphagia and a stage 4 pressure ulcer. He was admitted on routine medications for depression and a PRN medication for anxiety/agitation. Dr T is in a private room and has been isolated for MRSA of his wound intermittently since admission. He feels lonely and isolated and requests PRN medication for anxiety.

### SOLUTION

It was recommended that Dr T might benefit from Linked Senior as he spends a lot of time alone due to his diagnosis. Dr T was introduced to Linked Senior and, as a history buff, spends hours playing history trivia, going through slideshows about the civil war and reminiscing over the last decades' political events.

### RESULT

Dr T has not needed his PRN medication for anxiety/agitation for 90 days and it has been discontinued.

### CHALLENGE

Ms. H is a 63 year old resident with a primary diagnosis of MS and exhibits anxiety. She would spend hours having the nursing staff reassure her during these episodes which occurred multiple times a day.

### SOLUTION

She now independently engages with Linked Senior on days when she normally would be coming to the staff with her anxiety. She enjoys playing trivia and brain teasers alone or in a group and loves big band music. She responds very well and enlightens to music.

### RESULT

She was evaluated by the facility psychiatrist and declined any medications as she finds using Linked Senior helps her with her anxiety.

**Thanks to Linked Senior, we now get pats on the back from our pharmacy for our decrease of anti-psychotic drugs.**

*—Nora Miller, LPN,  
Charge Nurse, Mt Vernon  
Nursing & Rehab Center*