# Connect

A resource supp[...]d care

Issue No. 5 | June 2022

PSYCHOTROPICS SPECIAL EDITION

Hello,

Welcome to our *Special Edition* of Connect, where we share valuable insights on psychotropic medication – a hot topic in aged care. Our team of specialists have compiled information and practical resources to help you navigate this complex issue and explore some strategies for safer care.

Webstercare are very mindful of the staffing issues you face right now, so we have developed some complimentary support resources to help your team work safer and smarter every day. Don't miss our online **Refresher Sessions** on Webstercare systems, **SOS Safety Kits**, the snapshot **Trolley Check** and some laughs to brighten your day.

Take care,

Gerard Stevens

*Managing Director*
***Webstercare®***

The burden of psychotropic drugs on the ageing brain can increase the risk of adverse reactions:

- Risk of falls and fractures
- Rates of pneumonia
- Rates of dementia decline
- A tripling in the risk of stroke
- 80% increase in mortality rates

# Spotlight on psychotropics

The reality we face in aged care, is that over 50% of people in our care have dementia, with the majority suffering symptoms such as wandering or calling out.* Our residents with dementia have been frequently prescribed psychotropic medications to help manage these symptoms, with research indicating **nearly two-thirds (61%) of residents are taking psychotropic agents regularly in Australia.****

Findings from the Royal Commission into aged care has shone a light on the overuse of psychotropics, and their potential risks to the health and wellbeing of our residents. Not only are psychotropics unlikely to be effective in managing the behavioural symptoms of dementia*, they also pose an **increased risk to the residents' health, and can potentially cause them substantial harm.**

Whilst many care teams prescribe psychotropic medications in good faith, we now know, we need to reconsider their use and refocus on alternative solutions to manage the challenging behaviour associated with dementia.

### *So what are the alternatives?*

The individual strategies we utilise may not necessarily be new concepts, rather **our approach** is key to achieving better health outcomes and care:

- the way we collaborate with the care team, the resident, and their loved ones;
- the way we assess, manage, review, and document the behaviours; and
- the individualised Care and Services Plan we create for each resident.

There are many strategies which could be considered to support residents with challenging behaviours. These could include changes to environment, medication, communication, nutrition, engagement – just to name a few. Some options may not be viable for every facility, but there are some truly outstanding resources, freely available to help you explore alternatives.

With information spread across so many locations, it can be a challenge to find the support you need, right when you need it most. So in this *Special Edition* of Connect, the Webstercare team have sourced some of the most invaluable tools and services available, to help you navigate a safer path for dementia care.

*"Why did the chicken join the band? He had drumsticks!"*

*"What do you call a cow that can play a musical instrument? A moo-sician!"*

* Australian Aged Care Quality Agency: www.agedcarequality.gov.au/providers/better-use-medication ** ANZ Journal of Psychiatry: www.agedcare.royalcommission.gov.au/system/files/2020-06/RCD.9999.0032.0128.pdf

CONTINUING EDUCATION

# Side effects of antipsychotics

Antipsychotics are a class of psychotropic medicines used mainly to treat psychotic disorders and their symptoms, all with varying potential side effects. These can include weight gain, muscle stiffness, dizziness, dry or watery mouth, visual disturbances, nausea, etc., as well as interactions with other medicines. When used for people with dementia, there is an increased risk of stroke and death.

*There has been a recent focus on the inappropriate and overuse of antipsychotics, particularly for behavioral and psychological symptoms of dementia (**BPSD**).*

Areas for improvement have been identified:

- ***Multiple antipsychotic medicines***
- ***Pro re nata (PRN or when required) medicines***
- ***Monitoring long-term side effects, including metabolic concerns***

BPSD affects up to about 90% of dementia patients with poor outcomes with symptoms including:

- Apathy
- Verbal outbursts
- Sleep disturbance
- Wandering
- Socially inappropriate behaviour
- Repetitiveness
- Emotional withdrawal
- Incontinence
- Hallucinations
- Delusions

More serious symptoms can include persistent agitation, aggression, or psychosis.

***"What happens when you leave your ADHD medication in your Ford Fiesta? It turns into a Ford Focus."***

***"What do pigs apply for dry skin? Oinkment."***

## Antipsychotics

Antipsychotics are generally described as first or second generation, including chlorpromazine (Largactil) and haloperidol (Serenace). Second-generation include:

- Amisulpride
- Aripiprazole
- Asenapine
- Brexpiprazole
- Clozapine
- Lurasidone
- Olanzapine
- Paliperidone
- Quetiapine
- Risperidone
- Ziprasidone

**Their use should be limited to people showing intractable aggression and psychosis, as only one in five will benefit.**

Risperidone is the only PBS listed oral antipsychotic approved by the TGA for BPSD, for Alzheimer patients unresponsive to non-pharmacological treatment, with a twelve-week limit.

Commencing with 0.25mg twice daily and increasing to a maximum of 2mg daily.

Olanzapine is not approved by TGA for dementia but considered to control hallucinations or seriously disturbed behaviour, starting with 2.5mg daily, increasing to a maximum of 10mg daily.

Haloperidol is PBS-subsidised without restriction.

## Side effects

Common adverse effects include:

- Sedation, Cognitive decline
- Constipation
- Urinary retention
- Postural hypotension
- Extrapyramidal effects (EPSE)
- Fall risks
- Transient ischaemic attacks (TIAs) and stroke
- Diabetes

Suggested monitoring for long-term use includes:

- Weight gain
- Blood pressure
- Fasting serum lipids and blood glucose
- Electrocardiogram (ECG)
- EPSE
- Sedation
- Anticholinergic effects

See NPS antipsychotic monitoring tool: *https://resources.amh.net.au/public/antipsychotic-monitoring-tool.pdf*

## Metabolic effects

With long-term use, fasting serum lipids and blood glucose should be reviewed 12 monthly and 6 monthly for olanzapine.

Clozapine and olanzapine have increased risk of type 2 diabetes and may aggravate insulin resistance.

## Mortality

Mortality risk is in the order of 1 excess death per 100 people.

## Stroke

Increased risk of stroke is possibly due to postural hypotension, anticholinergic side effects, QT prolongation, platelet aggregation and VTE.

## Extrapyramidal side effects

These include involuntary muscular contractions with some appearing after only a few doses.

## Anticholinergic effects

These include dry mouth, blurred vision, urinary retention, constipation, tachycardia and confusion.

**To receive more Continuing Education articles, eSubscribe to *Connect* at www.webstercare.com.au/connectsubscribe**

***References:*** *Therapeutic Guidelines Ltd (eTG March 2018 edition). NPS News Balancing benefits and harms of antipsychotic therapy, 2011. Diabetes and antipsychotic drugs. Australian Prescriber, 2004.*

# Determining chemical restraint

**Using 'restrictive practices' in an aged care setting must always be the last resort. 'Chemical restraint' is a type of restrictive practice. Psychotropic medications used primarily to manage behaviour would be deemed a chemical restraint.**

Residential aged care facilities must now comply with restrictive practice requirements. The appropriate use of **all psychotropics** must be clearly documented, whether they are chemical restraints or not. Documentation should include the reason for use, evidence of regular review (to confirm the basis for continuation or reduction of dose), and appropriate informed consent. A behaviour support plan (BSP) is also required when behavioural interventions are needed to support the introduction and ongoing use of a chemical restraint. However, determining if a psychotropic medication is being used as a chemical restraint can sometimes be a grey area.

**Meditrax** are Medication Management Specialists who provide medication reviews and support services for aged care facilities. Meditrax have provided the following scenarios to help demonstrate when psychotropic medications would or would not be determined as a chemical restraint.

**For more information on restrictive practices:**
*www.agedcarequality.gov.au/minimising-restrictive-practices*

## Chemical restraint or not?

**The following case scenarios are from Meditrax Pharmacists conducting Residential Medication Management Reviews (RMMRs) and Psychotropic Medication Analysis (PMA) Audits.**

1. A resident was prescribed quetiapine 25mg bd prn (no indication specified on the charted order). It was administered by staff for agitation as per electronic records. Follow-up documentation of the outcome was omitted. The resident had been recently assessed by Dementia Support Australia, who provided non-pharmacological management of behavioural issues.

   ***Is this a chemical restraint?* YES**

   It could be an appropriate restraint if the medication order specified indication for use and staff administered therapy for the indication prescribed with clear evidence that use was a last resort after all strategies detailed in their individual behaviour support plan was trialled.

2. A resident who is deteriorating is prescribed midazolam on PRN regimen for 'agitation in end-of life care'.

   ***Is this a chemical restraint?* NO**

   According to the updated aged care legislation July 2021 (Quality of Care Principles 2014), chemical restraint does not include medications prescribed for end-of-life care. ***However, if RN staff administer midazolam outside the setting of end-of-life care, this may be deemed a chemical restraint.***

3. A resident diagnosed with dementia is prescribed PRN morphine liquid after sustaining a fractured hip. Twelve months later, the oral morphine order remains to be charted and documentation indicates administration for symptoms of agitation around 4pm several times a week.

   ***Is this a chemical restraint?* YES**

   Although agitation may be presentation of pain in some residents, there was no relevant pain assessments or documentation indicating that pain was the cause of the agitation.

4. A resident is newly admitted to the facility with a prescription for risperidone. Medical officer admission notes documented use for bipolar disorder. Hospital discharge documented that risperidone was commenced during hospital stay for behavioural and psychological symptoms of dementia (BPSD).

   ***Is this a chemical restraint?* YES**

   Antipsychotics prescribed for mental health disorder like bipolar is not deemed a chemical restraint. However, the medical officer's diagnosis documented on admission was not substantiated by the documentation for which therapy was commenced. There was also no evidence of bipolar disorder in resident's medical history.

5. A resident is prescribed regular duloxetine for depression/ anxiety and PRN diazepam for anxiety. Diagnosis list and comprehensive medical assessment (CMA) indicated long term treatment. The resident was not cognitively impaired and did not lack capacity to make decisions. The resident requested PRN diazepam when feeling unable to cope with anxiety symptoms.

   ***Are any of these medications' chemical restraint?* NO**

   The resident has well documented history of depression and anxiety disorder, requiring continued treatment. The resident is aware of the availability of PRN diazepam and makes the decision to request this when symptoms are difficult to manage. Staff are aware of the non-pharmacological support to be provided as part of the management plan.

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# Exploring alternatives to psychotropics

## ↘ A fresh approach for safer dementia care

*"Best practice for managing the behaviour and psychological symptoms of dementia uses a person-centred approach."*

A collective of invaluable support services, tools and ideas, to assist in managing the behaviours and psychological symptoms of dementia.

Webstercare

↘ webstercare.com.au

## 1 ↘ Identify changed behaviour

Family, close contacts and frontline workers know the resident best. Talk to them to understand any 'new or changed behaviours'.

- Identify if an immediate response is needed to promote safety.
- Assess resident for any unmet needs (eg. thirst, hunger, pain).
- Check the Care and Services Plan to understand the resident's patterns and needs.
- Check what individualised strategies have been tried to date.
- Communicate the changed behaviour, strategies used, and their effectiveness to the wider care team through appropriate reporting.

### ! Psychotropic medications used to manage new or changed behaviours can cause harm

Psychotropic medications are any drug capable of affecting the mind, emotions and behaviour. *"The burden of multiple uses of psychotropic drugs on the ageing brain can increase the risk of adverse drug reactions. Particularly when combined, are associated with risk of fall injuries, hospitalisations and mortality among older persons."*

↪ *www.ncbi.nlm.nih.gov/pmc/articles/PMC5347947*

### Webstercare Cloud Based Reports

Webstercare reports support you in assessing a resident's medication profile by identifying potential risks associated with polypharmacy, which may impact their health or behaviours. The following reports are available from your Webstercare pharmacist, or Webstercare's MedSig® e-signing system for aged care:

- **Antipsychotics for BPSD Report:** allows for benchmarking
- **Antipsychotic NQIP Report:** to guide appropriate use of antipsychotics
- **Clinical Correlation Report:** details changes in a resident's medication over a time period
- **Falls & Confusion Report:** anticholinergic burden impact (ACBI)
- **Polypharmacy NQIP Report:** details the number of medications taken
- **Psychotropic Medication Awareness Report:** details medication that requires consent
- **Psychotropic Medication Report:** details all psychotropic medications taken

#### How to generate Webstercare MedSig Reports

→ Log into **Webstercare MedSig Admin**
→ Go to "Reports" menu > drop down > scroll to the bottom
→ Select the appropriate report
→ If required, select "Start Date" and "Collection Date"
→ Select "View Report" and save to Excel

## 2 ↘ Assess the resident

**Assess what triggers the behaviour:** Could the new or changed behaviour be caused by physical or mental health (eg. infection, delirium, depression), environment, relationships, an event or recent change?

**Assess the behaviour:** What is the severity of the new or changed behaviour? Are there any warning signs or related incidents?

**Assess outcomes of the behaviour:** What happened immediately after the new or changed behaviour? Was there an adverse impact on the resident or others?

**Refer to Webstercare Reports: Clinical Correlation, Falls & Confusion, NQIP Antipsychotics, NQIP Polypharmacy, and Psychotropic Medication, for medication with potential related side effects.**

- Conduct assessments to eliminate such causes and make relevant referrals.
- Consider a **'Residential Medication Management Review'** (RMMR).
- Collate and document the assessed behaviours, potential triggers, outcomes, strategies used, and their effectiveness.
- Review assessment outcomes, consult with the resident / authorised representative and care team, and develop a **'Behaviour Support Plan'** (BSP).
- Document findings in the resident's file and the Care and Services Plan.

### ! Behaviour Support Plan

BSPs form part of the existing Care and Services Plan and are now legally required for any resident who needs behaviour support; where the use of a restrictive practice has been assessed as necessary; and where a restrictive practice is being used (eg. psychotropics used as chemical restraint).

↪ *www.agedcarequality.gov.au*

### * Need help to create a Behaviour Support Plan?

**Dementia Support Australia** has some great resources to help you including a **Behaviour Management Advisory Service** which provides short-term case management interventions.

↪ *www.dementia.com.au*

### * Need help with a Residential Medication Management Review?

An RMMR is a comprehensive assessment of a resident's medication regimen by a Clinical (Accredited) Pharmacist. **Meditrax** are Medication Management Specialists who provide RMMRs along with a detailed report which explains any medication-related problems and suggest possible actions.

↪ *www.meditrax.com.au*

## 3 ↘ Explore alternatives to prescribing

**In most cases, a resident's symptoms can be managed without medication. What alternative strategies can you try?**

Work with the care team, frontline workers, families and close contacts on problem solving and managing behaviours. Ask if they have tried any other strategies? What worked and what didn't? Keep open lines of communication and be creative in exploring new alternatives.

- **Understand** the resident's behaviours, triggers, likes and dislikes.
- Find ways to **communicate** with the resident. Check in on them regularly and get to know them.
- Ensure their **environment** makes them feel safe, "at home" and as independent as they possibly can.
- Ensure there are activities which **engage** the resident and are meaningful to them.

**Environment:** Do they have personal items in their room, such as photos, cups, books or even a favourite chair which will make them feel at home? Do they feel safe and have access to devices which may aid their mobility, vision and hearing?

**Social activity:** Are there engagement activities they can participate in, such as group games, entertainment, or gardening? Are there 'day out' activities they can attend if able? ***Ask your Leisure & Lifestyle Coordinator!***

**Music therapy:** Have you considered broadcasting music or personal apps which can be uplifting and awaken happy memories?

IDEA!

***Silver Memories***

A 24/7 lifestyle solution for people in aged care and those living with dementia, awakening happy memories from the past through music therapy.

↪ *www.silvermemories.com.au*

**First language activities:** Do they have access to movies, books, audio books, or people they can speak with in their first language?

IDEA!

***SBS World Movies***

↪ *www.sbs.com.au/ondemand/channels/sbs-world-movies*

***Visit your local library***

For foreign-language movies, books and audio.

### !

**Poor nutritional intake and lack of fluids can contribute to the development and severity of delirium.** Delirium often occurs when a person is unwell, and can lead to a rapid decline in mental state and behaviour. People with dementia are at a greater risk of developing delirium.

↪ *www.scie.org.uk/dementia/living-with-dementia/eating-well/importance-of-nutrition.asp*

**Food and nutrition:** Good nutrition is vital for both health and independence. A person with dementia is likely to experience changes in tastes, routines and difficulty eating or using cutlery. It's important to review preferences for food regularly and record changes.

- **Is the resident having more difficulty eating and drinking?** Do they need assistance eating, or could they benefit from a finger food menu to maintain independence and encourage them to eat?
- **Have their likes and dislikes changed?** Check in regularly with the resident to better understand what type of food they like to eat – likes and dislikes may change regularly. They may also start to lose their sense of smell which impacts their appetite. Is the food flavoursome and tasty? Can extra seasoning, condiments or stronger flavours be added to tempt them to eat?
- **Is the resident used to eating at a different time of day?** A facility's mealtime routines may be confusing and unfamiliar to the resident, or they may not be hungry at that time of the day. Can their main meal be served at their preferred time of day? Are snacks and drinks visible and available throughout the day, so the they can eat and drink whenever they feel hungry?

↪ *www.dementia.org.au/support-and-services/families-and-friends/personal-care/nutrition*

IDEA!

**Dementia Australia – Online Learning**

***Nutrition and Dementia: Food for Thought***

- Nutrition and hydration, and the impact on a person living with dementia.
- Accreditation standards and best practice in aged care.
- Reflecting and improving current work practices.

↪ *www.dementialearning.org.au/course/nutrition-and-dementia-food-for-thought*

IDEA!

**Maggie Beer Foundation**

***'Creating an Appetite for Life' Masterclass***

Online and Customised Training Programs for cooks and chefs in aged care facilities: nutritious ingredients, food supplier relationships, aged care specific recipes, menus and dining room management.

↪ *www.maggiebeerfoundation.org.au/events/creating-an-appetite-for-life-education-program*

**Training:** Would you benefit from training on the care of people living with dementia? Take a look at:

↪ *www.dementialearning.org.au*
↪ *www.dta.com.au*
↪ *www.utas.edu.au/wicking*

### Prescribing should be the exception, not the norm.

**If the strategies have not been effective in stopping or minimising responsive behaviours, consider:**

- **Have all reasonable alternatives have been explored?**
- **Have you made referrals to external specialists for support such as Dementia Support Australia or a psychogeriatrician?**

**Before prescribing antipsychotics or benzodiazepines be aware that they increase the risk of patient harm.**

## If it's necessary to prescribe psychotropics ↙

## 4 ↘ Get informed consent

The prescriber should discuss the risks and benefits of using psychotropics with the resident and their decision maker (if they have one), and get their informed consent.

**Refer to the Webstercare Psychotropic Medication Awareness Report which details medication that requires consent.**

**Find out more about informed consent here:**

↪ *www.health.gov.au/resources*

## 5 ↘ Start low & go slow

- Start on a low dose.
- Measure and record the response against the documented behaviours.
- Increase the dose very gradually, if needed.
- Plan a regular review for every 4 to 12 weeks.

### ! Psychotropic Medication Self-Assessment Tool

The self-assessment tool is not mandatory, but the template guides you in documenting required information about all residents who are receiving psychotropic medication(s). This assists in understanding how these medications are used, identifies where further assessment and/or action may be required, and where they may be reduced or removed.

↪ *www.agedcarequality.gov.au/resources/self-assessment-tool-psychotropic-medications*

## 6 ↘ Review

**Refer to Webstercare Reports: Clinical Correlation, Falls & Confusion, NQIP Antipsychotics, NQIP Polypharmacy, for potential medication related side effects.**

- Review the resident's response to the medication. Symptoms can change, therefore medication may need to change.
- Try reducing the dose after a time.
- Continue to review every 4 to 12 weeks and keep measuring the response.

### ! You should deprescribe psychotropics:

- If there is no improvement in **4 weeks**.
- If the symptoms do not return after reducing the dose over time.

## i Restrictive practices

Using restrictive practices in an aged care setting must always be the last resort. A restrictive practice is any action that restricts the rights or freedom of movement of a resident. 'Chemical restraint' is a type of restrictive practice, and when psychotropic medication is used to manage behaviour, it may be classed as chemical restraint. The Aged Care Quality and Safety Commission monitor residential aged care provider's compliance with the restrictive practice requirements. These include having:

- a BSP in place for every resident who has a restrictive practice
- policies and processes in place to support appropriate use of restrictive practices and monitoring protocol
- provisions of information to the resident or their Restrictive Practices Substitute Decision Maker, including the risks and benefits, and documentation of their consent.

Learn more about complying with legislative changes and reforms:

↪ *www.agedcarequality.gov.au/minimising-restrictive-practices*

## Resources & training

**Australian Government Aged Care Quality and Safety Commission**

Guidance resources and information on peak bodies and publications

↪ *www.agedcarequality.gov.au/providers/standards/guidance-resources*

Psychotropic self-assessment tool

↪ *www.agedcarequality.gov.au/resources/self-assessment-tool-psychotropic-medications*

**Australian Government Department of Health**

↪ *www.health.gov.au/resources*

National Aged Care Mandatory Quality Indicator Program (NQIP) Data recording templates

↪ *www.health.gov.au/resources/publications/qi-program-data-recording-templates*

**Dementia Australia 'Centre for Dementia Learning'**

Accredited training, professional development programs and consultancy services

↪ *www.dementialearning.org.au*

**Dementia Support Australia**

Dementia behaviour support service and resources

↪ *www.dementia.com.au*

**Dementia Training Australia**

Dementia training, education and resources

↪ *www.dta.com.au*

**NPS MedicineWise**

Antipsychotic monitoring tool

↪ *https://resources.amh.net.au/public/antipsychotic-monitoring-tool.pdf*

**Wicking Dementia Research and Education Centre**

Dementia training, education and resources

↪ *www.utas.edu.au/wicking*

This resource is based on the Department of Health's 'Six Steps for Safe Prescribing' www.health.gov.au/resources

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# SUPPORT is on its way!

FREE 'SAFETY SAMPLE KIT'!

*Life saving devices for safer care throughout the day!*

## ↘ Trigger Labels

**Visual Alerts to bring your attention to important information on medication charts and ensure safe administration every time.**

The **self-adhesive labels** are affixed to your resident's medication chart to visually alert you of changes to their medication regimen, their condition, or unique medication requirements.

**Choose from our library of over 400 labels. Or ask us to create CUSTOM LABELS to better support your team.**

## ↘ Pil-Bob

The **Pil-Bob**® makes it even easier to remove medication hygienically and efficiently without spillage. Simply tap & twist to capture the medication in one swift move. The ergonomic design reduces repetitive strain so you can glide through your rounds with ease.

## ↘ UD7 Colour Codes

**Unit Dose 7**® is the safest system to administer medication to your residents. Colour coding packs for each medication category is just one of many levels of safety. Display this colour guide for handy reference.

## ↘ Cytotoxic Safety

Cross-contamination of high-risk cytotoxic medications is a major health hazard. Webstercare have a range of **purple** colour coded accessories to provide extra protection during your rounds. Arm your trolley with **Cytotoxic**: **Pil-Bob**; **Delivery Bag**; and **Trigger & Handling Labels** to safeguard your daily care.

***Request your FREE 'Safety Sample Kit' from our Customer Service Team on 1800 244 358 or orders@webstercare.com.au***

## Free Online REFRESHER SESSIONS!

***A lifeline to help your staff stay on course!***

Take advantage of Webstercare's complimentary **'Refresher' webinar sessions**. Supporting new and existing staff with training and updates on all the safety support features Webstercare systems have to offer.

Our team can customise sessions to suit your facility, from a range of topics:

- Webstercare reporting
- Webstercare cloud reports direct from MedSig
- MedSig – refresher session
- Unit Dose 7® – safety session
- RxMedChart™ – preventing medication errors
- Trigger Labels – safety aids that can save lives

↘ ***SOS our life saving team on 1800 244 358 to book today!***

## Revive Your Trolley

***Every good lifeguard needs to keep their trolley in check!***

Send us some snapshots of your trolley including the drawers. We will send you back some *Tips & Tricks,* to help maximise the performance of your trolley for a smoother, safer ride.

↘ ***Email your snapshots to info@webstercare.com.au***

*"What do you call a dog lifeguard? A good buoy!"*

Lifeguard: *Welcome to the Ool.*
Kid: *Why's it called the "Ool?"*
Lifeguard: *Because there's no P in the pool!*

***WE WOULD LOVE TO HEAR FROM YOU!***

**If you have any questions, or a joke you'd like to share, simply email us at connect@webstercare.com.au**

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