Antipsychotic Drug Use and Dementia

The Partnership to Improve Dementia Care was launched in May 2012 by the Centers for Medicare & Medicaid Services (CMS). The Partnership’s goal is reducing use of antipsychotic drugs in nursing home residents by 15 percent by December 31, 2012.


The report found that in some circumstances antipsychotic medications are being prescribed in an attempt to manage the behaviors of patients with dementia and psychological symptoms, but who did not have an approved indication for their use. While off label prescribing in this context does not always constitute inappropriate prescribing, use of antipsychotic drugs do have significant health risks in this population. This report, and other recent reports, has led to heightened regulatory, legislative and consumer awareness of the potential dangers these medications may cause for individuals with dementia.

The decision to use an antipsychotic drug needs to be considered with caution. A recent analysis shows that atypical antipsychotics are associated with an increased risk of stroke and death in older adults with dementia. The FDA has asked manufacturers to include a “black box” warning about the risks and a reminder that they are not approved to treat dementia symptoms. The warning states: “Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo.”

**Side Effects of Antipsychotic Medication for Dementia**

- Some antipsychotics cause a decrease in white blood cell production that can lead to serious infections
- Some antipsychotics can cause a decrease in blood pressure when changing positions. They can also cause dizziness, rapid heart rate and drowsiness
- Antipsychotics can cause irreversible, involuntary muscle movements.
- Antipsychotics can cause weight gain, cataracts, increased concentration of cholesterol and triglycerides and increased blood sugar levels

According to CMS data (August 2012), the current national average for antipsychotic drug use is 23.9 percent; the national goal is 20.3 percent. The Nebraska average is 22.2 percent. To meet the national goal of a 15 percent reduction, Nebraska’s average needs to be 18.2 percent. To simplify, if a nursing home has 100 residents and 22 of them are on antipsychotics, stopping these medications in four patients will exceed the 15 percent reduction goal. A facility can access their current anti-psych usage rate via Nursing Homes Compare.

We are asking you to support this effort to reduce the unnecessary use of antipsychotic agents by refocusing on a better understanding of the root cause of dementia related behaviors. Methods for improvement can include standardizing practices, educating inter disciplinary care teams, further developing strong relationships with residents and their advocates, and supporting caregivers in long-term care. Increased prescriber training will help reduce unnecessary antipsychotic drug prescribing.

Thanks for your interest and support.

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