

Antipsychotics & Dementia: A Closer Look at Appropriate Care



### The road to success!

Loch Lomond Villa's person-centered approach means providing individualized care for all residents and applying the highest standards of care to everything we do. We are focused on the elements of care and support what matter most to residents and their families.

#### Why are antipsychotic reviews important to us?

We know a resident's condition is not stagnant. Conditions change and our interdisciplinary team keeps up with current medical knowledge and apply new findings to benefit the outcome for each of our residents.

## What is an Antipsychotic?

Antipsychotic medications are a class of drugs primarily used to treat psychosis, which can include hallucinations, delusions, disorganized thinking, agitation, and aggression.

#### Common examples are:

Quetiapine



Aripiprazole



Olanzapine



Risperidone



Clozapine



Haloperidol

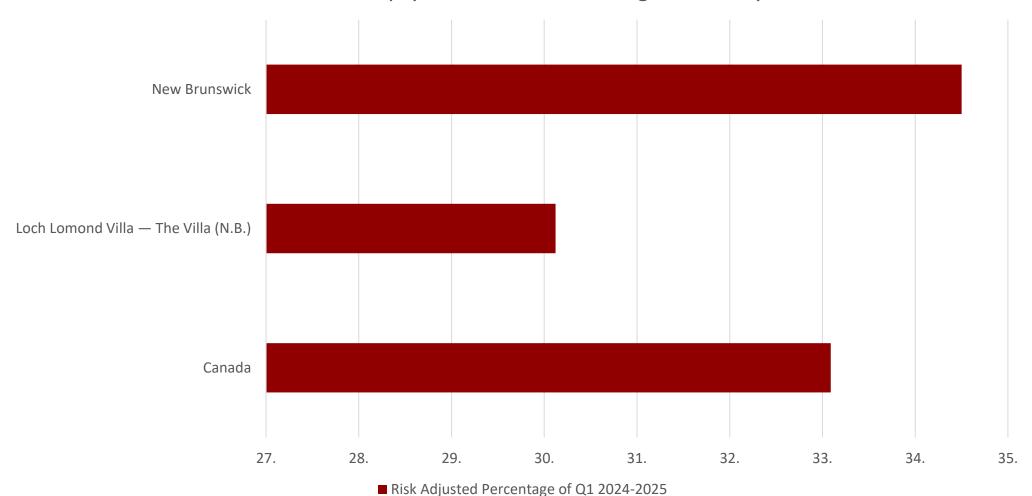


Ziprasidone



## The Big Picture: How Does Antipsychotic Use in Dementia Compare?

Residents on Antipsychotics Without a Diagnosis of Psychosis



## More Harm Than Good? The Risks of Antipsychotics in Dementia

Antipsychotic medications were not designed to treat dementia directly, and their effectiveness in managing common dementia symptoms is often limited.

- They are ineffective in stopping "unsocial" or disruptive behaviors.
- They show minimal impact on apathy, repetitive actions, or verbalizations.
- They have little to no effect on wandering or resistance to care.
- Most importantly, they carry serious risks, including strokes, excessive sedation, increased fall risk, and even death.

## Safe and Appropriate: Reviewing Antipsychotics for Better Resident Outcomes



The decision to review, decrease, or discontinue an antipsychotic in long-term care is a deliberate, multidisciplinary process driven by the desire to prioritize resident safety, minimize harm, enhance quality of life, and ensure that medication use is clinically appropriate and aligned with person-centered care principles.

## The DECREASE Framework for Deprescribing



D – determine the need

E – evaluate the risks

C – consult with the resident

R – reduce gradually

E – engage in regular follow-up

A – assess symptom management

S – support the resident

E – envision quality of life

# The Rewards of Reduction: A Better Quality of Life







Now What? Our Alternative Strategies - The "Toolbox"

- Quiet, calm approach
- Do not argue
- Relocate to a quiet area
- Distraction
- → Redirection
- Recreation
- Music

- Pet therapy
- → Socialization
- Relaxation (serenity room/cart)
- → P.I.E.C.E.S/U-First person-centered approaches
- → Ask Questions!

## Appropriate Use & Our Commitment

We must recognize that each resident is unique, what's appropriate for one may not be for another, and needs can change over time.



- Appropriate medication use centers on providing the best possible benefit to residents while avoiding potential harm.
- By prioritizing alternative, evidence-based care strategies, we are committed to elevating both the quality of care and the overall quality of life for all our residents.

### Your Role in Quality Care

- Cherie Garrett
- 506 643- 7175
- Birchhouse@lochlomondvilla.con

Questions?

- Kelly Saunders
- 506 634-2560
- Cedarhouse@lochlomondvilla.con

For Staff: Continue to implement nonpharmacological strategies, report observations, and ask questions.

**For Families:** Partner with us, share your insights about your loved one, and ask questions about their care plan.