

Use of Antipsychotics in Older Adults in the Inpatient Hospital setting

Dr. Diane Sanders-Cepeda response on behalf of FMDA: Society for Post-Acute and Long Term Care Medicine

In response to the question - Are there any unintended consequences of this measure?

With the introduction of any new clinical quality measures there will be a tendency to find alternative means to circumvent the proposal. Given that antipsychotics and anxiolytics are both used to control behaviors in the inpatient setting this could result in an increased in anxiolytic utilization. This unfortunate and expected consequence has to be combatted with intense education as many of the behaviors that are often encountered in this age population are a direct result of being in an inpatient setting.

In response to the question - Age range and whether it should be expanded to include all adults

it is appropriate to target the age population of 65 and older as antipsychotics are often utilized (and over utilized) in this age population to control behaviors, and treat delirium.

Inclusion of all adults would unfortunately not be appropriate as many younger adults are being managed for psychiatric conditions or acute delirium, and this would skew any data this measure would be collecting. Furthermore, adults in the inpatient psychiatric setting should not be included in this measure.

In response to question - are there other patients who should be removed from the denominator?

It is agreeable to exclude all patients with FDA-approved indications for the use of antipsychotics.

In response to question - are there antipsychotic medications that should not be included in the measure?

All antipsychotics should be included in the measure.

In response to the question regarding Numerator exclusions-

It is important that initially we include patients who lack an FDA-approved indication for use of the antipsychotic and are documented to be a threat to

themselves or others. Unfortunately, many of the behaviors we are using antipsychotics for are subjective to the person reporting the behavior. Therefore, there needs to be caution before excluding these patients.

Overall -

1. Antipsychotics are often over utilized in the hospitalized Geriatric patient. Unfortunately, most hospitals are ill equipped to meet the needs of the senior patient. We have had the benefit of having an increased number of acute care of the elderly units developed in hospitals, but the high patient to nursing ratio, and overburdened inpatient clinical providers counteracts these developments. This problem then leads to high percentage of patients being transferred to Skilled Nursing Facilities on antipsychotics that are used to control behaviors and act as chemical restraints.

2. This measure will serve to educate the hospital administration and clinical providers of the vastness and severity of the problem

3. This measure will demonstrate that our approach to the elderly Hospitalized patient is often based on the comfort of the staff and not on the treatment of the patient, which represents a tremendous gap in quality. Furthermore, this measure can show that there is a true lack of antipsychotic stewardship in the hospital as most of these patients are prescribed these medications even when the observed behavior has dissipated. Finally, this measure will result in a change in prescribing behavior by the clinical providers given that there will be oversight.

4. This measure will cause hospitals, clinical providers, nursing staff, and pharmacist to reconsider how we are using antipsychotics and truly individualize the care of the patient while inpatient - that in itself is the beginning of patient- centered care.