

June 30, 2014

Dear Colleague:

The Substance Abuse and Mental Health Services Administration (SAMHSA) has partnered with the Centers for Medicare & Medicaid Services (CMS) in an effort to improve care provided to nursing home residents with dementia under a joint behavioral health initiative.

Dementia can significantly impair a resident's ability to effectively communicate his or her needs and concerns. Communication attempts may appear as behaviors that are disruptive or distressing. It is therefore essential to gain an understanding of what is driving these behaviors prior to initiating an intervention or treatment. Sometimes these behaviors may result from an undiagnosed medical condition, untreated or inadequately treated pain, an adverse reaction to medication, unmet physical need, or mental illness including a history of trauma.

In April 2011, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) released the report [Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents](#)ⁱ. 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. In addition, antipsychotic medications are not approved for the treatment of behavioral disorders in the elderly with dementia. Antipsychotic medications have a [black box warning from the Food and Drug Administration](#) related to the increased mortality with their use in the elderly with dementia^{ii, iii}. The OIG report mentioned above, 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. Such efforts also complement the 2014 update to the [National Plan to Address Alzheimer's Disease](#)^{iv} recently released by HHS.

We are asking you, as physicians, clinicians, administrators, state and local leaders, to join with SAMHSA and CMS in the nationwide effort to reduce the unnecessary use of antipsychotic agents in nursing homes by supporting efforts to refocus the interdisciplinary team providing care to nursing home residents on a better understanding of the root causes of dementia-related behaviors.

Approaches to Reducing Antipsychotic Use and Improving Care of Nursing Home Patients with Dementia

Development of effective policies can help in the effort to reduce unnecessary use of antipsychotic medications in nursing home residents with dementia. Nursing home policies

should direct the staff to identify resident-specific needs, optimize choices, and promote consistent assignment so that staff knows residents well enough to meet their specific care needs. Education should foster the staff's understanding of dementia-related behavior as a form of communication. Policies in nursing homes should promote staff's ability to identify relevant risks to any medication, provide parameters for monitoring medications, and institute a process for staff and prescriber reassessment of the resident's response to treatment over time. While there is an established, evidence-based role for antipsychotic medications in managing psychoses, such as schizophrenia and bipolar mania, we are concerned about potential unnecessary use of these medications in persons with behavioral and psychological symptoms related to dementia (BPSD). Education of facility staff, residents and families about appropriate use of antipsychotic medications, as well as an ongoing dialogue and collaboration that focuses on non-pharmacologic interventions and person-centered dementia care for BPSD is important to preventing the inappropriate use of antipsychotic medications in this population. Educational efforts should also address proper monitoring and the tapering of antipsychotic drugs when used.

As part of the facility's Quality Assessment and Assurance Committee, the clinical staff, including the medical director along with the administrator, pharmacist and director of nursing, should assist the facility with a review of the processes of care for those residents with BPSD on antipsychotic medications. If the facility has a consultant psychiatrist available, that healthcare professional may be able to assist with these policy reviews as well. Questions often addressed during the review include the following:

- How many residents in the facility with BPSD receive antipsychotic medications and how is the use monitored?
- What is the process in the facility to initiate the use of these medications?
- What is the process for gradual dose reduction and discontinuation of these medications?
- How is the resident/family/or legal representative informed of the risks and benefits of the use of these medications? How are these discussions documented?

One effective practice for monitoring the use of antipsychotic medications in a facility is to have clinical leadership (medical director) work closely with an interdisciplinary team composed of nursing, social services, rehabilitation therapists (occupational therapy, physical therapy and speech language pathology) therapeutic recreation specialists, pharmacist and psychiatry consultants. This team should meet regularly to review psychotropic drug use. Individual residents can then be discussed by the team during their quarterly assessments, or with initiation of psychotropic medications, or when there has been a change in the condition of a resident taking a psychotropic medication. During the meeting, the care plans and medical records can be reviewed and resident's functional status, medications, presence of medication side effects and presence or absence of achieved goals for medication use can be discussed. This practice emphasizes person-centered care. Recommendations from the interdisciplinary team can then be made to or with the resident's attending physician. The team can track the recommendations for acceptance by the primary care providers and effectiveness in the quality of care for the resident. This information can be further reviewed by the facility Quality Assessment and Assurance Committee for effectiveness in addressing the needs of the residents in the facility.

SAMHSA encourages the improvement of long term care through education of the interdisciplinary care team members, 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. There are several excellent resources available for staff education on this topic including the [CMS Hand in Hand training videos](#) for direct care staff^v and resources related to the “Medication” goal on the [Advancing Excellence website](#)^{vi}. We also invite professionals to become part of the CMS-led [National Partnership to Improve Dementia Care in Nursing Homes](#)^{vii}. SAMHSA can also provide resources and pertinent references to assist clinicians in providing care that will help to meet the needs of those living with dementia in nursing home settings^{viii, ix, x, xi}.

We look forward to working with you in a partnership to reduce inappropriate prescribing of antipsychotic drugs to nursing home residents with dementia.

Sincerely,



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Elinore F. McCance-Katz, MD, PhD
Chief Medical Officer

ⁱ <http://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf>

ⁱⁱ <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm110212.htm>

ⁱⁱⁱ <http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders>

^{iv} <http://aspe.hhs.gov/daltcp/napa/NatPlan2014.shtml>

^v <http://www.cmshandinhandtoolkit.info/Index.aspx>

^{vi} www.nhqualitycampaign.org

^{vii} <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-11-25-NPC-Dementia-Care.html>

^{viii} PASRR Screening for mental illness in nursing facility applicants and residents:

<http://store.samhsa.gov/product/PASRR-Screening-for-Mental-Illness-in-Nursing-Facility-Applicants-and-Residents/SMA05-4039>

^{ix} SAMHSA: The treatment of depression in older adults: <http://store.samhsa.gov/shin/content/SMA11-4631CD-DVD/SMA11-4631CD-DVD-KeyIssues.pdf>

^x Flannery RB Jr., Restraint procedures and dementia sufferers with psychological trauma, Am J Alzheimer’s Dis Other Demen. 2003 Jul-Aug; 18(4):227-30.

^{xi} SAMHSA: National Center for Trauma-Informed Care: <http://www.samhsa.gov/nctic/>