May 8th, 12:30 PM - 1:30 PM

Understanding Antipsychotic Drug Use in the Nursing Home Setting

Celeste A. Lemay  
*University of Massachusetts Medical School*

*Et al.*

---

**Let us know how access to this document benefits you.**

Follow this and additional works at: [https://escholarship.umassmed.edu/cts_retreat](https://escholarship.umassmed.edu/cts_retreat)

Part of the [Geriatrics Commons](https://escholarship.umassmed.edu/cts_retreat), [Health Services Research Commons](https://escholarship.umassmed.edu/cts_retreat), [Psychiatry and Psychology Commons](https://escholarship.umassmed.edu/cts_retreat), and the [Translational Medical Research Commons](https://escholarship.umassmed.edu/cts_retreat)

**Repository Citation**


**Creative Commons License**

This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License. This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
Introduction: The increasing prevalence of antipsychotic medication use in residents of nursing homes (NH) in the absence of psychiatric diagnoses is concerning. To address these concerns, it is essential to explore how these medications are being prescribed and managed in the NH setting. Our objectives were to understand the decision-making process that influences prescribing and factors that trigger administration of antipsychotic medications to residents with dementia in NHs and to explore why residents remain on antipsychotic medications over an extended period of time.

Methods: Interviews with prescribers, caregivers, and family members, on-site observations in study facilities, and review of NH resident medical records. Facilities were selected to obtain a diverse sample of NHs.

Results: 204 NH residents with dementia in 26 facilities distributed across five selected Centers for Medicaid and Medicare Services regions were included. Problematic behaviors were the dominant reasons offered as influencing prescribing of antipsychotic medications. Providers indicated that they chose an antipsychotic, rather than another drug class, because they believed that antipsychotic medications were more likely to be effective. There was no standard approach to taper attempts. Family members identified a lack of communication as a barrier to their involvement in decision-making.

Conclusions: There is widespread perception that antipsychotic medications are effective and beneficial in managing problematic behaviors in NH residents with dementia. Little attention is given to planning for antipsychotic tapering or discontinuation. There may be opportunities to involve family members more fully in decision-making around the use of antipsychotic medications.