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Et al.

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Understanding antipsychotic drug use in the nursing home setting

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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.