

Over-Prescription of Antipsychotic Medications among Seniors

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Background

Seniors living in long-term care (LTC) facilities (also known as residential care) are often inappropriately or over-prescribed medications. This has significant implications on their health and safety. According to the [Canadian Institute for Health Information \(CIHI\)](#), in 2014, 39% of seniors in LTC facilities were prescribed at least one type of antipsychotic medication and 22.4% of seniors were chronically taking antipsychotic medications (at least 2 claims and 180 days' supply). While antipsychotic medications are commonly used in hospitals and LTC facilities to manage psychological and behavioural symptoms from conditions such as dementia, over-use of antipsychotics is associated with an increased risk of sedation, falls, resistance to care, stroke, aggressive behaviour and poor quality of life for seniors.¹

While over-prescription of antipsychotics among seniors is a national issue, the potential inappropriate use of antipsychotics in B.C. LTC facilities remain higher compared to other jurisdictions. Although not all jurisdictions currently publicly report inappropriate use, the [available data](#) estimates that in 2014-2015 the potential inappropriate use of antipsychotics in B.C. LTC facilities was 31.2%, nearly 4% above the national average of 27.5%.

Nurses work with the senior population in various healthcare settings and often witness the devastating consequences of the inappropriate use of antipsychotics on a daily basis. Drawing on nurses' experience in clinical practice as well new research, there is strong evidence that suggests that conditions such as dementia can and should be managed with non-pharmacologic approaches such as task simplification, activity programs and exercise. There has been increased efforts to mitigate inappropriate and over-prescription of antipsychotics among seniors. Some of these efforts include those being undertaken by the [Canadian Institutes for Health Research](#), the recently formed [Canadian De-prescribing Network](#), the call for a [national strategy for seniors' drugs](#), and initiatives like [CLeAR \(Call for Less Antipsychotics in Residential Care\)](#).

Medication administration is a core part of nursing practice and, as a result, all nurses have a significant role to play in mitigating the inappropriate use of antipsychotics among seniors. Specifically, under the College of Registered Nurses of B.C.'s (CRNBC) [medication administration practice standards](#), nurses are responsible for ensuring that medications are given for the right reasons, as well as being aware of the harmful effects of the inappropriate use of medications. Further, multiple members of the interprofessional team play an important role in assessing changes in health status among seniors, and the impacts of over-medication on seniors' cognitive and functional abilities. Consequently, nurses are well positioned to work collaboratively with the healthcare team to address the inappropriate prescription of antipsychotics among seniors.

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¹ Canadian Foundation for Healthcare Improvement. (2016). *New National Results: Taking seniors off antipsychotics shows dramatic improvement in care.*

Key Messages:

- The health and well-being of some seniors is being compromised due to the over-prescription of antipsychotic medications to manage conditions such as dementia.
- Inappropriate use and over-prescription of medications among seniors, coupled with the hospitalizations needed to manage the adverse effects, is extremely costly.
- Non-pharmacological approaches need to be considered when managing psychological and behavioural symptoms related to dementia.
- Nurses work directly with the senior population and witness the devastating effects of the over-prescription of antipsychotics on a daily basis.
- Medication administration and monitoring is a key aspect of nursing practice, and nurses have an obligation to take the necessary actions to prevent harms or complications.
- Over-prescription and over-medication of antipsychotic drugs among seniors is not only an issue relevant to physicians and nurses. All healthcare providers have the responsibility of assessing their patients and are well positioned to address this issue.
- This issue requires interprofessional collaboration. Nurses are well positioned to advocate for better prescription practices and to work collaboratively with the interprofessional team to ensure that the care provided to seniors is safe and appropriate.

Questions for RNs & NPs:

1. What non-pharmacological interventions are used within your workplace to manage behavioural and psychological symptoms of conditions such as dementia? What are the enablers and barriers to utilizing non-pharmacological interventions?
2. How can ARNBC support nurses in advocating for better prescription practices?
3. What nursing led initiatives may help with this issue?

Further Reading

- Canadian Foundation for Healthcare Improvement. (2016). [Backgrounder: Reducing inappropriate antipsychotic medication in long-term care residents can improve lives and save money.](#)
- Morgan, S., Hunt, J., Rioux, J., Proulx, J., Weymann, D., & Tannenbaum, C. (2016). [Frequency and cost of potentially inappropriate prescribing for older adults: A cross sectional study. CMAJ, 4 \(2\), E246-E351](#)