**Question 1**

Mr. Dawson is 68 year old widowed man who is a resident of a long term care facility for the past 3 months. His medical diagnoses include dementia, probable Alzheimer’s disease, osteoarthritis, hypertension, and coronary artery disease. He requires assistance with his activities of daily living and has evidence of moderate cognitive impairment. Mr. Dawson has motor restlessness and sometimes resists assistance with his activities of daily living.

Question

What are the intrapersonal resident characteristics that are associated with antipsychotic medication use in post-acute and long term care?

Options

1. Younger age, male gender, moderate to severe dementia

*CORRECT: Younger age, male gender, and moderate to severe dementia are the intrapersonal resident characteristics that are most commonly associated with the use of antipsychotic medication use in post-acute and long term care.*

1. Motor restlessness, osteoarthritis, and needing assistance with activities of daily living

*INCORRECT: Motor restlessness, osteoarthritis and requiring assistance with activities of daily living are not commonly associated with the use of antipsychotics.*

1. Hypertension, coronary artery disease, and moderate to severe dementia

*INCORRECT: Moderate to severe dementia is associated with the use of antipsychotic medication; however, medical diagnoses, such as hypertension and coronary artery disease are not associated with antipsychotic use.*

1. Younger age, resistiveness to care, and residing in a long term care facility less than 1 year.

*INCORRECT: Younger age is associated with the use of antipsychotic medications; however, resistiveness to care and residing in a long term care facility less than 1 year are not associated with antipsychotic use.*

**Question 2**

Ms. Sulley is visiting nursing homes for her father’s pending admission. Her father has been diagnosed with dementia. She wants to avoid facilities that have characteristics of high rates of antipsychotic use.

Question

Which long term care facility described below most likely has the fewest characteristics associated with antipsychotic use?

Options

1. A for profit nursing facility with low occupancy and a dementia special care unit.

*INCORRECT: For profit status, low occupancy, and the presence of a dementia special care unit are all facility characteristics associated with higher rates of antipsychotic use.*

1. A 40 bed, non-for profit nursing facility that has consulting mental health professionals working in the facility 3 days a week.

*INCORRECT: Non-profit status is associated with lower rates of antipsychotic use; however, smaller facilities with on-site consulting mental health professionals are associated with higher rates of antipsychotic use.*

1. A 150 bed non-for profit facility with high RN staffing ratios, Answer option 3.

*CORRECT: Larger facilities, non-profit status and high RN staffing ratios are all associated with lower rates of antipsychotic use.*

1. A 160 bed facility that is independently owned and has low RN staffing levels.

*INCORRECT: Larger facilities are associated with lower rates of antipsychotic use; however, independent ownership and low RN staffing levels are associated with higher rates of antipsychotic use.*

**Question 3**

You are a member of the quality improvement team in the nursing home where you work. You are assigned to lead the reduction of antipsychotic medications in your facility, particularly among residents who are taking antipsychotics for a Food and Drug Administration off-label use.

Question

What is the Food and Drug Administration (FDA)approved uses for antipsychotics?

Options

1. Delirium, psychotic symptoms associated with dementia, and agitated behavioral symptoms associated with dementia.

*INCORRECT: Delirium, psychotic symptoms associated with dementia and agitated behavioral symptoms associated with dementia are all off label uses of antipsychotics.*

1. Bipolar disorder, schizophrenia, and Huntington’s disease.

*CORRECT:* Bipolar disorder, schizophrenia, and Huntington’s disease *are all FDA approved uses of antipsychotics.*

1. Schizophrenia, Tourette’s syndrome, and delirium

*INCORRECT: Schizophrenia and Tourette’s syndrome are FDA approved uses for antipsychotics; however, delirium is an off label use.*

1. Psychotic symptoms associated with dementia, agitated behavioral symptoms associated with dementia, and bipolar disorder

*INCORRECT: Bipolar disorder is a FDA approved use for antipsychotics; however, psychotic symptoms and agitated behavioral symptoms associated with dementia are considered off label use.*

**Question 4**

A resident’s daughter is very worried about her mother’s motor restlessness, resistiveness to care, and occasional verbal outbursts. She has heard from a friend that antipsychotic medication may be beneficial to for her mother and decrease the intensity and frequency of these symptoms. The resident does not exhibit any psychotic symptoms or physical aggression. Nursing assistants who know her well encounter little resistiveness to care and are able to effectively assist with toileting and showering.

Question

What would be the **BEST** advice to give the resident’s daughter about the appropriateness of using an antipsychotic medication to treat her mother’s symptoms?

Options

1. “I agree. I think an antipsychotic like quetiapine or olanzapine would really make it easier to provide care for your mother. Antipsychotics have been shown to decrease verbal outbursts and motor restlessness.”

*INCORRECT: There is little evidence that antipsychotics are effective in treating symptoms of motor restlessness, verbal outburst, or resistiveness to care.*

1. “Let’s get the psychiatrist to evaluate your mother because she will probably need to be on an antipsychotic medication.”

*INCORRECT: While it may be helpful to have a psychiatric evaluation, there are several other possible causes for the resident’s restless and resistive behaviors, such as pain or boredom. There is little evidence that antipsychotics are effective in treating symptoms of motor restlessness, verbal outburst, or resistiveness to care.*

1. “Antipsychotic medications have several risks associated with their use and there is little evidence that antipsychotics are effective in decreasing motor restlessness, verbal outbursts, and resistiveness to care. As a first step, I will have one of our GNAs who knows your mother well review successful care strategies with the newer staff.”

*CORRECT: This response best addresses the risks and appropriate use of antipsychotics. Additionally, it also addresses the need to use non-pharmacological approaches to the behavioral symptoms.*

1. “If you mother was psychotic or physically aggressive, we could try an antipsychotic, but for right now, there is not much we can do.”

*INCORRECT: While there is evidence that antipsychotics may be helpful for older adults with dementia accompanied by psychotic symptoms and/or physical aggression, there should be some acknowledgement of what can be done with non-pharmacological treatments.*

**Question 5**

Case Study

A new medicine aide is hired to work on the memory care unit where you work. Approximately 20% of the residents on your unit are taking an antipsychotic medication and you want to make sure that the medicine aide knows the common adverse events associated with antipsychotics.

Question

What are the most common adverse events associated with antipsychotics among older adults?

Options

1. Falls, parkinsonism, hyperglycemia, and sedation

*CORRECT: Falls, Parkinsonism, hyperglycemia and sedation are all common adverse events associated with antipsychotic use.*

1. Falls, hypoglycemia, agitation, and constipation.

*INCORRECT: Falls and constipation are common adverse events associated with antipsychotic use. Antipsychotic use is associated with hyperglycemia (not hypoglycemia). Antipsychotic use does not commonly result in increased agitation.*

1. Parkinsonism, hypoglycemia, and orthostatic hypotension

*INCORRECT: Parkinsonism and orthostatic hypotension are common adverse events associated with antipsychotic use. Antipsychotic use is associated with hyperglycemia (not hypoglycemia).*

1. Falls, sedation, and hypoglycemia

*INCORRECT: Falls and sedation are common adverse events associated with antipsychotic use. Antipsychotic use is associated with hyperglycemia (not hypoglycemia).*

**Question 6**

Case Study

As a nurse, you are doing a chart audit of all residents who are prescribed antipsychotics on your floor for quality improvement purposes.

Question

What documentation is necessary, according to Centers for Medicare and Medicaid guidelines, when a resident with dementia is taking an antipsychotic?

Options

1. Indications to support the use of the antipsychotic, risk benefit discussion, psychiatric provider recommendations, and mandatory discontinuation of antipsychotic after 6 months of use.

*INCORRECT: Indication to support the use of an antipsychotic, and risk benefit discussion are required documentation. While recommendations from a psychiatric provider may be helpful, they are not required. Primary care providers are able to prescribe antipsychotics. Antipsychotics can be prescribed after 6 months of use.*

1. Indication to support the use of an antipsychotic, use and effectiveness of non-pharmacological interventions, risk benefit discussion, ongoing monitoring of side effects, and consideration or attempts at gradual dose reduction of the antipsychotic.

*CORRECT: In order to remain in compliance with F-tag 329 that focuses on antipsychotic use, indication for use, effectiveness of non-pharmacological interventions, risk benefit discussion, side effect monitoring, and gradual dose reduction must be addressed.*

1. Antipsychotics can only be prescribed if a resident has documentation of the one of the following FDA approved indications: schizophrenia, bipolar disorder, Tourette’s syndrome, and Huntington disease.

*INCORRECT: Antipsychotic prescribing is not limited to only FDA approved indications.*

1. Indication to support the use of an antipsychotic, risk benefit discussion with the resident only, ongoing monitoring of side effects, and mandatory discontinuation of the antipsychotic after 6 months of use

*INCORRECT: Indication to support the use of an antipsychotic, and ongoing monitoring of side effects is required documentation. The risk benefit discussion can occur with the resident who has capacity to understand or with the legally authorized representative. Antipsychotics can be prescribed after 6 months of use.*

**Question7**

There are 4 residents on your unit who are taking antipsychotics. Mr. Paul is prescribed Olanzapine (Zyprexa) 7.5 mg PO QHS; Mrs. Selway is prescribed Quetiapine (Seroquel) 25 mg BID; Mr. Case is prescribed Haloperidol 0.25 mg PO QHS, and Ms. Singer is prescribed Quetipaine (Seroquel) 100 mg QHS.

Question

Which patient’s dosage of antipsychotic exceeds the maximum recommended total daily dose for behavioral and psychological symptoms of dementia?

Options

1. Mr. Paul’s

*CORRECT: Mr. Paul’s dose of Olanzapine 7.5 mg QHS exceeds the maximum recommended total daily dose which is 5 mg QD*

1. Mrs. Selway’s

*INCORRECT: The maximum recommended total daily dose of Quetiapine is 150 mg QD.*

1. Mr. Case

*INCORRECT: The maximum recommended total daily dose of Haloperidol is 2 mg QD.*

1. Ms. Singer

*INCORRECT: The maximum recommended total daily dose of Quetiapine is 150 mg QD.*

**Question 8**

There are several potential challenges associated with the gradual dose reduction of antipsychotics in long term care settings. Many of these challenges need to be addressed in order to have an effective quality improvement program.

Question

Which one of the following is **NOT** a potential challenge associated with the gradual dose reduction of antipsychotics in longer term care settings?

Options

1. Disciplines/providers use a silo based approach

*INCORRECT: Silo or discipline specific care is common in long term care settings and is a common challenge associated with the gradual dose reduction of the antipsychotics.*

1. There are no assessment tools available to monitor the use of antipsychotics

*CORRECT: There are several assessment tools that are publically available to monitor the use of antipsychotics. Some examples are Patient at Risk form for Antipsychotic Medication Reduction, and the Multidisciplinary Antipsychotic Use in Dementia Assessment.*

1. Gradual dose reduction of antipsychotics is often done without emphasis on using nonpharmacological approaches.

*INCORRECT: Many facilities begin gradual dose reduction of antipsychotics before having a plan to teach staff how to employ nonpharmacological interventions.*

1. There is no evidence based consensus on the best way to do gradual dose reduction of antipsychotics.

*INCORRECT: The lack of evidence based consensus on the best way to gradually reduce antipsychotics is a common challenge for long term care providers and facilities.*

**Question 9**

Mrs. Frost is an 83 year old woman with severe dementia who has a sudden change in behavior. Over the past 2 days, she has been calling out for help, but cannot tell you what is wrong. Her abdomen is distended, her appetite is poor, and she has not moved her bowels in the last 72 hours. When a nursing assistant was trying to help Mrs. Frost with her care, she pushed the nursing assistant away and began waving her hand around in a fist.

Question

What is the best approach for dealing with Mrs. Frost’s change in behavior?

Options

1. Put in a consult for this resident to see the psychiatric provider.

*INCORRECT: Constipation is the most likely cause of the change in this resident’s behavior. She is uncomfortable and is unable to express this verbally. A medical assessment would need to be done first before consulting a psychiatric provider.*

1. Call the health care provider and request that this resident is started on Quetiapine 25 mg PO QD for her resistive behaviors and calling out.

*INCORRECT: Constipation is the most likely cause of the change in this resident’s behavior. She is uncomfortable and is unable to express this verbally. Calling out and resistiveness to care are not symptoms that are not responsive to antipsychotics.*

1. Perform an abdominal and rectal examination, give her something for constipation, and contact the health care provider if she does not move her bowels.

*CORRECT: Constipation is the most likely cause of the change in this resident’s behavior. She is uncomfortable and is unable to express this verbally. It would be important to address her constipation before considering other nonpharmacological or pharmacological interventions.*

1. Try to involve her in more activities to serve as a distraction.

*INCORRECT: Constipation is the most likely cause of the change in this resident’s behavior. She is uncomfortable and is unable to express this verbally. Distraction with activities would not resolve the underlying problem.*

**Question 10**

Case Study

You are asked to be the nursing representative to your facility’s quality improvement committee that addresses the use of antipsychotics.

Question

Which of the below would be the MOST effective quality improvement process to reduce the inappropriate use of antipsychotics among older adults with dementia?

Options

1. Staff education on non-pharmacological interventions and documentation requirements.

*INCORRECT: Staff education and appropriate documentation are important elements of reducing the inappropriate use of antipsychotics in nursing home settings; however, there are additional elements that need to be addressed.*

1. Use of assessment tools, data analysis, and identification of prescribing and de-prescribing trends.

*INCORRECT: Use of assessment tools, data analysis, and identification of prescribing and de-prescribing trends are important elements of reducing the inappropriate use of antipsychotics in nursing home settings; however, there are additional elements that need to be addressed.*

1. Have the consulting psychiatric provider do all of the documentation about antipsychotic use.

*INCORRECT: All members of the disciplinary team should participate in documentation about behavior, and possible adverse events. There are also additional elements that need to be addressed..*

1. Answers 1 and 2

*CORRECT: The inclusion of staff education, appropriate documentation, use of assessment tools, data analysis, and identification of prescribing and de-prescribing trends are all important elements for reducing the inappropriate use of antipsychotics in nursing home settings.*

**Question 11**

Case Study

When considering whether or not to use antipsychotics to treat behavioral and psychological symptoms of dementia, it is important to clearly identify the target symptom and be able to accurately describe the behavior to the health care provider.

Question

Which symptom description would provide the BEST identification of the target symptom?

Options

1. The resident is agitated and needs something to calm her down.

*INCORRECT: Agitation is a non-descriptive word that means different things to different people. This description does not include information such as the frequency, intensity, or timing of the agitation*

1. The resident is not acting quite like herself. She is irritable and hard to manage.

*INCORRECT: Non-descriptive words are used that mean different things to different people. This description does not include information such as the frequency, intensity, or timing of the agitation.*

*Rationale for answer option 2 (why it is correct/incorrect).*

1. The resident has been increasingly paranoid over the past 2 weeks, especially in the evening. We can’t seem to distract her by taking a walk or involving her in activities.

*CORRECT: This description clearly states that the resident is paranoid and gives details about the frequency and timing of the symptoms. It also addresses the nonpharmacological strategies that have been tried and failed.*

1. The resident is agitated over the past 2 weeks. There is no real pattern, but the nursing assistants are afraid to provide care for her.

*INCORRECT: Non-descriptive words are used that mean different things to different people. This description does not include information such as the intensity of the symptoms or response to nonpharmacological strategies.*

**Question 12**

You are a nurse who is part of the interdisciplinary quality improvement committee that is considering which residents who take antipsychotics might be appropriate for gradual dose reduction.

Question

Which resident would be the best one to recommend a gradual dose reduction of the antipsychotic medication?

Options

1. 78 year old man who was started on Risperidone 0.25 mg PO QHS 1 month ago for dementia with delusions. His gait is steady, he has no Parkinsonism, and he is alert. His psychosis has decreased slightly.

*INCORRECT: This resident is on a low dose of an antipsychotic that was started for psychosis. He is not having adverse events, has had some improvement in symptoms and has only been on the medication for a short period of time.*

1. 65 year old woman with bipolar disorder who takes Olanzapine 5 mg QHS. She had an episode of hypomania with some grandiose delusions 3 months ago.

*INCORRECT: Bipolar disorder is a FDA approved use of antipsychotics. She recently was symptomatic with grandiose delusions and may relapse if her antipsychotic is reduced now..*

1. 81 year old woman with vascular dementia who has a history of paranoia and persecutory delusions. Her Risperidone 0.25 mg BID was reduced 3 months ago and she experienced a symptom relapse. She is not exhibiting any adverse events from her antipsychotic use at this time.

*INCORRECT: This resident is prescribed antipsychotics for psychotic symptoms which is an appropriate use. She had a symptom relapse 3 months ago when a gradual dose reduction was tapered. She has no adverse events related to the use of her antipsychotic.*

1. 76 year old woman with dementia who takes Quetiapine 100 mg QHS for behavioral symptoms. She is not psychotic or physically aggressive. She has some verbal irritability in the morning. She is lethargic during the day and has had 3 falls in the past month.

*CORRECT: This resident is experiencing adverse events that may be caused by the antipsychotic medication. A gradual dose reduction should be attempted*