**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
2. Motor restlessness, osteoarthritis, and needing assistance with activities of daily living
3. Hypertension, coronary artery disease, and moderate to severe dementia
4. Younger age, resistiveness to care, and residing in a long term care facility less than 1 year.

**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.
2. A 40 bed, non-for profit nursing facility that has consulting mental health professionals working in the facility 3 days a week.
3. A 150 bed non-for profit facility with high RN staffing ratios, Answer option 3.
4. A 160 bed facility that is independently owned and has low RN staffing levels.

**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.
2. Bipolar disorder, schizophrenia, and Huntington’s disease.
3. Schizophrenia, Tourette’s syndrome, and delirium
4. Psychotic symptoms associated with dementia, agitated behavioral symptoms associated with dementia, and bipolar disorder

**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.”
2. “Let’s get the psychiatrist to evaluate your mother because she will probably need to be on an antipsychotic medication.”
3. “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.”
4. “If you mother was psychotic or physically aggressive, we could try an antipsychotic, but for right now, there is not much we can do.”

**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
2. Falls, hypoglycemia, agitation, and constipation.
3. Parkinsonism, hypoglycemia, and orthostatic hypotension
4. Falls, sedation, and 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.
2. 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.
3. 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.
4. 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

**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
2. Mrs. Selway’s
3. Mr. Case
4. Ms. Singer

**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
2. There are no assessment tools available to monitor the use of antipsychotics
3. Gradual dose reduction of antipsychotics is often done without emphasis on using nonpharmacological approaches.
4. There is no evidence based consensus on the best way to do gradual dose reduction of antipsychotics.

**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.
2. 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.
3. Perform an abdominal and rectal examination, give her something for constipation, and contact the health care provider if she does not move her bowels.
4. Try to involve her in more activities to serve as a distraction.

**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.
2. Use of assessment tools, data analysis, and identification of prescribing and de-prescribing trends.
3. Have the consulting psychiatric provider do all of the documentation about antipsychotic use.
4. Answers 1 and 2

**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.
2. The resident is not acting quite like herself. She is irritable and hard to manage.
3. 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.
4. 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.

**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.
2. 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.
3. 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.
4. 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.