PSYCHOTROPIC MEDICATION USE IN NURSING HOMES

In November 2017, CMS will implement sweeping changes in the nursing home survey process that include major revisions in the regulation and interpretive guidelines pertaining to 483.25(l) F329, Unnecessary Drugs. For many years, CMS has imposed strict limitations on the use of antipsychotic medications, specifying they not be given to residents unless they are necessary to treat a specific condition as diagnosed and documented in the resident’s clinical record. Furthermore, in the event it becomes necessary to treat a resident with an antipsychotic medication, it has been mandatory for the resident to receive gradual dose reductions as well as behavioral (or non-pharmacological) interventions, unless contraindicated, in an effort to limit or discontinue the use of those drugs.

In November 2017, the unnecessary drug requirement (483.45) will be reconfigured into two “F tags”, F757 which continues to require that “each resident’s drug regimen must be free of unnecessary drugs”, and F758 which will be revised to require that, in addition to antipsychotics, all other categories of psychotropic medications will be subject to the same limitations. In essence, for the first time, the use of antidepressants, anxiolytics, hypnotics, and any other class of medications when used in a psychotropic context will become subject to the same limitations as heretofore imposed on the antipsychotics. In addition, CMS has imposed specific limitations on the PRN (“as needed”) use of the various categories of psychotropic medications.

What should long term care facilities do in order to ensure psychotropic medications are utilized appropriately and to avoid being cited for unnecessary drug use? The following is a list of principals that should be considered whenever residents appear to need interventions to manage or control agitated behaviors, mood disorders, anxiety disorders, or insomnia:

- Assess, to the extent possible, issues of behavior, mood, anxiety, or insomnia prior to resorting to medications. Always probe for underlying causes of the problem. This is especially important in treating residents with dementia.
- Optimize the use of behavioral (non-drug) interventions prior to and in addition to using psychotropic medications, when possible.
- Inform residents/families/guardians, to the extent possible, of the benefits/risks of all interventions. Involve them in the care decision process.
- Ensure that the use of any psychotropic medication is clinically indicated.
- Always identify target behaviors or symptoms necessitating the use of psychotropic medications that are appropriate, specific, and measurable.
- Monitor all psychotropic medications for effectiveness, the emergence of adverse medication consequences, and the continued need for the medication.
- It will be mandatory to attempt or consider gradual dose reductions or tapering of all psychotropic medications, unless determined to be clinically contraindicated.
- Provide individualized, person-centered care to all residents.
- Embrace the concept of “Culture Change”, especially as it applies to the care of residents with dementia.