Best Practices for Prescribing Atypical Antipsychotics: Clinical Guidance and Considerations

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In our previous newsletter comparing the side effect profiles of second-generation antipsychotics, we highlighted the updates to guidance on psychotropic medication. Terms previously defined by F758 were incorporated in F605. While there is awareness that psychotropics like antipsychotics should not be used unnecessarily for sedating properties for convenience, there is sometimes a clinical need for off-label use to prevent patient harm to self or harm to others. Nonpharmacological interventions should be first attempted, but KMPI acknowledges that use of antipsychotic agents may sometimes be warranted. The purpose of this newsletter is to review best practices when prescribing atypical antipsychotics.

Clinical Considerations Before Prescribing Psychotropic Medication

- Seek informed consent.
- Use nonpharmacological approaches to minimize the need for drug therapy, when possible
- Evaluate the underlying etiology of the behavior or symptom, including possible side effects of the current drug regimen.
- Use a patient-centered approach to selecting drug therapy, including risks and benefits, clinical condition(s), age, and treatment goals.

Documentation Best Practices When Prescribing Psychotropic Medication

- Document the diagnosis in the medical record.
- Antipsychotic therapy should be avoided. So, document the rationale for clinical need for drug therapy and provide additional details if nonpharmacological attempts failed or are not clinically appropriate.
- If antipsychotic therapy is clinically appropriate:
 - Consider a second-generation antipsychotic. Haloperidol and other firstgeneration antipsychotics have a higher risk of tardive dyskinesia.
 - Initiate the lowest effective dose.
 - Titrate low and slow and document the clinical need.
- Initiate a gradual dose reduction within 4 months of therapy and monitor clinical outcomes.

After a psychotropic therapy, like a second-generation antipsychotic, is prescribed, it is important to monitor drug therapy for efficacy in treatment goals and side effects concurrently with non-pharmacological interventions. Below are signs and symptoms that may warrant a medication review.

Psychotropic Signs and Symptoms that Warrant a Medication Review

- Recent falls
- Daytime drowsiness or sleepiness
- Confusion or disorientation
- Balance problems
- Dizziness
- Postural hypotension
- Reduced self-care
- Restlessness
- Dry mouth
- Abnormal movements (e.g. shaking, stiffness)



The Kentucky Medicaid Polypharmacy Initiative is a state-academic partnership to improve the quality of life of Kentuckians who reside in long-term care facilities and to help busy long-term care practitioners with deprescribing efforts. We want to help long-term care prescribers and consultant pharmacists share best practices with deprescribing and to further stimulate discussion on barriers in your deprescribing practices to help find solutions. Our newsletter articles will feature deprescribing topics and resources identified by our long-term care stakeholders. Please let us know if you would like to see a certain topic featured, to share a helpful resource with your colleagues or to highlight a complex deprescribing case and we will feature it in our newsletter. You may contact Muhammad Babar (muhammad.babar@ky.gov or Reyna VanGilder (reyna.vangilder@ky.gov) with suggestions.

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