## Reducing Antipsychotic Use in Persons with Dementia

Patients prescribed antipsychotics for the treatment of behavioral and psychological symptoms of dementia are at an increased risk of cerebrovascular adverse events and a small increased risk of death. In addition, antipsychotic drugs can cause sedation, increase the risk of falls, and long-term use can accelerate cognitive decline.

Given the potential risks of antipsychotics in this population, the Centers for Medicare & Medicaid Services (CMS) tracks the Antipsychotic Use in Persons with Dementia (APD) measure. The APD measure analyzes the percentage of Medicare Part D beneficiaries 65 years or older with dementia who received prescription claims for antipsychotic medications without evidence of an appropriate indication for antipsychotic use.

Appropriate indications for antipsychotic use according to CMS include 1) schizophrenia, 2) bipolar disorder, 3) Huntington's disease, 4) Tourette syndrome, and 5) major depression. Nonpharmacologic strategies can be more efficacious than antipsychotic medications and include, but are not limited to distraction and redirection, structured routines and providing calm and reassuring responses to anxious patients. The benefits of medications may still outweigh the risks in patients when symptoms include hallucinations, paranoia, and delusions are present as treatment may help improve patient well-being and quality of life. In the absence of other effective agents, guidelines advocate cautious use for severe aggression or psychosis when nonpharmacologic strategies have failed.

Treatment with antipsychotics in this population should be time-limited and regularly reviewed according to clinical need to help reduce the risks of this class of medications in dementia patients.