

ANTIPSYCHOTIC DRUGS

Antipsychotic drugs are often used to sedate residents and reduce so-called dementia “behaviors.” However, these drugs are not indicated to treat dementia. They are highly potent and carry a “Black-Box” warning due to greatly increased risks of stroke, heart attack, diabetes, Parkinsonism, and falls. Prolonged use may indicate that they are being used as a chemical restraint, sedating residents rather than appropriately addressing their needs.

Standards of Care

- **Avoid Antipsychotic Drugs.** Nursing homes must ensure that residents are not given antipsychotic drugs unless such drugs are necessary to address a specific condition that has been diagnosed and documented.
- **Informed Consent.** Nursing homes must inform the resident, or the resident’s representative, of any proposed treatment. Residents (or their representatives) have the right to refuse treatment.
- **Gradual Dose Reduction.** If a resident is given antipsychotic drugs, nursing homes must gradually reduce the resident’s dose unless it is clinically inadvisable.
- **Non-Pharmacologic Approaches.** Nursing homes are required to make changes to the care, treatment, and environment of a resident to appropriately address and alleviate behavioral or psychological symptoms of dementia.

Resources

1. LTCCC’s website has a dementia care toolkit with fact sheets and resources. See <http://nursinghome411.org/learning-center/dementia-careadvocacy-toolkit/>.
2. The National Consumer Voice for Quality Long-Term Care’s website contains a fact sheet with useful tips for residents, families, and advocates. See <http://theconsumervoice.org/uploads/files/issues/postcard.pdf>.