

# UNDERSTANDING THE APPROPRIATE USE OF PSYCHOTROPIC MEDICATIONS IN A NURSING FACILITY

*Residents have a right to live in an environment of dignity, comfort and independence without being overmedicated. Our mission is to promote the highest quality of life for our residents. We are dedicated to using psychotropic medications only when person-centered, non-medication interventions have been unsuccessful.*



**ANTIPSYCHOTIC MEDICATIONS ARE USED FOR PSYCHIATRIC AND INHERITED CONDITIONS LIKE SCHIZOPHRENIA, BIPOLAR DISORDER, HUNTINGTON DISEASE AND TOURETTE SYNDROME. THEY ARE SELDOM EFFECTIVE FOR OTHER CONDITIONS.**

**Psychotropic medications are any drugs that affect the brain. Examples include:**

- Mood Stabilizers (e.g., Depakote®)
- Muscle Relaxants (e.g., Flexeril®, Zanaflex®, Soma®)
- Antihistamines (e.g., Benadryl®)
- Benzodiazepines (e.g., Ativan®, Valium®, Xanax®)
- Antidepressants (e.g., Zoloft®, Celexa®, Trazodone)
- Sedatives / Hypnotics (e.g., Ambien®, Seroquel®, Ativan®)
- Antipsychotics (e.g., Haldol®, Seroquel®, Zyprexa®, Risperdal®)

**The facility has a dedicated team (nurses, social workers, physicians, physician assistants, nurse practitioners, and pharmacists) that meets regularly to review all residents on psychotropic medications. To protect residents and provide the best possible care, the goal is to reduce unnecessary medication use, review concerning behaviors, suggest non-medication interventions and recommend appropriate medications when needed.**

## **Psychotropic medications have many possible negative side effects, most notably:**

- Confusion, falls, seizures and fractures
- Diarrhea/constipation
- Heart attacks/stroke
- Death

## **As a facility, we try other supportive measures to calm residents and promote the highest quality of life, including:**

- Redirection
- Purposeful activity
- Personalized music
- Movement

Dementia can cause challenging behaviors and affect mood, but no medications have been shown to be safe and effective in treating these symptoms and none are FDA approved. Moreover, nursing homes are federally mandated to attempt gradual dose reductions of psychotropic medications within specific time frames. While people with dementia may be temporarily placed on these medications when severe symptoms occur, the risks clearly outweigh the benefits over time. The best treatment for such behaviors is learning the needs and preferences of residents living with dementia. This is our goal.

**If you have questions, please contact one of your team members.**