Optimal use of antipsychotics in residents of Québec’s residential and long-term care centres with behavioural and psychological symptoms of dementia (BPSD)

Marie-Claude Breton, Ph.D., Gabriel Carpentier, Ph.D., Gaëlle Gernigon, Pharm.D., Geneviève Robitaille, Ph.D., Sybille Saury, M.Sc., Annie Tessier, Ph.D., Sylvie Bouchard, B.Pharm., D.P.H., M.Sc., MBA, and Sylvie Desmarais, M.Sc. — Institut national d’excellence en santé et en services sociaux (INESSS), Québec, Canada

INTRODUCTION

Background
Québec's Ministry of Health and Social Services (MSSS) is concerned about the increasing use of antipsychotics in elderly residents of residential and long-term care centres with major neurocognitive disorders. Antipsychotics are associated with a risk of serious adverse effects and are frequently administered in this population outside the indications approved by Health Canada, specifically, to treat different BPSD.

Objectives
Against this background, the MSSS asked INESSS to:
- Propose strategies for promoting the optimal use of antipsychotics in residential and long-term care centres residents who have major neurocognitive disorders and BPSD.
- Develop clinical recommendations and decision support tools for care teams.

METHODOLOGY

- Framework and planning
- Data synthesis
- Development of recommendations
- Tools for professionals

FRAMING AND PLANNING

- Issues
- Needs
- Stakeholders

DATA SYNTHESIS

- Systematic reviews of the scientific literature and clinical practice guidelines, and existing tools for deprescribing antipsychotics
- Informal deliberative process
- Consensus ≥ 80%
- External validation

DEVELOPMENT OF RECOMMENDATIONS

- Tests with potential users

TOOLS FOR PROFESSIONALS

- Additional tools for deprescribing and appropriate use of antipsychotics

EXPERIENTIAL DATA

- Québec clinicians and experts + 11 key informers or reviewers

CONTEXTUAL DATA

- Legislation and administrative and pedagogical documents

RESULTS

The data triangulation revealed two effective clinical strategies for promoting optimal antipsychotic use:
- Deprescribing antipsychotics. This could be attempted in most persons with BPSD, with no significant change in behaviour. However, certain conditions apply.
- Multiple-intervention programs with a training component, for care teams, on the nonpharmacological management of BPSD.

The recommendations for deprescribing antipsychotics have been transposed into a decision support tool for care teams, which is supplemented by a tool stating the conditions for initiating and reevaluating antipsychotic therapy in residential and long-term care centres residents with BPSD.

CONCLUSION

The decision support tools developed by INESSS are currently being disseminated to and implemented in Québec’s residential and long-term care centres as part of the roll-out of the OPUS-AP collaborative approach. This approach, which is based on a Canadian Foundation for Healthcare Improvement initiative and on leading-edge expertise available in Québec, is aimed at reducing the use of antipsychotics in persons with BPSD.