

MDS Tip Sheets: ANTIPSYCHOTICS

Indicator Name:

Potentially Inappropriate Use of Antipsychotics in LTC

This indicator looks at how many long-term care residents are taking antipsychotic drugs without a diagnosis of psychosis. These drugs are sometimes used to manage behaviours associated with dementia. For some residents, the risk of antipsychotics may outweigh their benefit so close monitoring and reassessment is required.

Medications (O4): Record the number of days that the resident received each type of medication (e.g., antipsychotics) in the past 7 days.

- Review the medication administration record (MAR)
- Count how many days, in the last 7 days, the resident took an antipsychotic (both scheduled and prn)
- Code 0:** If the resident did not take an antipsychotic (scheduled or PRN) in the last 7 days
- Code 1 to 7:** Number of days the resident took an antipsychotic (scheduled or PRN) in the last 7 days; don't include days where the antipsychotic was refused
- Code 1:** If the resident is on a long-acting antipsychotic medication that is taken less than weekly (e.g., aripiprazole [Abilify Maintena®], flupentixol [Fluanxol Depot®], haloperidol decanoate [Haloperidol LA®], paliperidone [Invega Sustenna® or Invega Trinza®], risperidone [Risperdal Consta®], zuclopenthixol decanoate [Clopixol Depot®])

List of Antipsychotic Medications per CIHI 2022-2023

• Aripiprazole (Abilify)	• Loxapine (Loxapac)	• Prochlorperazine (Stemetil)
• Asenapine (Saphris)	• Lurasidone (Latuda)	• Quetiapine (Seroquel)
• Brexpiprazole (Rexulti)	• Methotrimeprazine (Nozinan)	• Risperidone (Risperdal)
• Chlorpromazine (Largactil)	• Olanzapine (Zyprexa)	• Thioproperazine (Majeptil)
• Clozapine (Clozaril)	• Paliperidone (Invega)	• Trifluoperazine (Terfluzine)
• Flupentixol (Fluanxol)	• Periciazine (Neuleptil)	• Ziprasidone (Zeldox)
• Fluphenazine (Moditen)	• Perphenazine (Trilafon)	• Zuclopenthixol (Clopixol)
• Haloperidol (Haldol)	• Pimozide (Orap)	
• Lithium* (Carbolith, Lithane, Duralith)		

*While lithium is not generally considered an antipsychotic and is usually considered an antimanic drug for bipolar disorder, it is classified as an antipsychotics/neuroleptics per the World Health Organization which CIHI uses for the Continuing Care medication list

Coding Examples:

A. Item O4: Days received the following medication
Record the NUMBER OF DAYS during the LAST 7 DAYS. The MAR for Mrs. P indicates:

- Haloperidol 0.5 mg po BID PRN – received once on Monday, twice on Wednesday and once on Thursday over the last 7 days

Code O4a. = 3 (days)

B. Item O4: Days received the following medication
Record the NUMBER OF DAYS during the LAST 7 DAYS. The MAR for Mr. W indicates:

- Quetiapine 25 mg po HS – 6 doses given, 1 dose refused 2 days ago

Code O4a. = 6 (days)

C. Item O4: Days received the following medication
Record the NUMBER OF DAYS during the LAST 7 DAYS. The MAR for Mr. M indicates:

- Risperidone long-acting injection (Risperdal Consta) 25 mg IM q2 weeks last given 10 days ago

Code O4a. = 1 (days)

Coding example—Stability of Conditions

Item J5: Mrs. T. was admitted to the unit with a diagnosis of chronic congestive heart failure (CHF). During the past few months she has had three hospital admissions due to CHF. Her heard has been significantly weaker despite maximum treatment with medications and oxygen. Her physician has discussed her deteriorating condition with her and her family and has documented that her prognosis for survival in the next couple of months is poor. Check J5c for end-stage disease. (BACK PAGE)

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Factors Influencing Indicator

Diseases (Section I1):

Review clinical records to determine if the resident has one of the following diagnoses:

- **Huntington's chorea (I1x)**
- **Schizophrenia (I1ii):** A disturbance characterized by delusions, hallucinations, disorganized speech, grossly disorganized behaviour, disorganized thinking or flat affect. This category includes schizophrenia subtypes (e.g., paranoid, disorganized, catatonic, undifferentiated, residual).

Problem Conditions (Section J1):

Ask the resident if they have **experienced any of the listed symptoms in the last 7 days**. Review clinical records (including current care plan and integrated progress notes) and consult with facility staff members and the resident's family if the resident is unable to respond.

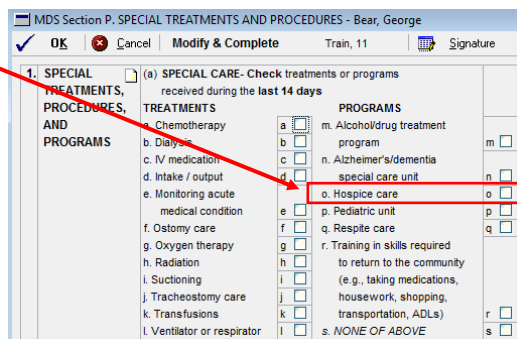
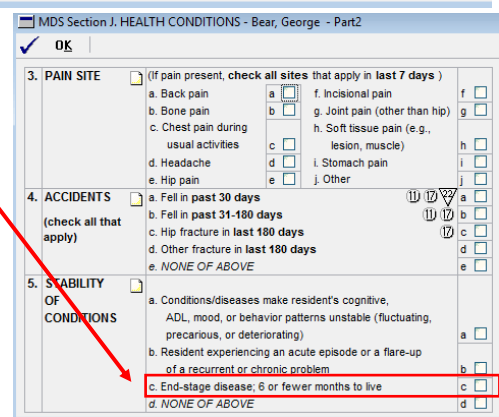
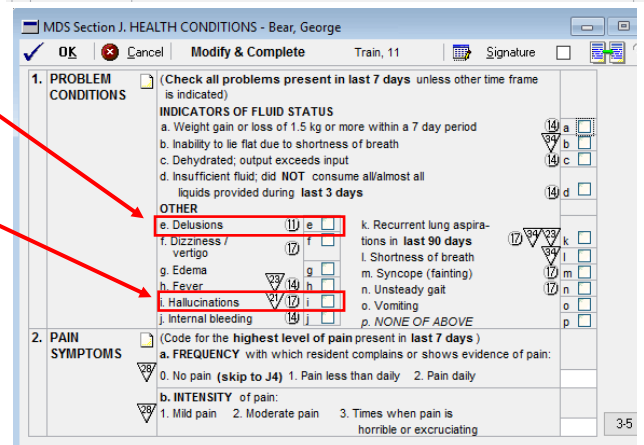
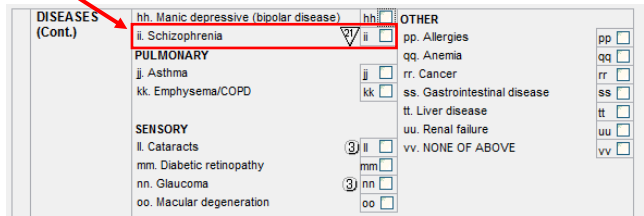
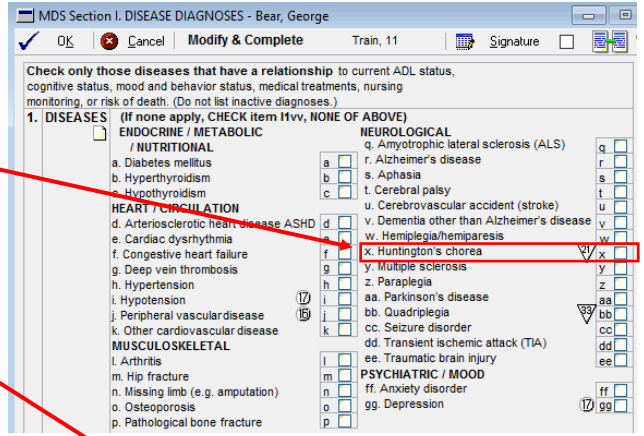
- **Delusions (J1e):** Fixed, false beliefs not shared by others that the resident holds even when there is obvious proof or evidence to the contrary (e.g., belief that he or she is terminally ill; belief that spouse is having an affair; belief that food served by the facility is poisoned.)
- **Hallucinations (J1i):** False perceptions that occur in the absence of any real stimuli. A hallucination may be auditory (e.g., hearing voices), visual (e.g., seeing people, animals), tactile (e.g., feeling bugs crawling over skin), olfactory (e.g., smelling poisonous fumes), or gustatory (e.g., having strange tastes).

Stability of Conditions (J5):

End-Stage Disease (J5c): 6 months or less to live; in one's best clinical judgement, the resident with any end-stage disease has only six or fewer months to live. This judgement should be substantiated by a well documented disease diagnosis and deteriorating clinical course.

Special Treatments, Procedures, and Programs (P1):

Hospice care (P1ao): The resident is identified as being in a program for terminally ill persons where services are necessary for the palliation and management of terminal illness and related conditions.



References:

- 1) Continuing Care Medication List [HCC Medication List, 2022-2023 | CIHI](#)
- 2) CIHI: [Your Health System | CIHI](#)
- 3) RAI-MDS 2.0 Users Manual February 2012