



2017–2018 Webinar Series

Challenges of Dementia Care

About Us

- **National Partnership to Improve Dementia Care in Nursing Homes**
 - CMS partnership with the mission to improve quality of care provided to individuals with dementia living in nursing homes.
- **California Partnership to Improve Dementia Care Goals**
 1. To decrease the state long-stay antipsychotic rate.
 - California: 12.4%, 2016 Quarter 4*
 - National: 16.0%, 2016 Quarter 4*
 - California ranks #6 in the country



* Source: National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (March 2017)

About Us

- **California Partnership to Improve Dementia Care Goals, continued**
 2. To encourage nursing homes to conduct quarterly education (4 per year) on reducing antipsychotics in residents with dementia.
 3. To work with corporations in reducing their antipsychotic data
 4. To expand the focus to hospitals and assisted living.
- **Workgroups**
 - Education and Consumer Awareness
 - Quality and Compliance



Improving Dementia Care for California



Agitation, Might Be Pain



Elizabeth Landsverk, MD

ElderConsult

May 18, 2017



Objectives

At the completion of this training, participants will be able to:

- Assess for pain in dementia residents;
- Identify interventions and medical treatment options to help alleviate pain;
- Assess if treatment was effective and how to identify possible side effects;
- Utilize resources and best practices on pain management for dementia residents.



Types of Pain

Nociceptive

- Low back pain from facet joint arthritis and spondylosis
- Osteoarthritis
- Osteoporosis
- Previous bone fractures



Types of Pain

Neuropathic

- Central poststroke
- Herpes zoster
- Postherpetic neuralgia
- Trigeminal neuralgia
- Nutritional neuropathies
- Peripheral neuropathies
- Fibromyalgia



Pain in Leg Fracture

- 84 year old Female with mild dementia s/p leg fracture, now in renal failure transferred to the ER.
- Reports to have severe pain to the ER MD.
 - MD reports that patient does not have pain, since does not have facial grimacing.
(Also require VS changes or "we can tell")



Pain Evaluation in Dementia

- 1–10 or Facial scale
- Behaviors
- Grimaces
- Vital sign changes



Aggression, Agitation

- Dementia does not cure arthritis
 - History is important
- Advise to remove offending medications
- Treat any possible pain
- Engage in preferred activities
- Use psychoactive medications for serious behaviors not addressed by above



Pain in Leg Fracture

- 84 yo F with mild dementia s/p leg fracture, now in renal failure transferred to the ER.
- Reports to have severe pain to the ER MD.
 - MD reports that pt does not have pain, since does not have facial grimacing.
(Also think VS changes or “we can tell”)



Pain Medications

- Non-steroidal anti-inflammatory drug
 - Naprosyn, Motrin, Celebrex, Diclofenac
- Opioids
 - Norco, Morphine, Oxycontin, Methadone, Fentanyl, Butrans
- Tylenol
- Gabapentin
- Lyrica



NSAIDS

- Good for short term muscle skeletal pain in younger adults
- Increased risks for elders for sodium, fluid retention, hypertension, renal failure, heart failure
- Heart attack, stroke
- Gastritis, GI bleed (exception Celebrex)



Opioids

- Sedation (breathing), Constipation (Ileus)
- Always order bowel meds
 - Senna 8.6 mg 1–4 tabs a day
 - Dulcolax 5 mg a day (if 4 senna not effective)
 - Sorbitol 30 cc a day (sugar free candies)
 - Avoid Metamucil (turns to concrete if not enough water)



Opioids

- Withdrawal symptoms – agitation
- Short acting
 - Norco, Morphine, Dilaudid, Oxycodone
- Long acting
 - MS Contin, OxyContin, Fentanyl patch (black box warning)
- Methadone
 - Extra care, start very low, watch for QTc >450
 - Possible serious arrhythmia



QTc

- QTc > 450 can increase the risk of Torsades de Pointe life threatening arrhythmia
- SSRIs Citalopram, Paroxetine, Sertraline, Venlafaxine
Duloxetine
- Antipsychotics
- Azithromycin



Tylenol

- Long acting Tylenol 650 mg (8 not 4 hours)
 - If ongoing pain do not give only as needed, symptoms of pain in dementia are often misunderstood, (and treated with Ativan)
 - Suggest, if using, 1 tab 3 times a day
- Risk of toxicity
 - Often limit to 4000 mg, Geriatric 3000 mg...



Adjunct Treatments

- Gabapentin
 - Seizure medication, helps with nerve pain
 - Orthopedists also use for muscle/skeletal pain
- Lyrica (Pregabalin)
 - Expensive, but less sedating than Lyrica
- Topical Voltaren
 - Muscle Skeletal pain (best for small joints)
- Tramadol- possible sedation, confusion
- Duloxetine- often increases agitation, insomnia



Pain in Leg Fracture

- 84 yo F with mild dementia s/p leg fracture, now in renal failure transferred to the ER.
- Reports to have severe pain to the ER MD.
 - MD reports that pt does not have pain, since does not have facial grimacing.
(Also think VS changes or “we can tell”)



Pain in Leg Fracture

- LA Tylenol 650 3 x a day
- Gabapentin 100 mg @ night
- Oxycodone 5 mg 3 x a day



Opioid Risks

- Over-sedation, falls, respiratory arrest
- Constipation, Intestinal perforation
- Ileus (bowel paralysis)
- Withdrawal, if dose stopped abruptly
 - Decrease by no more than ½ total dose every few days



My Cocktail

- Ice cream, music
 - Pleasant diversions work for some
- Physical therapy
- Standing Tylenol LA 650 3 times a day
 - Unless not eating/drinking
- Gabapentin 100 mg, start once at night, as tolerated



Arthritis Pain

- 85 yo F with agitation, treated with Tylenol 500 mg q 4h prn, Norco 5/325 mg prn, Ativan 0.5 mg prn who has been evicted from 2 facilities.
- Must always have a history
- Spinal arthritis
 - Treated with Vicodin in the past



Arthritis Pain

- Tylenol 650 mg 3 times a day
- Gabapentin 100 mg at night
- Tapered Ativan
 - Avoid Benzodiazepines, sleeping pills
- Methadone 5 mg ½ tab at night
- Norco 5/325 ½ tab twice a day



Nerve Pain

- 80 yo M with spinal stenosis treated with Motrin, Naprosyn and Tramadol
 - Very agitated, evicted from 2 facilities, treated with Haldol, Seroquel
- Started Methadone 5 mg ½ tab
 - Pain relief but vomiting
- Fentanyl patch 12 mg/ Lyrica 25 mg 2 a day
 - Pain relief, no vomiting



Summary

- Assess pain
 - Reported, groaning, behaviors, grimacing...
- Avoid NSAIDS in elders/controversial
- In dementia, give standing doses
 - Tylenol, Norco ½ tab 2-3 times a day
 - Methadone ½ tab at night
- Reassess in a few days, adjust doses
- Any sedation is reason to decrease meds, look for infection, new condition





Resources

Dementia Care Resources for
Professionals and Consumers

Resources for Professionals



<https://www.calculturechange.org/dementia-care-for-professionals>

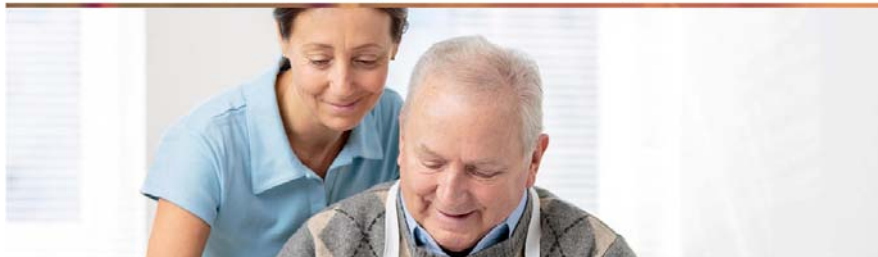
Home

About Us

Culture Change

Dementia Care for Professionals

Dementia Care for Consumers



Reduce the use of antipsychotics in
nursing homes

Resources for Consumers



<https://www.calculturechange.org/dementia-care-for-consumers>

Home | About Us | Culture Change | Dementia Care for Professionals | **Dementia Care for Consumers**



The Use of Antipsychotics

What does this mean for me and my loved one?

Webinar Series: Antipsychotics and Dementia

- Developed by: ElderConsult, for the CA Partnership to Improve Dementia Care and the California Culture Change Coalition

<https://www.calculturechange.org/physicians>

Webinar 1 – Dementia	Webinar 2 - Agitation: Behavioral Approach	Webinar 3 - Agitation: Medications
https://vimeo.com/142949019	https://vimeo.com/142735387	https://vimeo.com/142938319





Questions

Questions? Comments?

- Visit our website: elderconsult.com
- Follow us on Facebook: fb.com/elderconsult
- Call us directly: 650.357.8834

Thank you,
Elizabeth A Landsverk, MD
Geriatrician



Thank You

Please contact us if you have any questions.

You must submit the survey monkey evaluation following the completion of this webinar by **June 8, 2017 in order to receive continuing education credits.**



California NHQCC: Upcoming Webinar

Save the Date: June 27, 2017, 11:00 a.m.–12:15 p.m.

CA NHQCC Learning Session 1 Webinar Kick Off: *QAPI in Action*

- Gain an overview of the collaborative.
- Receive information on how to develop a QAPI program as aligned with the updated regulations.
- Learn from leaders of high performing nursing homes on their successful QAPI implementation and steps to reducing antipsychotics.

Who Should Register?

NHAs, DONs, DSDs, MDS Coordinators, Medical Directors, and other staff

Ohio NHQCC: Collaborative II Learning Session 1

Parma	Bowling Green	Newark	Dayton	Dover
Thursday, May 25	Thursday, June 8	Tuesday, June 13	Thursday, June 15	Thursday, June 29

For more information and to register visit:
<https://www.hsag.com/events>

35



Upcoming HSAG National Nursing Home Quality Care Collaborative (NNHQCC) Events

The screenshot shows the HSAG website's Events page. At the top, there is a navigation menu with links for Home, About, Careers, Events, and Contact. Below the navigation, there is a search bar and a language selector. The main content area features a calendar for May 2017, with event listings for each day. The events include:

- Monday, May 1st:** National Nursing Home Quality Care Collaborative (NNHQCC) - Bowling Green, OH
- Tuesday, May 2nd:** Ohio NHQCC Collaborative II Learning Session 1 - Parma, OH
- Wednesday, May 3rd:** Ohio NHQCC Collaborative II Learning Session 2 - Bowling Green, OH
- Thursday, May 4th:** Ohio NHQCC Collaborative II Learning Session 3 - Newark, OH
- Friday, May 5th:** Ohio NHQCC Collaborative II Learning Session 4 - Dayton, OH
- Saturday, May 6th:** Ohio NHQCC Collaborative II Learning Session 5 - Dover, OH

On the right side of the calendar, there are filters for Audience (Ambulatory Surgical Center, Care Coordination, Home Health Agency, Hospital, Nursing Home, Physician Office) and States (Alabama, Florida, Ohio, Utah, All States).

www.hsag.com/events

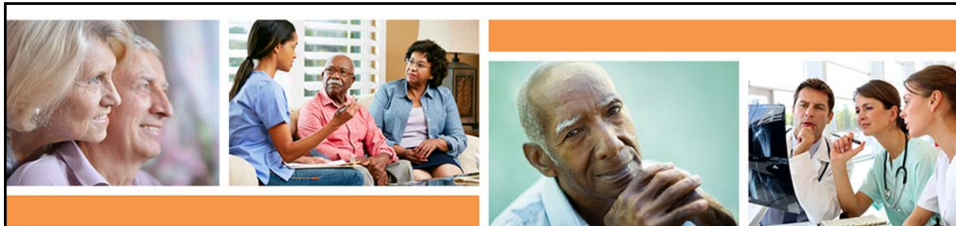


Webinar Evaluation

After the webinar, please take a moment to complete a short evaluation. This should take no more than 5 minutes to complete.

<https://www.surveymonkey.com/r/AgitationMay18>

37



This material (slides 34--38) was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. CA-11SOW-C.2-05082017-02

