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

Agitation, Might Be Pain

Elizabeth Landsverk, MD
ElderConsult
May 18, 2017
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

- 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

Reduce the use of antipsychotics in nursing homes
Resources for Consumers

https://www.calculturechange.org/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

<table>
<thead>
<tr>
<th>Webinar 1 – Dementia</th>
<th>Webinar 2 - Agitation: Behavioral Approach</th>
<th>Webinar 3 - Agitation: Medications</th>
</tr>
</thead>
</table>
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,
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

<table>
<thead>
<tr>
<th>Parma</th>
<th>Bowling Green</th>
<th>Newark</th>
<th>Dayton</th>
<th>Dover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, May 25</td>
<td>Thursday, June 8</td>
<td>Tuesday, June 13</td>
<td>Thursday, June 15</td>
<td>Thursday, June 29</td>
</tr>
</tbody>
</table>

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

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

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