

**HALF HOUR HOT TOPICS**



# The Basics of Psychoactive/Psychotropic Medications

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# Objectives

Upon completion of this training, the participant will:

- Understand the basics of psychoactive/psychotropic medications in long-term care
- Increase knowledge of non-pharmacological and pharmacological interventions
- Apply Resident Assessment Instrument (RAI) guidelines and State Operations Manual (SOM), appendix PP regulatory requirements for minimum data set (MDS) coding and care planning



# Health-related quality of life

- Medications are an integral part of the care provided to residents of nursing homes. They are administered to try to achieve various outcomes, such as curing an illness, diagnosing a disease or condition, arresting or slowing a disease's progress, reducing or eliminating symptoms, or preventing a disease or symptom.
- Residents taking medications in the psychoactive/psychotropic medication categories and pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life.



## Health-related quality of life (continued)

- Only those medications required to treat the resident's assessed condition are used along with ongoing assessment by staff for the need to reduce medications whenever possible. This also ensures the most effective medication is utilized for the resident's condition.
- As part of all **medication management**, it is important for the interdisciplinary team to consider non-pharmacological approaches.



# Medication management

Medication management is based in the care process and includes recognition or identification of the problem/need, assessment, diagnosis/cause identification, management/treatment, monitoring, and revising interventions, as warranted as well as documenting medication management steps. The attending physician plays a key leadership role in medication management by developing, monitoring, and modifying the medication regimen in conjunction with residents, their families, and/or representative(s) and other professionals and direct care staff (the IDT).



# Non-pharmacological intervention

**Approaches that do not involve the use of medication to address a medical condition such as:**

- Reducing environmental stimulation such as excessive noise and lighting, extreme hot/cold temperatures, loud conversation and use of intercom
- Ensuring appropriate assistance with activities of daily living (ADLs)
- Considering the resident's preferences, use of lotion, massage, music, and other activities
- De-escalation strategies



# Non-pharmacological intervention (continued)

When residents are having difficulty sleeping, nursing home staff should explore non-pharmacological interventions referred to as “sleep hygiene” approaches PRIOR to initiating pharmacologic interventions.

**Sleep hygiene:** practices, habits and environmental factors that promote and/or improve sleep patterns



# Planning for care

- Many psychoactive medications increase confusion, sedation and falls. For residents already at risk for these conditions, nursing home staff should develop plans of care that address these risks.
- The indications for initiating, withdrawing, or withholding medication(s), as well as the use of **non-pharmacological interventions**, are determined by assessing the resident's underlying condition, current signs and symptoms, and preferences and goals for treatment. This includes, where possible, the identification of the underlying cause(s), since a diagnosis alone may not warrant treatment with medication.



## Planning for care (continued)

- Target symptoms and goals for use of these medications should be established for each resident. Progress toward meeting the goals should be evaluated routinely.
- Possible adverse effects of these medications should be well understood by nursing staff.
- Implement systemic **monitoring** of each resident taking any of these medications to identify **adverse consequences** early.



# Planning for care (continued)

**Monitoring:** The ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline and current data in order to ascertain the individual's response to treatment and care, including progress or lack of progress toward a goal.



## Planning for care (continued)

**Adverse consequence:** An unpleasant symptom or event that is caused by or associated with a medication, impairment or decline in an individual's physical condition, mental, functional or psychological status. It may include various types of adverse drug reactions (ADRs) and interactions (e.g., med-med, med-food and med-disease).

***Adverse consequences can range from minimal harm to functional decline, hospitalization, permanent injury and death.***



# Pharmacological interventions

## What are psychoactive/psychotropic medications?

**Any drug that affects brain activities associated with mental processes and behavior.**

These include, but are not limited to, the categories of antipsychotic, antidepressant, anti-anxiety (anxiolytic) and hypnotic medications.



## 3.0 minimum data set (MDS), section N: medications

<b>N0410. Medications Received</b>	
<b>Indicate the number of DAYS the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days</b>	
Enter Days <input type="checkbox"/>	<b>A. Antipsychotic</b>
Enter Days <input type="checkbox"/>	<b>B. Antianxiety</b>
Enter Days <input type="checkbox"/>	<b>C. Antidepressant</b>
Enter Days <input type="checkbox"/>	<b>D. Hypnotic</b>
Enter Days <input type="checkbox"/>	<b>E. Anticoagulant</b> (e.g., warfarin, heparin, or low-molecular weight heparin)
Enter Days <input type="checkbox"/>	<b>F. Antibiotic</b>
Enter Days <input type="checkbox"/>	<b>G. Diuretic</b>
Enter Days <input type="checkbox"/>	<b>H. Opioid</b>



# What are antipsychotic medications?

Definition: Drugs that are used to treat symptoms of psychosis such as delusions (for example hearing voices), hallucinations, paranoia, or confused thoughts.\*

Examples include: 1<sup>st</sup> generation/typical - haloperidol (Haldol), chlorpromazine (Thorazine), fluphenazine (Prolixin), thioridazine (Mellaril)

2<sup>nd</sup> generation/atypical-aripiprazole (Abilify), olanzapine (Zyprexa), risperidone (Risperadol), and ziprasidone (Geodon)\*\*

\* [www.drugs.com/drug-class/antipsychotics.html](http://www.drugs.com/drug-class/antipsychotics.html)

\*\* [http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg\\_v6\\_0\\_w\\_example\\_drugs\\_rev140415.pdf](http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg_v6_0_w_example_drugs_rev140415.pdf)



# What are antianxiety (anxiolytics) medications?

Definition: Drugs that work on the central nervous system to treat anxiety.\*

Examples include: benzodiazepines-alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan); anxiolytics, other-buspirone (Buspar), hydroxyzine (Vistaril)\*\*

\* <https://www.drugs.com/drug-class/miscellaneous-anxiolytics-sedatives-and-hypnotics.html>

\*\* [http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg\\_v6\\_0\\_w\\_exampledrugs\\_rev140415.pdf](http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg_v6_0_w_exampledrugs_rev140415.pdf)



# What are hypnotic medications?

Definition: Drugs that work on the central nervous system to treat insomnia.\*

Examples (sleep disorder agents) include: flurazepam (Dalmane), temazepam (Restoril), eszopiclone (Lunesta), zolpidem (Ambien)\*\*

*\*<https://www.drugs.com/drug-class/miscellaneous-anxiolytics-sedatives-and-hypnotics.html>*

*\*\*[http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg\\_v6\\_0\\_w\\_exampleddrugs\\_rev140415.pdf](http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg_v6_0_w_exampleddrugs_rev140415.pdf)*



# What are antidepressant medications?

Definition: Antidepressants are a broad group of drugs that are used in the treatment of depression. Although they do not cure depression, they are usually effective at improving mood and relieving symptoms such as restlessness, anxiety, sleep problems and suicidal thoughts.\*

Examples include: citalopram (Celexa), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), trazadone (Desyrel), amitriptyline (Elavil), doxepin (Sinequan), other-bupropion (Wellbutrin)\*\*

\* <https://www.drugs.com/drug-class/antidepressants.html>

\*\* [http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg\\_v6\\_0\\_w\\_exampleddrugs\\_rev140415.pdf](http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/uspmmg_v6_0_w_exampleddrugs_rev140415.pdf)



# MDS steps for assessment

1. Review the resident's medical record for documentation that any of these medications were received by the resident during the seven-day look back period (or since admission/entry or reentry if less than seven days).
2. Review documentation from other health care settings where the resident may have received any of these medications while a resident of the nursing home (e.g., valium given in the emergency room).



# MDS coding instructions

- N0410A-D: Code medications according to the pharmacological classification, not how they are being used
- N0410A-D: Antipsychotic/antianxiety/antidepressant/hypnotic:  
Record the number of days a medication was received by the resident at any time during the seven-day look-back period (or since admission/entry or reentry if less than seven days).



# MDS coding tips and special populations

- Medications that have more than one therapeutic category and/or pharmacological classification should be coded in ALL categories/classifications assigned to the medication regardless of how it is being used.
- Code a medication even if it was given only once during the look-back period.
- Count long-acting medications that are given every few weeks or monthly ONLY if they are given during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).



# MDS coding tips and special populations (continued)

- Combination medications should be coded in all categories/pharmacological classes that constitute the combination. If the resident receives a single tablet that combines an antipsychotic and an antidepressant, then BOTH antipsychotic and antidepressant categories should be coded.
- Over-the-counter sleeping medications are not coded as hypnotics, as they are not categorized as hypnotic medications.



# MDS coding tips and special populations (continued)

- In circumstances where reference materials vary in identifying a medication's therapeutic category and/or pharmacological classification, consult the resources/links cited in the RAI manual or consult the medication package insert, which is available through the facility's pharmacy or manufacturer's website.

**Caution: When using drug lists, look up individual drug.**



# MDS coding tips and special populations (continued)

- Doses of psychoactive medications should always be the lowest possible to achieve the desired therapeutic effects and be deemed necessary to maintain or improve the resident's function, well-being, safety, and quality of life. Duration of treatment should also be in accordance with pertinent literature, including clinical practice guidelines.
- Since medication issues continue to evolve and new medications are being approved regularly, it is important to refer to a current authoritative source for detailed medication information, such as indications and precautions, dosage, monitoring, or adverse consequences.



# MDS coding tips and special populations (continued)

- During the first year in which a resident on a psychoactive medication is admitted, or after the nursing home has initiated such a medication, nursing home staff should attempt to taper the medication or perform gradual dose reduction (GDR) and behavioral interventions as long as they are not medically contraindicated in an effort to discontinue the drug.



# MDS coding tips and special populations (continued)

- Prior to discontinuing a psychoactive medication, residents may need a GDR or tapering to avoid withdrawal syndrome (e.g., for medications such as selective serotonin reuptake inhibitors [SSRIs], tricyclic antidepressants [TCAs], etc.)
- Residents on antidepressants should be closely monitored for worsening of depression and/or suicidal ideation/behavior, especially during initiation or change of dosage in therapy. Stopping antidepressants abruptly puts one at higher risk of suicidal ideation and behavior.



# MDS coding tips and special populations (continued)

- Herbal and alternative medicine products are considered to be dietary supplements by the Food and Drug Administration (FDA) and are not regulated by the FDA. These should not be counted as medications.
- Examples include melatonin, chamomile, valerian root



# References

- Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual:  
<https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v115R-October-1-2017-R.pdf>
- State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 11-22-17):  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)
- Adverse Drug Event Trigger Tool:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf>



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