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Administration Practices of Antipsychotic Medications Among Hospitalized Adults with Dementia

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Objective

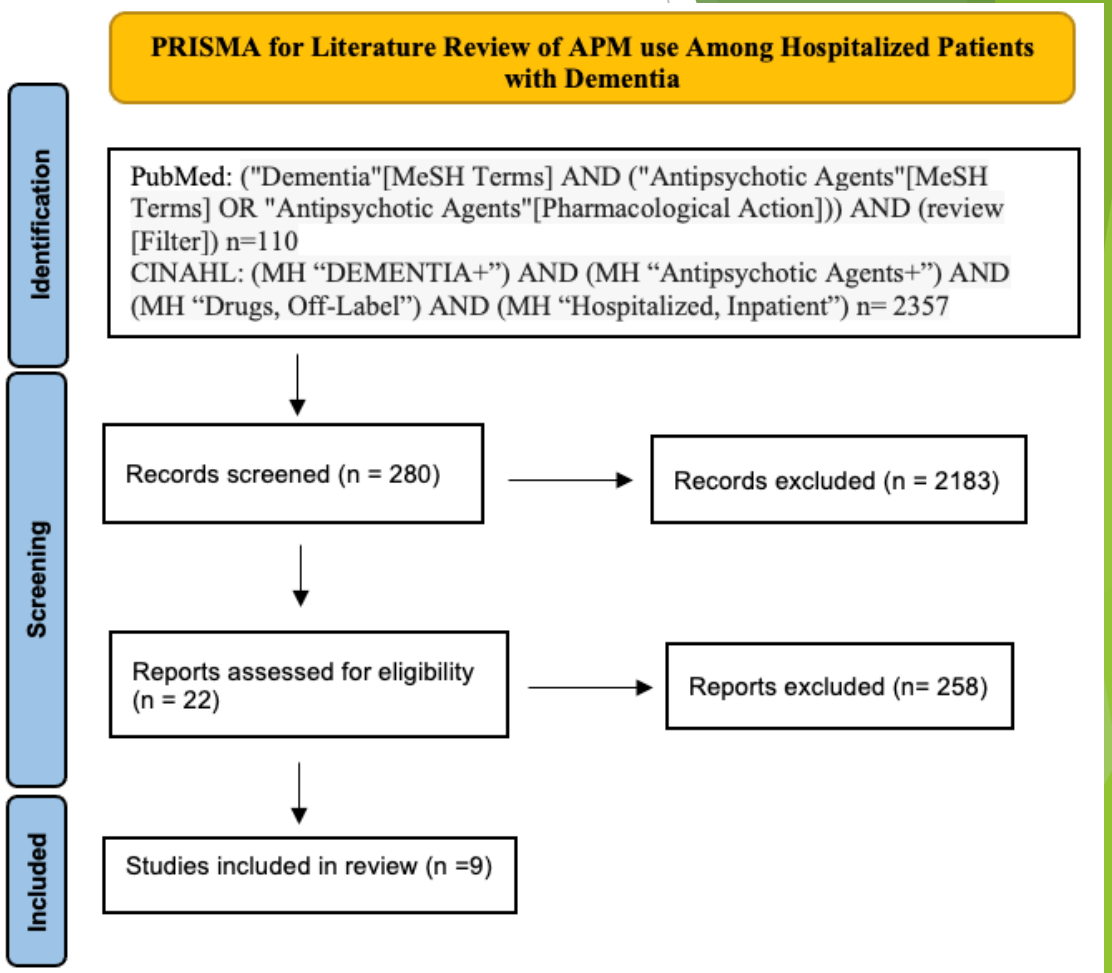
Explore the use of antipsychotic medications (APM) among hospitalized patients with dementia and compare current practice to national practice guidelines.

Background

- More than 6.2 million Americans
- Greater re-admission rate, prolonged stay and 14% higher cost
- Behavioral and psychological symptoms of dementia (BPSD)
  - 75% hospitalized patients
- APM off-label in elderly
  - Black-box warning 2005 & 2012 Centers for Medicare and Medicaid Services (CMS) mandate
  - 85% increased risk of adverse events (AE)
- Non-pharmacologic first-line treatment

PICO

- In hospitalized patients diagnosed with dementia (P), what are the characteristics (I) of patients administered APM (C), compared to patients not administered APM (O)?
- Primary searches on PubMed & CINAHL



Literature Review

- White et al., (2016)
  - BPSD incidence 75% hospitalized dementia patient
  - Higher risk of mortality, over 1/3 died during admit
  - APM administered rate of 12%
- APM associated with 85% increased risk of AE (Banerjee 2009, Ralph & Espinet, 2018)
- Improper training can increase BPSD
- Prevention programs focus non-pharmacologic approach to adapt environment and lower stimuli (Wharton et al., 2018)

Purpose Statement

- The purpose of this DNP project is to characterize hospitalized patients with dementia who are administered APM or not and compare them to practice guidelines.

Aims

- Characterize hospitalized patients diagnosed with dementia that are administered APM and those not administered an APM
- Compare the proportion of hospitalized patients who receive at least one APM during hospitalization to those who did not, each year between January 1, 2016, and December 31, 2021
- Identify disposition status with rates of APM use

Methods/Approach

- Design: evidence-based practice (EBP) project utilizing retrospective observational descriptive design using a quantitative approach. A de-identified convenience sample utilized.
- Sample: Hospitalized adult patients administered FDA approved medications for dementia, aged 65 and older, and hospital stay 24 hours or more
- Setting: 694-bed medical center, a 198-bed medical center in Eastern Washington, and 237-bed medical center in Missoula, Montana.

Methods/Approach

Data extracted from de-identified data reports supplied by hospital data scientist:

- Gender
- Age
- Admit source
- Primary admission diagnosis
- APM during admission
- Discharged with APM
- Disposition
- Length of stay

Methods/Approach

- Data were analyzed quantitatively
  - frequency and descriptive statistic
  - categorical and continuous variables

- Chi-square and t-test conducted
  - compare hypothesized group differences APM vs no APM
  - characterize who discharged home vs another facility

Results: Preliminary

	APM n=X	No APM n=X	p-value
Age Mean	79.51	81.47	
Gender Female Male	n=329 (12%) n=289 (11%)	n=1139 (42%) n=973 (36%)	0.76
Admit Source Home Other	n=509 (19%) n=109 (4%)	n=1716 (63%) n=396 (15%)	0.53
Admit Diagnosis Infection Fracture/trauma Other	n=179 (7%) n=88 (3%) n=348 (13%)	n=623 (23%) n=318 (12%) n=1174 (43%)	0.87

- Sample size n=2730
- Administered APM n=618 (22.6%)

Results: Preliminary

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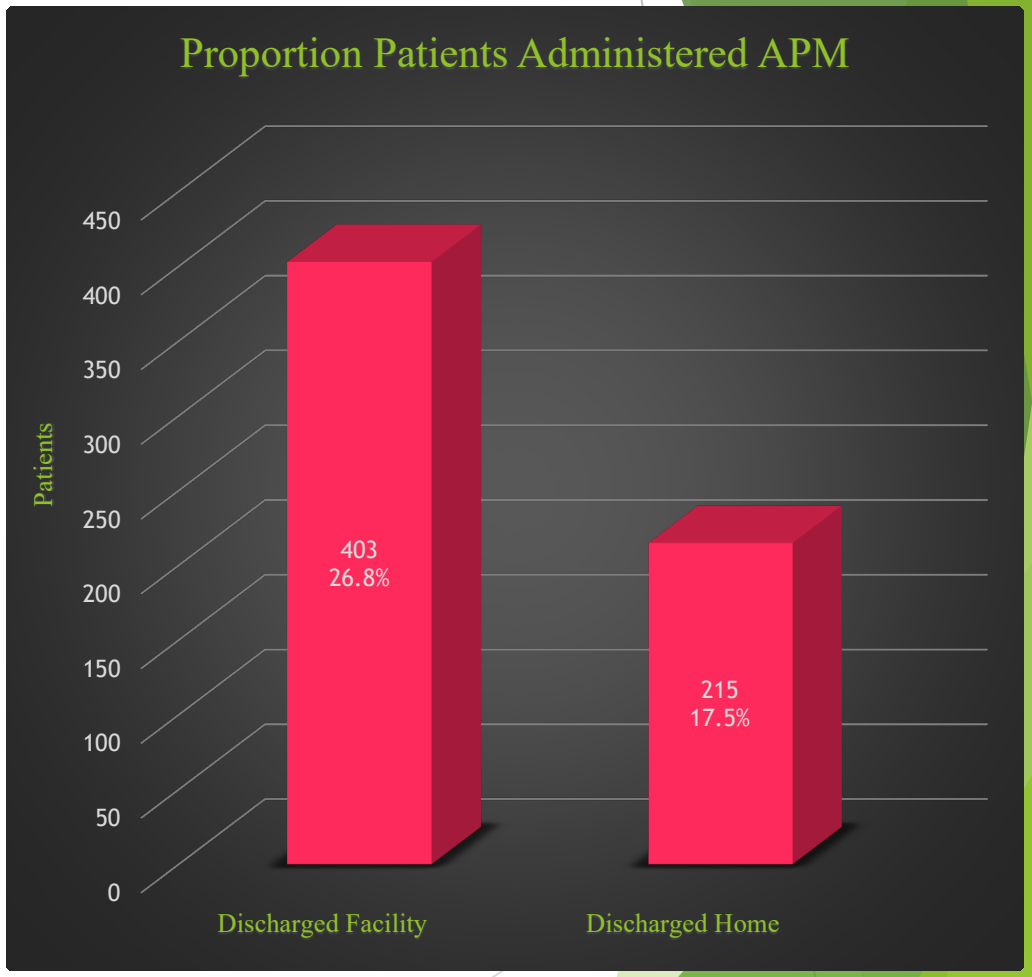
- Proportionally more patients who discharged to a facility were administered an APM p<0.001



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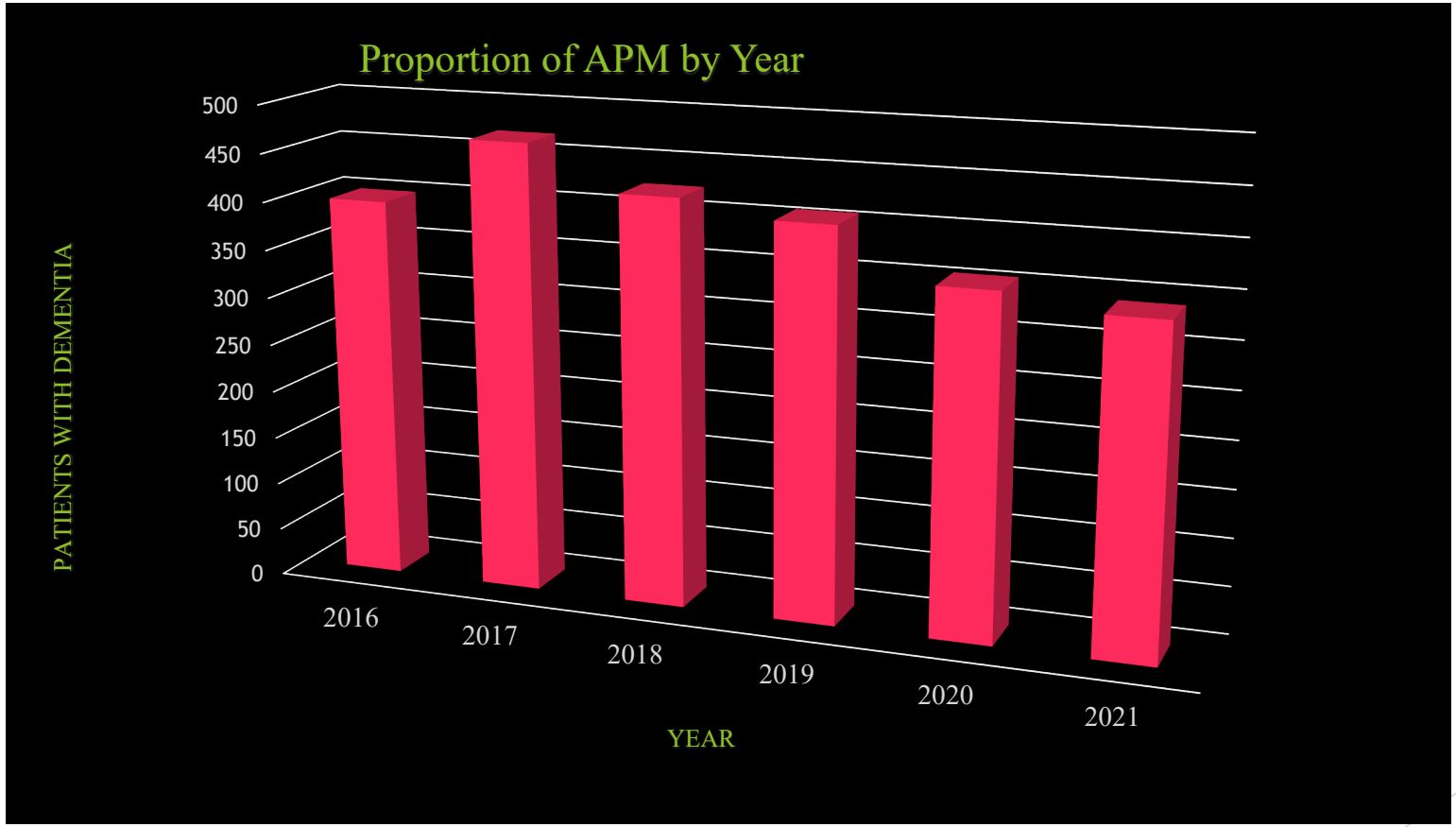

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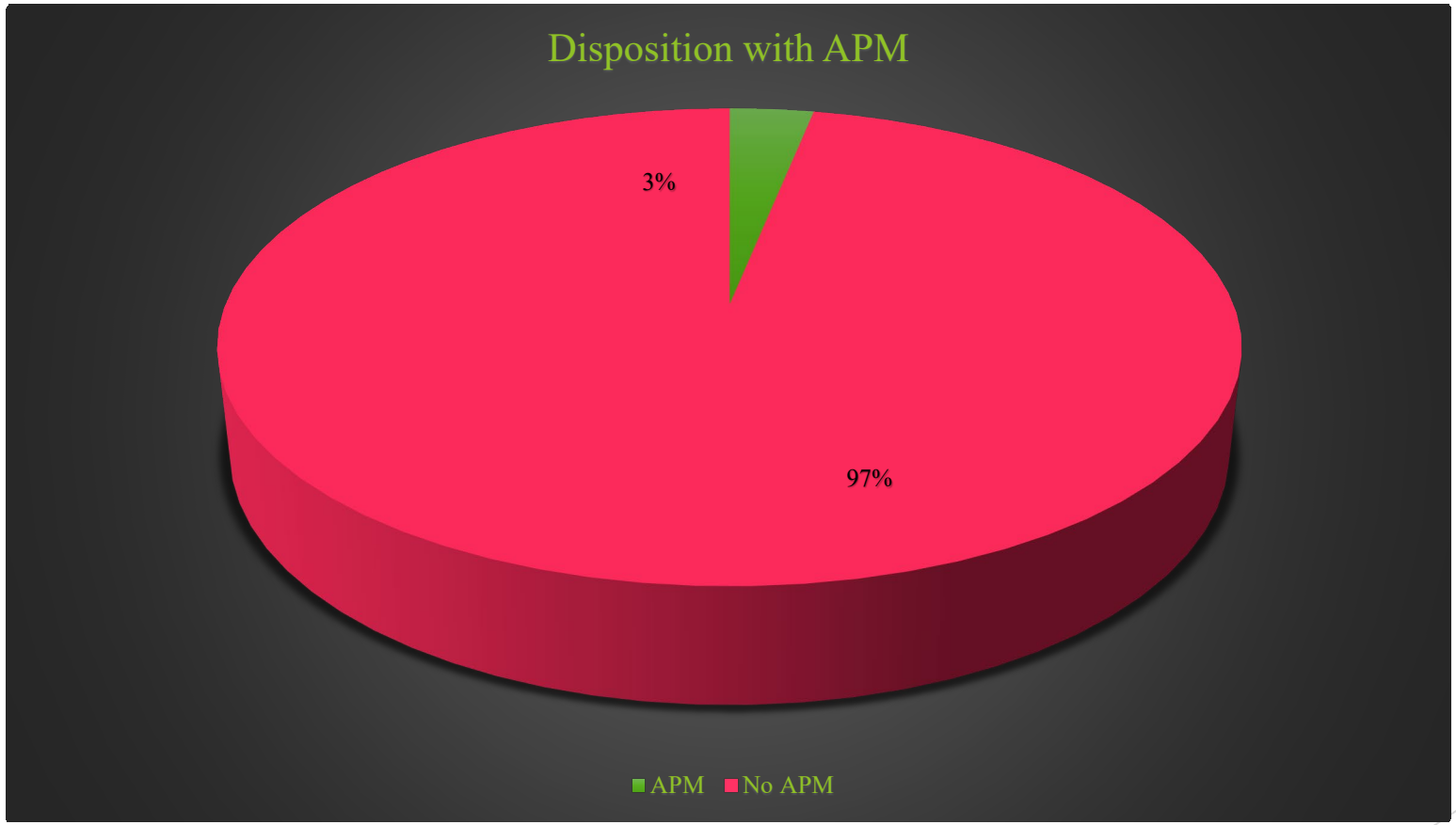
Results: Preliminary



Conclusion

- APM administered 22.6% of patients in the sample
- LOS increased (APM 16.2/No APM 6) ($p<0.001$)
- Proportionally overall decline in patients who received APM

- No best practice guidelines for hospitalized patients with dementia
- In-patient dementia care training available but not widely used and not mandated
- Future work education providers, nurse and interdisciplinary staff

Implication for Practice

- Potential of contributing valuable information healthcare and its stakeholders
- Inpatient setting stressful, may trigger BPSD
- Non-pharmacologic interventions categorized:
  - Equipment, family assistance, psycho-social, personally tailored interventions

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

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Questions?

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