

Balanced Wellbeing
Improving Residential Life & Facility Compliance
Psychiatric & Psychological Care


**Effective Usage of Psychiatric Medicines
in Nursing Facilities**

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Dr. Pari Deshmukh, “Dr. Desh”

- Case Western Reserve University graduate (Chief Resident)
- Triple Board-Certified Integrative Psychiatrist
- Psychotherapist
- Fellow of APA and ASAM
- Recipient of local and national awards and honors
- 10 years of daily post acute experience
- Leading the team of 70+ providers, 250+ employees
- Servicing 160+ SNF, 200+ ALFs, 30+GH, 800+ patients/daily
- Designed the program




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Disclosures

Paid Speaker of

- Acadia – Nuplazid (Pimavansarin)
- Avanir – Nuedexta (Dextromethorphan/Quinidine)
- Teva – Austedo (Deutetrabazine)
- Neurorine – Ingrezza (Valbenazine)
- Genesight pharmacogenomic (in the past)



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Learning Objectives

- Discuss the details of commonly used psychiatric medications
- Describe the underutilized effective psychiatric medications
- Optimize the use of psychiatric medications patients are already on to avoid adding more medicine to lead to polypharmacy
- Identify effective combinations of psychiatric medicines to minimize polypharmacy
- Implement evidenced and experienced based psychiatric medicinal approaches in daily practice



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Common Psychiatric Conditions

A 76 yr. old female is having difficulty adjusting to being in a place away from her home. She is not eating and sleeping well. She has low energy and motivation. She has lost interest in pleasurable activities. She is moving slower than usual. What do you think she has?

- A. Depression
- B. Anxiety
- C. Bipolar disorder
- D. Schizophrenia

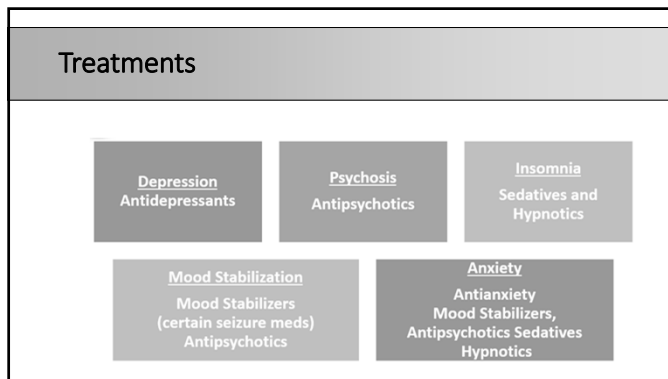
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Common Psychiatric Conditions

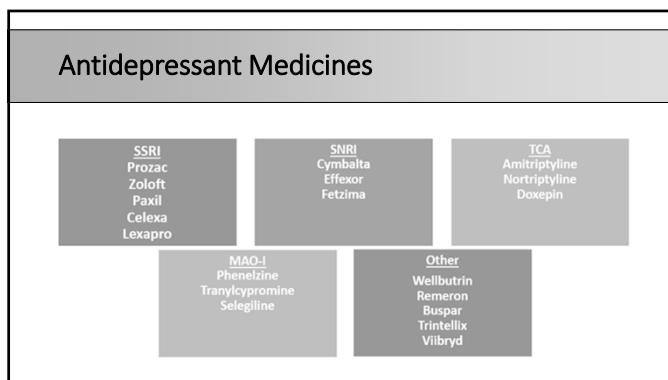
84 yr. old female with recent diagnosis of UTI. Patient is confused, has altered sensorium. Her days and nights are mixed up. Patient hallucinates at times and feels like there are people coming to her room who do not exist. Patient is getting combative and agitated at random times. What is her likely condition?

- A. Dementia
- B. Delirium
- C. Schizophrenia
- D. Sundowning

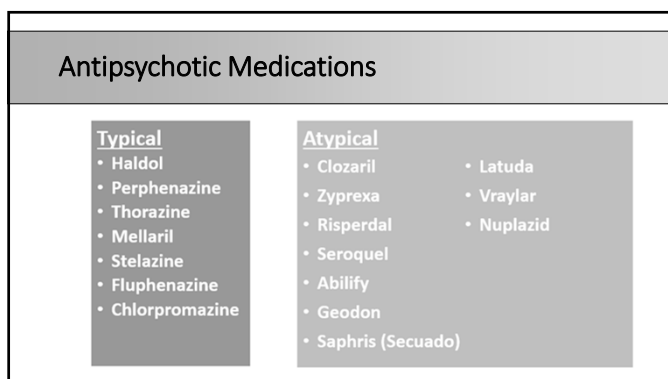
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Other Medications			
Mood Stabilizers <ul style="list-style-type: none"> • Depakote • Tegretol • Trileptal • Lamictal • Lithium 	Benzodiazepines <ul style="list-style-type: none"> • Ativan • Xanax • Klonopin • Valium • Librium 	Other <ul style="list-style-type: none"> Buspar Nuedexta Stimulants 	Hypnotics <ul style="list-style-type: none"> Ambien Restoril Lunesta Belsomra Melatonin

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A 63 yr. old male with history of taking Klonopin 1 mg tid routinely. Patient is a new admit to the facility from the hospital. Hospital did not give script for Klonopin. Why is it very important to restart Klonopin?

A. Anxiety will increase

B. Patient will go into withdrawal

C. Patient may have seizure

D. Patient may die

E. All of the above

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Which of the following medicine does NOT need lab levels?

A. Depakote

B. Tegretol

C. Trileptal

D. Lithium

E. Dilantin

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A 68 yr. old male with history of recent stroke. He is yelling, screaming, abrupt and uncontrollably crying, making repetitive sounds "help me..help me..help me". When we ask what help do you need, he says "nothing". What is the likely condition?

- A. Stroke Related Behaviors
- B. Parkinson Disease Psychosis
- C. Pseudobulbar Affect
- D. Dementia with Behaviors

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Common Behaviors/Symptoms

Irritability

Agitation

Aggression

Combativeness

Low
Motivation

Withdrawn

Insomnia

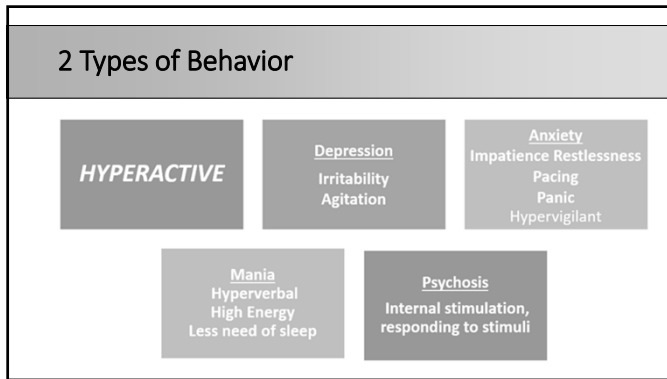
Restlessness

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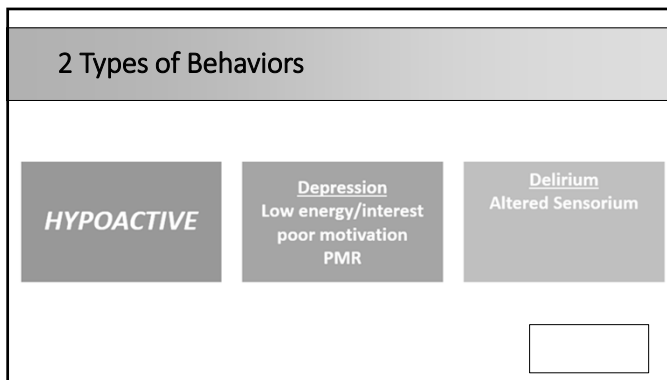
A 79 yr. old male with no active medical complications. Patient is hyper, agitated, getting restless, nervous, pacing, and is difficult to redirect. What is the first step to do?

- A. Baker Act
- B. Give Sedative
- C. Stop Simultaneous Medicines
- D. Consult Psychotherapy

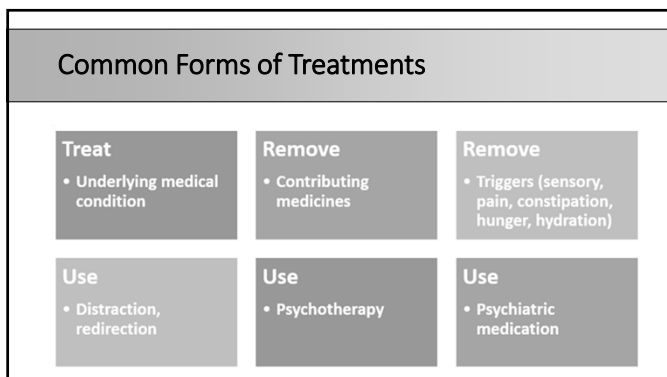
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A 67 yr. old male, who is confused, agitated and combative. What is the next step?

- A. Remove contributing medical (sensory, pain, constipation, hunger, hydration)
- B. Use distraction, redirection
- C. Use psychotherapy
- D. Use psychiatric medication

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An 87-year-old female, who thinks people are poisoning her, is refusing all medicines. As a result, patient is getting more agitated and restless. What can be done?

- A. Give medicine in food
- B. Give medicine in gel form
- C. Give medicine in long-acting injection
- D. All of the above

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An 82-year-old female, who was exposed to antipsychotic medicine, now has movements. AIMS score is high. What to do?

- A. Find out if patient has hyperkinetic or hypokinetic movement
- B. Monitor
- C. Start Cogentin
- D. Start Austedo
- E. Start Ingrezza

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An 89-year-old female with history of dementia. Dementia is progressed. Patient is hardly able to do anything by herself except feeding and dressing self. What to do with dementia meds (Aricept and Namenda)?

- A. Increase the dose
- B. Decrease the dose
- C. Stop medicines
- D. Taper down medicines
- E. Continue medicines

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Psychotropic Meeting

Monthly Meetings with:

- Psychiatrist/PMHNP
- DON
- Unit Managers
- Social Services
- Pharmacist
- Administrator
- Medical Team Members



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Question: Sexual Hyperactivity

A 62-year-old male, with history of depression. Patient is sexually inappropriate with staff. Makes sexual comments to CNAs and nurses, tries to touch them. What to do?

- A. Monitor, no intervention needed
- B. Behavioral Redirection
- C. Start anti-impulsivity medicine
- D. Start Estrogen
- E. B, C and D

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Question: Substance Abuse

A 66-year-old female, with history of alcoholism. Patient is craving for alcohol. Tries to go outside the facility to a nearby gas station to get alcohol. Couple of times, patient tried to drink hand sanitizer. Patient was educated multiple times but she does not listen. What to do?

- A. No intervention needed as patient was adequately educated
- B. Send patient to 12 step meeting
- C. Give 30 days notice to patients as it is not safe to return drunk from outside
- D. Start Naltrexone
- E. Baker Act

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Question: Psychotherapy

Psychotherapy can be ordered on Dementia patient ...

- A. True
- B. False

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Question: Telepsychiatry

A 57-year-old male, with history of suicide attempt and depression, is expressing wishes of ending life with a plan of using gun. Psych provider is not available to visit the facility. In this condition, it is allowed to Baker Act patient using a video call interview?

- A. True
- B. False

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Telepsychiatry

Emergency Assessment
Add/Remove 1:1 sitter
Medication Adjustments
Virtual Presence
COVID Lockdowns
Smart Phone is good enough



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Question: Baker Act

A 68-year-old female, with history of psychiatric hospitalization for depression. She has such a severe depression that she cannot do her ADLs. What to do?

- A. Baker Act
- B. No intervention needed
- C. Initiate 1:1 sitter
- D. Initiate treatment for depression and provide more assistance with ADLs
- E. Start q30min checks

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Question: Baker Act

A 68-year-old male, with extreme combativeness. Patient is not redirectable. No insight. You Baker Acted patient. Patient was calm in psychiatric triage. The rescinded the Baker Act and they are sending patient back without intervention. What to do?

- A. Accept patient back and initiate the psychiatric treatment
- B. Refuse to accept patient stating that patient is not safe to return to the facility
- C. Accept patient but re-Baker Act the patient and send to another psych hospital
- D. Find specialized psychiatric nursing home placement for the patient

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Layers of Service



- Layer 1** – Psychiatric Screening (PDPM)
- Layer 2** – Psychiatric Medication Management (FQIP)
- Layer 3** – Psychological Evaluation and Psychotherapy/Talk Therapy/Counseling
- Layer 4** – Follow Ups, Psychometric Scales, Patient Education
- Layer 5** – Continuity of Care at Home Program
- Layer 6** – Telepsych Follow Up for Med Adjustments and Refills

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Research Studies

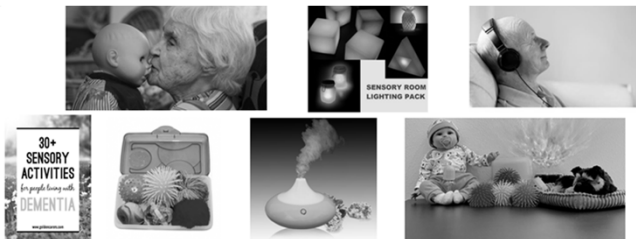
The summary of statistical significance is as follows:

Directly related to Psychiatric care	Statistical significance for Mean of Facility Adj %	
	National Average	
Physical restraints (L)	ns	
Antipsychotic meds (s)	ns	
Antipsychotic meds (L)	***↓	
Antianxiety/hypnotic prev (L)	Ns	
Antianxiety/hypnotic % (L)	*↓	
Behavioural Sx affect others	***↓	
Depress Sx (L)	***↓	

ns: Non significant; SA: Vs Mean of State Avg %; NA: Vs Mean of National Avg %; *P<0.05; ***P<0.001.

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Implement Integrative Care



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Continuity of Care at Home




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Excellent Psychiatry Care Means


Patients
are happier

Families
are happier


The Facility
is happier

Insurance
is happier

**Everybody
wins!**



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Balanced Wellbeing

Improving Residential Life & Facility Compliance
Psychiatric & Psychological Care

Thank you!
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