Balanced Wellbeing

Improving Residential Life & Facility Compliance

Psychiatric & Psychological Care

Effective Usage of Psychiatric Medicines in Nursing Facilities

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Medical Director, CEO Balanced Wellbeing LLC

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**

Disclosures

Paid Speaker of

- **Acadia – Nuplazid (Pimavensarin)**
- **Avanir – Nuedexta (Dextromethorphan/Quinidine)**
- **Teva – Austedo (Deutetrabanazine)**
- **Neurorine – Ingrezaa (Valbenazine)**
- **Genesight pharmacogenomic (in the past)**

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

Balanced Wellbeing

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

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

Treatments

Depression
Antidepressants

Psychosis
Antipsychotics

Insomnia
Sedatives and Hypnotics

Mood Stabilization
Mood Stabilizers
(certain seizure meds)
Antipsychotics

Anxiety
Antianxiety
Mood Stabilizers,
Antipsychotics Sedatives Hypnotics

Antidepressant Medicines

SSRI
Prozac
Zoloft
Paxil
Celexa
Lexapro

SNRI
Cymbalta
Effexor
Fetzima

TCA
Amitriptyline
Nortriptyline
Doxepin

MAO-I
Phenelzine
Tranylcypromine
Selegiline

Other
Wellbutrin
Remeron
Buspar
Trintellix
Viibryd

Antipsychotic Medications

Typical

- Haldol
- Perphenazine
- Thorazine
- Mellaril
- Stelazine
- Fluphenazine
- Chlorpromazine

Atypical

- Clozaril
- Zyprexa
- Risperdal
- Seroquel
- Abilify
- Geodon
- Saphris (Secuado)
- Latuda
- Vraylar
- Nuplazid

Other Medications

Mood Stabilizers

- Depakote
- Tegretol
- Trileptal
- Lamictal
- Lithium

Benzodiazepines

- Ativan
- Xanax
- Klonopin
- Valium
- Librium

Other

Buspar

Nuedexta

Stimulants

Hypnotics

Ambien

Restoril

Lunesta

Belsomra

Melatonin

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

Which of the following medicine does NOT need lab levels?

A. Depakote
B. Tegretol
C. Trileptal
D. Lithium
E. Dilantin

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

Common Behaviors/Symptoms

Irritability	Agitation	Aggression	Combativeness
Low Motivation	Withdrawn	Insomnia	Restlessness

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

2 Types of Behavior

HYPERACTIVE

Depression

Irritability
Agitation

Anxiety
Impatience Restlessness
Pacing
Panic
Hypervigilant

Mania
Hyperverbal
High Energy
Less need of sleep

Psychosis

Internal stimulation, responding to stimuli

2 Types of Behaviors

HYPOACTIVE

Depression
Low energy/interest
poor motivation
PMR

Delirium
Altered Sensorium

Common Forms of Treatments

Treat

- Underlying medical condition

Remove

- Contributing medicines

Remove

- Triggers (sensory, pain, constipation, hunger, hydration)

Use

- Distraction, redirection

Use

- Psychotherapy

Use

- Psychiatric medication

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

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

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

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

Psychotropic Meeting

Monthly Meetings with:

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

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

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

Question: Psychotherapy

Psychotherapy can be ordered on Dementia patient …

A. True

B. False

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

Telepsychiatry

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

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

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

Layers of Service

Layer 1 – Psychiatric Screening (PDPM)

Leyer 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

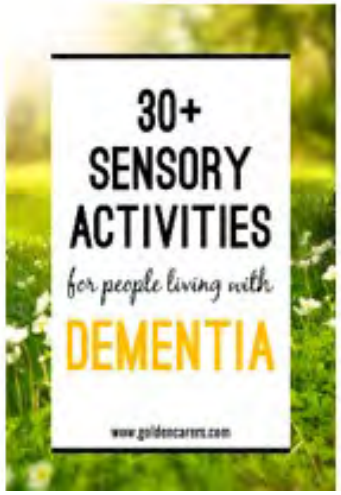
Research Studies

The summary of statistical significance is as follows:

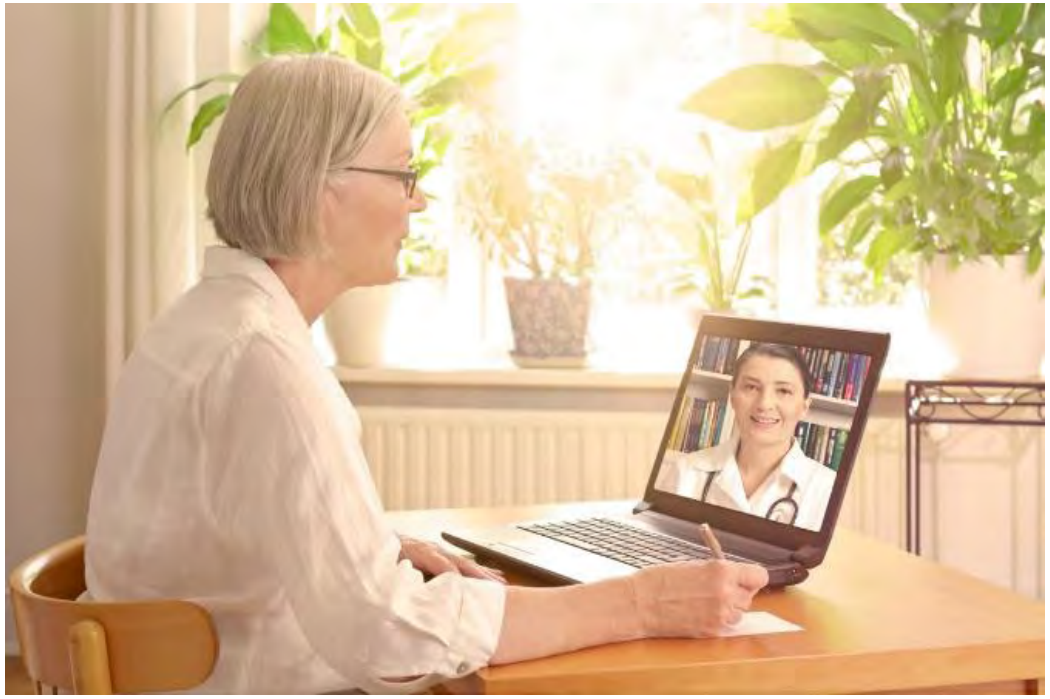
Directly related to Psychiatric care	Statistical significance for Mean of Facility Adj %	
		National Average
Physical restraints (L)		ns
Antipsychotic meds (s)		ns
Antipsychotic meds (L)		***↓
Antianxiety/hypnotic prev (L)		Ns
Antianxiety/hypnotic % (L)		*↓
Behavioural Sx affect others		***↓
Depress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

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

Implement Integrative Care



Continuity of Care at Home



Excellent Psychiatry Care Means

Patients are happier

Families are happier

The Facility is happier

Insurance is happier

Everybody wins!

Balanced Wellbeing

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Improving Residential Life & Facility Compliance

Psychiatric & Psychological Care

Thank you!

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