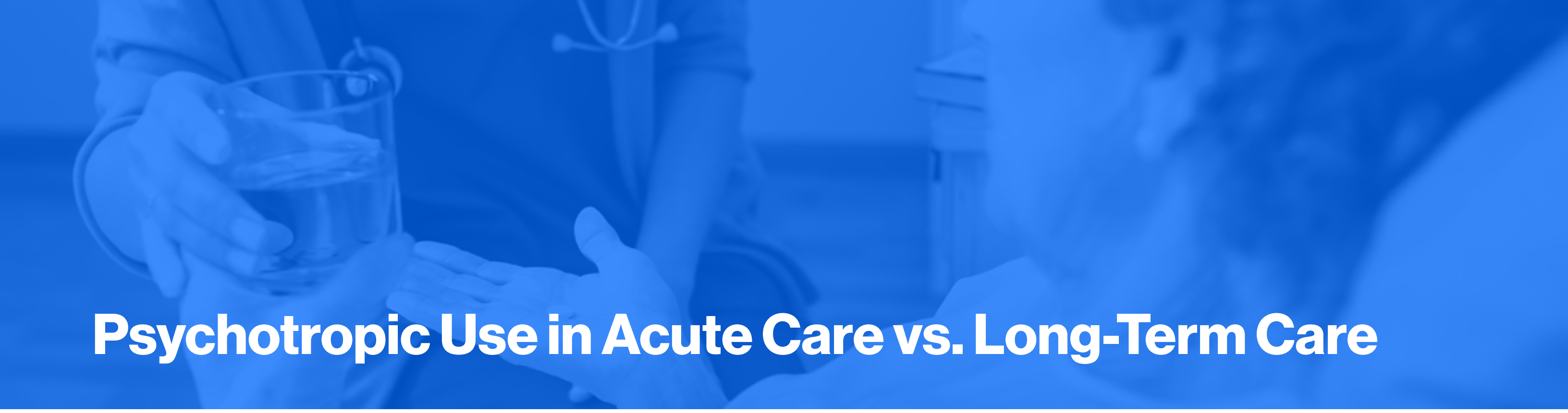


Psychotropic Use in Acute Care vs. Long-Term Care

Psychotropic Medication

- Antidepressants
- Anxiolytics
- Antipsychotics
- Hypnotics
- Mood Stabilizers

Acute vs. Long-Term Care (LTC)

Acute Care Psychotropic Use	Long-Term Care Psychotropic Use
Use for labeled indications based on underlying diagnoses	Use for labeled indications based on underlying diagnoses
Off-label uses for acute conditions	Not recommended for off-label uses
Antipsychotics may be used for acute delirium (Not recommended to routinely use per guidelines)[1]	Antipsychotics should not be used for any off-label (non-psychosis-related) diagnosis
As needed antipsychotics and anxiolytics are commonly on order sets for acute management	Chronic management of dementia, agitation, and pain should use psychotropic as last line
Monitoring and staffing generally more robust so falls risks and other adverse effects can be limited	Monitoring and staffing less robust increasing falls and other adverse effects

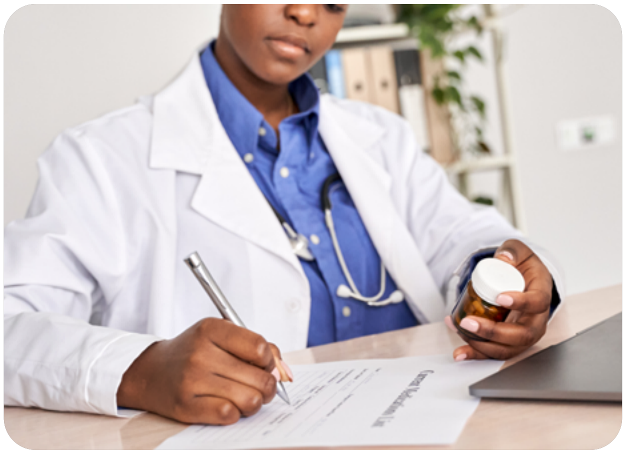
Considerations in Long-Term Care (LTC)

Antidepressants and Mood Stabilizers
- May be helpful for patients with depression, anxiety, and other mood conditions
- Risks and benefits must be assessed as side effects may be more impactful

Anxiolytics and Hypnotics
- High risk medications with pronounced side effects in long-term care patients
- Cognitive impairment, delirium, dementia, falls risk, respiratory depression, sedation, decreased sleep quality
- Consider alternatives to benzodiazepines (alprazolam, lorazepam, diazepam) for anxiety including non-pharmacological interventions, antidepressants, etc.
- Address sleep hygiene and alternatives to hypnotics

Antipsychotics
- In long-term care patients without a correct psychosis-related diagnosis, risks outweigh the benefits (off-label use not recommended)
- **Increased risk of mortality in patients with dementia receiving antipsychotics**[2-4]
- Focused efforts on reducing inappropriate use in this population including CMS and state regulations

General Recommendations



- On admission, ensure any home psychotropics for labeled indications are continued if appropriate and doses are appropriate.
- Limit the use of psychotropics in elderly populations and consider dosing reductions if use is necessary.
- Assess the need for psychotropics frequently and consider de-prescribing if possible.
- At transitions of care to LTC, discontinue ANY psychotropics that were started for symptom management or off-label uses (acute agitation, sleep, anxiety, etc).
- Ensure home medications for chronic documented indications are restarted if they were held during acute management.

References

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3. Ralph SJ, Espinet AJ. J Alzheimers Dis. 2018;2:1-26
4. Kheirbek RE, Fokar A, Little JT, et al. J Gerontol A Biol Sci Med Sci. 2019;74(12):1916–1921