

# When Should I Be Concerned?

Behaviors communicate symptoms that are warning signs telling us something is wrong. Look for increased behavioral symptoms such as: anger, agitation, screaming, swearing, hitting, pacing, paranoia, delusions, continuous wandering, or any other significant change in behavior.

**IF these symptoms are present and then suddenly go away and are replaced with lethargy, unresponsiveness, increased drooling, and/or lack of expressiveness, that's when there is reason to believe something has changed.**

**"She changed so fast!**  
Her dementia isn't easy, but the drugs being used to sedate her, have taken "her" and her quality of life away.  
**Isn't there a better way?"**



## What Can I Do?

- ✓ Request a care plan conference and ask the right questions – use why, when, where, and how questions to consider as many reasons for the behavior as possible.
- ✓ Ask the right questions: Why was the drug prescribed? What are the potential side effects? How will it interact with other drugs? Was this communicated to the resident/family?
- ✓ Keep the focus on the resident's needs and monitor the care plan. If it's not being followed, speak up immediately.
- ✓ Know your rights under the law.
- ✓ Work closely with staff to help them get to know the resident. What is the plan to decrease or stop the drug?
- ✓ If drugs are being considered for behavioral symptoms, ask that other approaches be tried first.
- ✓ Speak with the doctor if he or she wants to order an antipsychotic.
- ✓ Contact your long-term care ombudsman at [www.waombudsman.org](http://www.waombudsman.org) or call 1.800.562.6028.



For More Information  
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or visit [www.waombudsman.org](http://www.waombudsman.org)

Washington State Long-Term Care  
**OMBUDSMAN PROGRAM**

# Reduce the Misuse

Long-Term Care Ombudsmen are informing long-term care residents and their legal decision makers about the known adverse side effects of taking antipsychotics and their legal rights to be informed and free of "chemical restraints".





## What's the Problem?

Used appropriately, medications can cure disease, ease pain, and enhance quality of life. Used inappropriately, drugs can cause disability, pain, and decrease quality of life. Antipsychotics (psychoactive drugs) affect the brain and influence thinking, feeling, and reacting. These drugs pose special risks for older people and increase the risk for harm in persons with dementia. Common antipsychotics used in long-term care settings include: Risperdal, Risperidone, Risperadal Consta, and Invega (Paliperidone).

Often, these drugs are used when a person acts in ways that are challenging or disturbing to caregivers or others such as: confusion, hitting, yelling, screaming, swearing, refusing care, pacing, paranoia, "wandering", crying, or other significant change in behavior.

Antipsychotic drugs used to treat behavioral symptoms in place of good care are called **chemical restraints**.

## What Should Happen?

According to studies about caregiving, the best way to help someone who is experiencing challenging symptoms due to dementia is to look for underlying problems or causes.

**These behaviors are normal reactions to pain, to fear, or to feeling uncomfortable. A person who has a dementing illness may be trying to tell us something that they need:**

- Food because the resident is hungry.
- Water or juice to drink because the resident is thirsty.
- To take a nap because they are tired.
- To go to the bathroom.
- Be given some task or activity to do because they are bored.

Skilled caregivers should look to resident needs and what the resident may be trying to ask for through their behaviors, since their expressive abilities may be increasingly limited by dementia. Skilled caregivers meet the needs of residents by looking at physical, environmental, and emotional triggers of behavior to predict the needs that residents are trying to ask for through their behaviors.

Agitation, confusion or other behavioral changes can be caused by untreated infections, dehydration, pain, medication reactions, boredom, loneliness, or other physical or psychosocial reasons. The resident's doctor should be asked to evaluate possible medical causes of any behavioral concerns.

## What Can't These Drugs Do?

- Stop someone from repeated yelling or from asking the same questions.
- Calm down restlessness; stop fidgeting or feelings of uneasiness.
- Stop memory problems or forgetfulness; instead they worsen memory.
- Help persons do more for themselves, interact better, or stop saying inappropriate things.

Antipsychotics are not treatments for dementia or Alzheimer's disease. They are medications with sedation properties and are appropriate only for specific mental disorders and under specific circumstances.

## Legal Rights

If you are a person living in a long-term care facility, you have legal rights known as "Residents' Rights".

Laws (RCW 70.129) to note are:

- ✓ The right to be informed about any medication prescribed.
- ✓ The right to not be chemically restrained.
- ✓ The right to refuse medication.
- ✓ The right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences.
- ✓ The right to not be transferred or discharged on the grounds that the facility cannot meet his or her needs, unless those needs meet very specific medical criteria.

Washington State Administrative Code (WAC) provides further clarification as to residents' consumer rights to reasonable accommodations and lawful discharge. Please consult your Ombuds for more information.



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