This past January, all residents in the Homestead neighborhood, a memory support program, at Granite Ledges of Concord, N.H., a Genesis HealthCare Corp.-owned assisted living residence, were taken off off-label antipsychotic medications.

These included prescribed-as-needed (PRN) and scheduled-dose prescriptions for off-label antipsychotic use. After 18 months of continual staff training and communicating with family members, Tanya Cloutier, RN, director of nursing, and her team achieved their goal of eliminating the use of off-label antipsychotics for residents with dementia.

It was accomplished by using non-pharmacological approaches to situations or behaviors that in the past would have triggered a prescription for an antipsychotic, she says.

Cloutier refers to the dangers of administering even one dose of an antipsychotic or other medication to residents. She calls these pharmaceuticals, such as anti-anxiety drugs, “peak and trough meds.”

“They can really wreak havoc on a resident,” says Cloutier, “so a PRN medication in this setting, in this population, is really not a good idea.”

These “peak and trough” medications are not metabolized evenly; instead, the medication builds to its strongest potential effect, or “peak.” At that point, a resident is at risk for hazardous events, such as falling or aspirating food or liquid.

When the medication level decreases into the trough, a resident may feel more awake but is still not fully alert. The resident may have impaired reflexes, be more impulsive, or have a lower awareness of risks to his or her safety, Cloutier says. “You run into a whole host of problems where their functionality and cognitive abilities are compromised,” she says.

Now, staff’s first priority is to use different behavioral strategies designed to prevent resident agitation and frustration. For instance, when a resident has trouble sleeping, staff use melatonin, chamomile tea, or aromatherapy first.

“If they’re truly having a sleep problem, we don’t go for the pharmacologic if at all possible,” Cloutier says. However, if the non-pharmacological methods don’t work, “we try for the least-invasive medication, such as Ambien.”

**Sundowning**

Cloutier and the staff have developed useful strategies for minimizing the “sundowning” effect in residents. When day turns into night, residents with Alzheimer’s can become aggressive, anxious, and confused,
according to the Mayo Clinic. To address this set of behaviors, Cloutier explains how staff changed their behavior and the location of a coat rack outside the Homestead neighborhood.

Staff do not walk into or out of the Homestead neighborhood with their jackets on, carrying their bags. At shift end, for example, “we don’t say good-bye to each other and talk about going home,” Cloutier says. “A resident hears ‘it’s time to go home,’ they’re getting their jackets and are ready to go.”

Instead, Granite Ledges put a coat rack outside the Homestead for everyone to put boots, coats, jackets, and umbrellas before entering the neighborhood. Staff explained to family members, guests, and vendors why putting the coat rack and their belongings outside the neighborhood is important.

“We’ve let them know, please leave your jackets outside the neighborhood, so that way we’re not setting our residents up for a difficult time at that time of day,” she says.

Martha McLoughlin, Homestead program director, pays close attention to what stages of dementia individual residents are in and their specific challenges. She implemented smaller activity groups—of two or three residents—each doing parallel activities simultaneously. This helps to prevent the agitation and frustration some residents experience when activities are beyond or below their capabilities.

For example, a few groups with higher-functioning residents are cooking, while people read newspapers to other groups of residents whose disease has progressed further.

**Training Takes Many Forms**

Staff have an array of non-pharmacological strategies to manage sleep difficulties, or sundowning, in residents with dementia after 18 months of regular education and on-the-spot training, says Cloutier.

Staff receive comprehensive dementia care training upon hire, before they receive orientation on the dementia care neighborhood, and annually thereafter.

Training continues as staff begin working with residents with dementia.

“We use on-the-spot coaching,” says Cloutier. “In a situation where we see a staff member struggling with an approach, we step in and ask, ‘What can we do to help?’ Or we call a fellow Homestead staff member to intervene and improve the situation.”

Shift meetings are also opportunities for training. When staff gather and review events from the previous shift, they talk about other ways a situation could have been handled. Frontline staff talk about situations they could have managed better.

“Staff are more forthcoming with, ‘I know I didn’t handle that as well as I should have. What could I have done differently?’” says Cloutier. “They come to us for advice on other strategies.”

**Family Education**

Granite Ledges Executive Director Deborah Burns, RN, says they hold a monthly family night where staff talk to family members about different interventions they are doing.

“Food is another way to communicate,” Cloutier says. “We sit around the table and talk about things. Many times, residents cook the meal for their loved ones, and their loved ones bring dessert,” she says. The family-style setting encourages family members to be at ease, receptive, and helpful, she says. “They bring up all kinds of great suggestions. Staff are more empowered to use non-pharmacological strategies on their own,” she says. “Their approaches include using warming blankets, weighted lap blankets, playing cribbage with somebody, instead of coming to us for a pharmacologic intervention.

“We keep the residents as the focal point for our work.”