alixaRx

November 2015 Issue

From the Front Lines

AlixaRx Clinical Pharmacists Address Everyday Challenges in Long-Term Care

Have you heard of Music and Memory℠?

Dan Cohen founded a non-profit organization called Music and Memory℠ in 2010 after seeing the benefit music afforded nursing home residents throughout New York. A recent documentary entitled "Alive Inside: A Story of Music and Memory" is available on Netflix and several clips of residents benefitting from the program are available on YouTube, one with over 11 million views! See the video here: https://www.youtube.com/watch?v=fyZQf0p73QM

Music and Memory's Mission and Vision Statement:

"MUSIC & MEMORY℠ is a non-profit organization that brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life. We train nursing home staff and other elder care professionals, as well as family caregivers, how to create and provide personalized playlists using iPods and related digital audio systems that enable those struggling with Alzheimer's, dementia and other cognitive and physical challenges to reconnect with the world through music-triggered memories. By providing access and education, and by creating a network of MUSIC & MEMORY℠ Certified elder care facilities, we aim to make this form of personalized therapeutic music a standard of care throughout the health care industry."

In this issue:

Scientific evidence supports the success of music and memory. Various groups have published data supporting the link between "old" memories in the brain and music. Briefly, the brain stores these memories in the same pathway or spot in the brain that favorite songs might be stored. This part of the brain is one of the last to be affected by dementia. Even patients with Alzheimers have old memories that can be awakened by the playing of a favorite song.

Our residents with dementia deserve the highest quality of care we can provide. This includes non-pharmacologic approaches such as music and memory. The state of Wisconsin has been an early adopter of music and memory enrolling hundreds of nursing homes into the program. If your state isn't participating, reach out to your local leaders and ask them to consider getting involved. Suggest they visit the website or watch the documentary on Netflix. Even if you don't have a program at your facility, welcome families, friends and volunteers to contribute and help find resources. Your residents with dementia and their families will be grateful for your effort and contribution.

Reference: http://musicandmemory.org/

Evidence-based Approaches to Gradual Dose Reductions of Antipsychotic Drugs

The use of antipsychotic drugs for the management of the Behavioral and Psychological Symptoms of Dementia (BPSD) is not an FDA-approved indication, is controversial, and yet continues to be utilized at high rates despite significant risks for patient harm, survey citation, and lawsuits directed at SNF providers and facilities.

The off-label use of these drugs in nursing facility residents may be considered a chemical restraint. Regulatory guidance requires that nursing facilities ensure that residents prescribed these drugs for BPSD receive gradual dose reductions (GDR) and behavioral intervention, unless clinically contraindicated, in an effort to discontinue their use.

However, the abrupt discontinuation or significant dose reduction of these medications, especially when the patient receives a high dose for long duration, can cause physiological withdrawal symptoms including dyskinesias, insomnia, nausea, restlessness, and disruptive behaviors. Unfortunately, these symptoms are often very similar to the indication for drug initiation and can lead providers and caregivers to assume that the GDR was a failure and that the patient "requires" the drug and the prior dose indefinitely.

Successful dose reduction and discontinuation of antipsychotic drugs require that clinicians recognize the potential for withdrawal symptoms and structure GDRs to minimize any negative clinical outcomes for the patient (and caregivers). One approach is to structure the amount of each dose reduction and the intervals between dose reductions based on drug kinetics, including half-life and time to steady state. Tjia and colleges developed a two-stage approach of 50% dosage reductions that included adjusting half-life by 1.5 for patients aged 65-89 and by 2.0 for those over 90.

In addition to age, dose reduction intervals may also be adjusted based on the duration of therapy. If the drug has been used for only a few days or weeks, tapering may not be necessary, while long duration of use may require a more extended tapering plan. The estimated tapering schedule ranges from 4 weeks to 4 months for second generation antipsychotics, and at least 4-8 weeks for first generation drugs (i.e. haloperidol). See the table below for recommended intervals between dose reductions and estimated time to discontinuation.

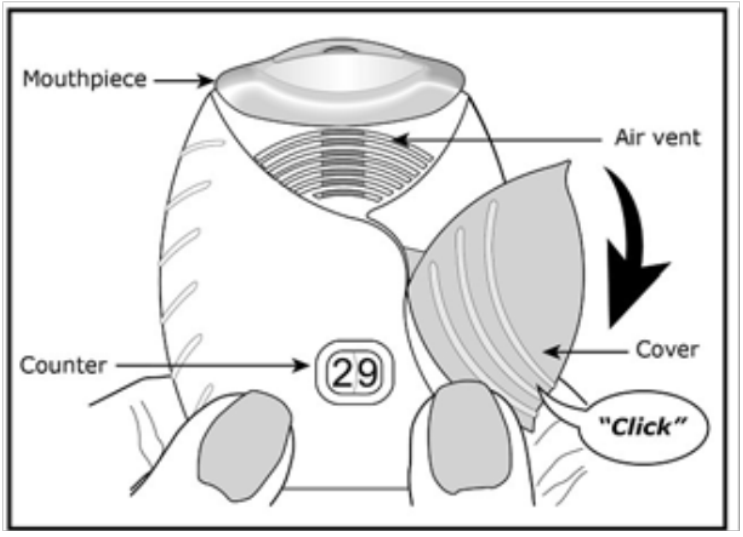
Table 1

Generic/Brand	Dose Reduction Interval	Time to Discontinuation
Aripiprazole (Abilfy)	2 months	4 months
Olanzapine (Zyprexa)	2-4 weeks	4-8 weeks
Quetiapine (Seroquel)	2 weeks	4 weeks
Risperidone (Risperdal)	2-3 weeks	4-6 weeks
Ziprasidone (Geodon)	2 weeks	4 weeks
Haloperidol (Haldol)	2 weeks	4 weeks

Finally, if the drug is being used to treat an approved indication such as schizophrenia or bipolar disorder, gradual dose reduction may not be appropriate and in fact may be clinically contraindicated. GDRs may also be contraindicated for patients who have a prior history of being a danger to self or others or if two prior taper attempts have failed.

Reference: 1.Tjia et al Approaches to Gradual Dose Reduction of Chronic Off-Label Antipsychotics Used for Behavioral and Psychological Symptoms of Dementia The Consultant Pharmacist Vol. 30, No. 10 October 2015

Nursing Update on New COPD Inhaler Devices - Part 2 Ellipta® Inhalers



The Ellipta® (DPI-dry powder inhaler) is currently in use to deliver 3 recently approved medications; Breo® (fluticasone/vilanterol), Anoro® (umeclidinium and vilanterol), and Incruse® (umeclidinium). Breo® is a combination steroid and long acting beta-agonist used to manage Asthma or COPD, Anoro® is a combination long-acting muscarnic and long-acting beta-agonist to manage COPD, and Incruse® is a long-acting muscarnic to manage COPD.

Administration

1. Slide cover to expose mouthpiece. Listen for a click and ensure the counter is decreased by one.
2. Instruct the resident to breathe out (away from the inhaler).
3. Place lips around the mouthpiece inhaling quickly (be careful not to block air vents during inhalation).
4. Instruct the resident to hold their breath for 4 seconds and breathe out slowly.
5. Close the inhaler and ensure resident rinses their mouth after Breo® use as it contains the steroid fluticasone. Failure to rinse will increase the risk of oral infections such as thrush.

Storage and Labeling: Store the inhaler at room temperature in the tray or packaging provided by the pharmacy. Write the date opened and discard date on the inhaler label. The discard or expiration date is 6 weeks from the date you open the tray and remove the inhaler.

Important If you open and close the cover without inhaling the medicine, you will lose the dose. The lost dose will be held in the inhaler, but it will no longer be available to be inhaled. Thus, it is not possible to accidentally take a double dose or an extra dose with one inhalation.

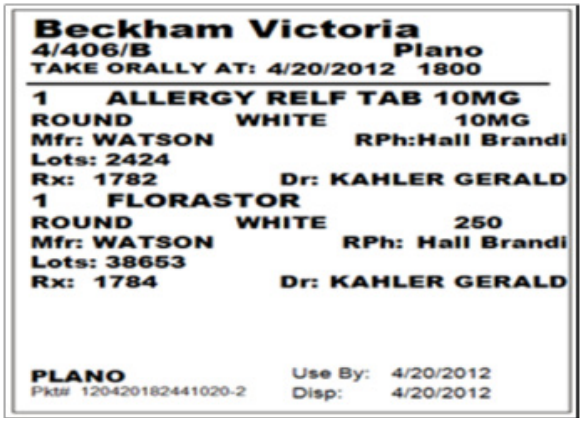
References: https://www.gsksource.com/pharma/content/gsk/source/us/en.html

Missing a Medication? Dropped a Pill on the Ground? Use the Re-dispense Function!

The Re-dispense function on your AlixaRx ADU kiosk is the safest way to obtain a needed medication. Using the Re-dispense function will result in a dispensed packet labeled with the current resident information and directions for use. The Re-dispense function utilizes the current medication profile ensuring the correct drug, dosage form, and strength. This is different from the E-Kit function, which is not resident specific and not labeled with resident information or directions for use. The E-Kit function is only for emergency and first dosing situations.

E-Kit Dispense

Re-dispense Packet



To reduce the risk for medication errors utilize the Re-dispense function on your AlixaRx ADU kiosk!

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