

Script with poster 1624.

Thank you for looking at our poster.

Dr. Jon Winter, Katie Winter and I, with mentoring from Dr. Rebecca Etz, did a mixed method project which showed that higher use of antipsychotics in Virginia nursing home residents with dementia was statistically associated with African-American males, rural areas with lower social determinants of health, and other factors elucidated in his poster. You should really check Dr. Winter's poster out!

We were also interested in two literature supported means to decrease antipsychotic use:

Increased geriatric psychiatry availability with direct clinical input and prescribing, and
Additional financial resources for non-pharmacologic measures to reduce worrisome dementia symptoms.

Further, we wondered if low antipsychotic use facilities were more careful than others in their admission policies, perhaps screening out people who might need antipsychotics.

We wanted to interview key personnel in high and low antipsychotic use facilities located in urban and rural areas with differing racial populations.

COVID curtailed our recruitment early on.

Despite multiple attempts, all of the low antipsychotic use facilities we contacted declined to participate in our study.

We did however assess the desired participants in 3 nursing homes with high antipsychotic use.

2 of these 3 facilities were urban and in areas with high social determinants of health. All 3 had greater than 95% Caucasian residents.

They all screened potential admissions for problems with behaviors and medications.

They all had direct psychiatric input to resident care,

They all had significant additional funding for non-pharmacologic management of dementia symptoms,

They all evidenced patient focused care with an emphasis on resident quality of life.

Often they used these reasons in documentation for initiating or sustaining antipsychotic use.

Again, all had antipsychotic use of over 20%.

So, to us, it appears that, in 3 well-resourced Virginia nursing homes with high antipsychotic use,

- 1) psychiatric input did not seem to be a factor in decreasing antipsychotic use,
- 2) Additional dementia resources improved resident circumstances but did not decrease AP use, and
- 3) When other measures did not work, antipsychotic use in those facilities was deemed reasonable and defensible because of their emphasis on individualized, resident-focused care plans and quality of life.

Clearly more research is needed.

Please see the poster for details and thank you for visiting!