PSYCHOTROPIC DRUG USE SNAPSHOT IN ASSISTED LIVING AND MEMORY CARE
Pauli M, MEd, PharmD, BCPP, CGP; Allen P, PharmD
California Northstate University, College of Pharmacy (CNUCOP)

BACKGROUND
The medical acuity of residents in RCFE-Assisted Living (AL) and Memory Care (MC), is increasing, even though RCFE is considered a social model of care. There are no federal regulations guiding drug prescribing, nor is there a consistent type of pharmacist practice covering these individuals. We wanted to compare drug use numbers and psychotropic drug use in RCFE residents to those of patients who reside in skilled nursing facilities.

We made comparisons to existing CMS drug use data for skilled nursing facilities, as no clear use data could be found for RCFE populations. ASCP-based information suggests an average of 6.2 meds/person in RCFE and 9 or more meds for 25% of residents.

OBJECTIVE
To evaluate the change in medication use numbers in AL and MC facilities visited quarterly by a consultant pharmacist. The average number of medications per resident, the percent of residents on 9 or more medications, and general psychotropic drug use statistics were captured and compared over time.

METHODS
Data in an RxPertise database was tabulated. AL snapshots were from 2005, 2010, and 2015. MC snapshots were from 2010 and 2015.

RESULTS

![Graph showing the percentage of residents with ≥9 medications by assisted living facility by year.](image)

![Graph showing the percentage of residents with ≥9 medications by memory care facility by year.](image)

![Graph showing psychotropic drug use in assisted living facility by type of medication by year.](image)

![Graph showing psychotropic drug use in memory care facility by type of medication by year.](image)

CONCLUSIONS
Even with quarterly pharmacist reviews and interventions, residents in AL and MC facilities remain at risk for drug interactions or polypharmacy due to an average of 9 or more meds/resident.

The high use of antipsychotics in MC is disconcerting, given the black box warning of increased mortality when used for dementia-related behaviors.

Use of anxiolytics in MC may be problematic, increasing risk of falls and cognitive impairment.

Trends of increasing numbers of medications and increasing percentages of residents on 9 or more medications should prompt discussion of SNF-like medication safeguards that may need to be applied to AL and MC settings. A more consistent pharmacist consultant presence may also be important.

REFERENCES

RESULT HIGHLIGHTS
While the use of antipsychotics increased from 2005 to 2015 in AL, the number is still under 10%. MC antipsychotic use remains stable at 33%.

Anxiolytic use is stable in AL at about 20%; whereas anxiolytic use in MC is higher, increasing from 33% in 2010 to 47% in 2015.

Sedative-hypnotic use decreased from 13% to 6% in AL and from 7% to zero in the MC sites.

The average number of meds/resident is over 9, rejecting our hypothesis that the average number of meds is below 9 per resident. The percent of residents on 9 or more medications increased from 61% to 72% in the AL timespan; and from 49% to 60% in the MC timespan.

PHARMACIST INTERVENTIONS
- Drug Interactions
- Unnecessary Drugs
- Regimen Omissions
- Duplicate Therapy
- Potentially Inappropriate Drugs
- Polypharmacy
- Dosing/Administration
- Incorrect Orders
- Lack of Monitoring