3-739 Chemical restraints

TIPS Question:

A lady with admission diagnosis:

- Dementia,
- Depression
- Chronic anxiety

Her language barrier makes it difficult to determine the level of dementia. Due to incidents of striking out, her anti-depressant has been discontinued. Anti-psychotic drugs have been introduced and increased as her behaviour deteriorated.
Her behaviour is unchanged to this point, and she is weaker. Her quality of life has declined greatly.

Questions:
What would be the reason for discontinuing her anti-depressants?
When are chemical restraints warranted?
Is the overuse of chemical restraints an ethical issue?
Are chemical restraints overused due to lack of staffing, or failure to properly deal with behaviour problems?

Response:

You have asked four good questions plus identified the challenge of ensuring best care strategies when there are multiple barriers to assessment.

First to discuss is the language barrier. Does this resident have any family/visitors who have known her in the past and/or speak the same language? Are there Partners in Care who can help you better understand both the resident's cognitive and mental health issues, as well as help you to understand who she is as a person? Even through non-verbal communication, those who have known her in the past may be able to compare her mental status to the person they had known.

To understand the reason for discontinuing a medication (in this case the anti-depressant) you need to review the first question of the Psychotropic Strategy, "Why is the psychotropic being used or considered?" In your Resource Guide there is a review of the primary indications for a psychotropic. It is helpful to have baseline monitoring/measures such as the DOS, Cornell, SIG E CAPS and/or cognitive testing with the Folstein/Clock to assist in choosing the right medication (question #2); as well as to monitor the response and side effects. These observations and descriptions assist the care team in making the best care decisions.

The question you ask about "chemical restraints" should start with a definition. It is commonly referred to as "using medication to temporarily reduce a target behaviour, to assist with calming an overly aggressive or agitated behaviour. The medication will have the characteristic of rapid onset and as short a duration as possible".

Psychotropic medications can also be used to modify an individual's behaviour in such a way that it approximates the behaviour this individual would exhibit if he did not have an illness such as dementia. In other words you are trying to attain a "more normal behaviour". When used in this manner it is not considered a restraint. It is a challenge to get a dose that does not overly interfere with a resident's function and cognition. The DOS and careful documentation are important in monitoring the response to ensure the medication to modify/normalize behaviour is not acting as a restraint.

Chemical restraints should be used in more acute events to prevent the resident from harming himself or others. Psychotropics, as part of a "Best Care Strategy", must be used for the right reason, in the right dose, in the right circumstance. It is one strategy to be used along with ensuring best behavioural care strategies are being used (review the A's of dementia and their effect on behaviour and interactions); that function is maximized; the care team is maximizing the resident's potential for meaningful activity and control.

Caring for residents with dementia takes many skills and the input of the total care team, which of course includes families/friends of the resident.

For those with dementia, behaviour is a way of communicating need so do not forget "all behaviour has meaning".

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*