

Long-stay antipsychotic use reductions may require more scrutiny, study suggests

Reductions in antipsychotic use in long-stay nursing home residents may reflect more residents being diagnosed with mental health conditions excluded from quality measurement audits, a new study suggests.

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The Centers for Medicare & Medicaid Services introduced its National Partnership to Improve Dementia Care in 2012. The program [recently reported](#) that it met its goal of cutting the national rate of antipsychotic use among long-stay residents by 20% by the end of 2016. The American Health Care Association has also touted meeting [its reduction goals](#).

But along with those reported reductions, combined rates of schizophrenia, Tourette's and Huntington's diagnoses increased 12% in long-stay residents in the two years since the Partnership was introduced, according to Virginia Commonwealth University researchers. Their study on the connection between psychiatric diagnoses for nursing home residents and antipsychotic rates was published online Tuesday in [Clinical Gerontologist](#).



The reduction rates may be "exaggerated" by increasing psychiatric diagnosis rates, researchers said.

Reported rates of schizophrenia, Tourette's and Huntington's among long-stay residents on antipsychotic drugs started increasing in 2012 at a rate nearly triple that of the general long-stay nursing home population, mostly due to increased rates of schizophrenia reporting. The increased reporting of psychiatric conditions “appears to be new and concentrated in residents on antipsychotics,” researchers said.

The result is that the reported antipsychotic reduction rates may not be as impressive as they seem, researchers implied.

“Since antipsychotics prescribed for schizophrenia, Tourette's, and Huntington's are excluded from quality-measure auditing, apparent reductions in inappropriate long-stay antipsychotic use since the National Partnership may be exaggerated,” the study's authors wrote.