CHEMICAL RESTRAINT:
ELDER ABUSE IN LONG-TERM CARE

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MY BACKGROUND

- Master of Public Health (UC Berkeley)
- 20 years: Silicon Valley safety consultant
- 2010: Elder rights advocate
  - Mom had Alzheimer’s disease
  - Advocate for other victims in California
  - Present nationwide on personal rights issues
  - Volunteer for CANHR
California Advocates for Nursing Home Reform
Campaign to Stop Chemical Restraints
Information on residents rights
Resource for California and federal laws

http://www.canhr.org/
Use antipsychotic medications with more care, psychiatrists say

- Anti-psychotic medications should not be the first treatments doctors or patients think of when dealing with dementia in an elderly person...
- ...side effects can include confusion, sedation and hastened death.
CHEMICAL RESTRAINT

- Any drug that is used for discipline or convenience and not required to treat medical symptoms.

- There are no drugs approved by the U.S. Food and Drug Administration for use as chemical restraints.
Section 1418.9

Requires a physician to:

- Obtain informed consent from the resident.
- Seek the consent of the resident to notify the resident’s interested family member.

- The patient has the right to refuse.
 Patients have the right

- To be free from psychotherapeutic drugs
  - Used for patient discipline or
  - Staff convenience
NURSING HOME BILL OF RIGHTS

- Federal law
- Right to be free from chemical restraints imposed for purposes of discipline or convenience and not required to treat medical symptoms
Title 42

- The resident has the **right to be free from any physical or chemical restraints**
  - Imposed for purposes of discipline or convenience, and
  - Not required to treat the resident’s medical symptoms.
Arkansas – limited to a specified time period or for an emergency

Colorado – limited to emergency use

New York – not be used for discipline or convenience
GROUP DISCUSSION

- What are your state laws on chemical restraint?

- What can APS do to enforce laws on chemical restraint?
CHEMICAL RESTRAINT

- Use of any drug for discipline or convenience
- Not required to treat medical symptoms
- Sedatives and analgesics, antipsychotics.
  - Seroquel (quetiapine)
  - Risperdone (risperdal)
FDA ON ANTIPSYCHOTIC DRUGS

- Increased Mortality in Geriatric Patients
- Most fatalities resulted from cardiac-related events (e.g., heart failure, sudden death) or infections (mostly pneumonia).
- Atypical antipsychotics are not approved for the treatment of dementia-related psychosis.
WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.

Seroquel is not approved for the treatment of patients with dementia-related psychosis.
New Hampshire Public Radio 2/4/13:

- Staff said an Alzheimer’s patient was potentially violent.
- Chemically restrained with Seroquel
- Patient lost the ability to walk and contracted pneumonia
FDA Warning:

- Not approved for elderly patients with dementia-related psychosis
- Increased mortality
ADVERSE EFFECTS

- Agitation
- Gait disturbance
- Memory impairment
- Sedation
- Withdrawal
- Functional decline
- Increased fall risk
- Movement disorders
- Orthostatic/Postural hypotension
- Seizure
- Increased Mortality
CASE STUDY OF MRS. H

- Taken from her home and hidden at an assisted living facility
- Instructions not to allow Mrs. H any contact with her loved ones.
- Mrs. H was isolated for over a year.
- Subject to physical and chemical restraint.
- May have been sexually abused.
CASE STUDY OF MRS. H

- Predictable agitation
- Prescribed increasing doses of Seroquel to control behavior and agitation.
- Lost memories of close family members.
- Lost the ability to walk.
- Became incontinent.
- Had several bouts of pneumonia.
INVESTIGATION OF MRS. H

- No signs of abuse.
- No signs of overmedication.
- Medications administered as prescribed.
- No need for intervention.
GROUP DISCUSSION OF MRS. H

- What should APS have noticed?
- What could APS have done to help?
- How can families communicate with APS?
CASE STUDY: MEDICAL ISSUES

- Seroquel was prescribed to control behavior
  - Never prescribed before
  - Not prescribed for a medical condition
  - Family not contacted

- Seroquel was increased to control agitation
  - No investigation of root cause
  - No monitoring for adverse effects
  - Family not contacted
CASE STUDY: FACILITY ISSUES

- Meds used for *convenience of staff*
- Meds administered by unlicensed personnel
- Meds concealed in food
- Side effects not reported to physician
QUESTIONS?

- How should APS respond?
- How can families request assistance?
- What can families do to inform APS???

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