

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

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/>

USA TODAY 9/23/2013

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.

CALIFORNIA HEALTH & SAFETY CODE

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.

CALIFORNIA CODE OF REGULATIONS

Title 22

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

UNITED STATES CODE

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.

OTHER STATES

- ✘ **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). [a](#) [97](#) [98](#)
- ✘ Atypical antipsychotics are *not* approved for the treatment of dementia-related psychosis. [a](#) [97](#) [98](#)

FDA ON SEROQUEL

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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