

# LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

## Four Years After Launch of “National Action Plan,” Latest Data Indicate High Levels of Dangerous Antipsychotic Drugging Persist in US Nursing Homes

Contact: Richard Mollot - 212-385-0356, [richard@ltccc.org](mailto:richard@ltccc.org)

**NEW YORK, March 28, 2016:** Four years ago today, in the face of evidence that inappropriate and dangerous antipsychotic drugging was a widespread problem, the United States government launched a “national action plan” to improve dementia care and reduce antipsychotic drugging in our nation’s nursing homes.<sup>1</sup> The industry was directed to take immediate steps to reduce inappropriate drugging. The public was assured that enforcement would be amped up, and that providers would be held accountable. Unfortunately, the latest federal data, which LTCCC has compiled and is releasing today, indicate that antipsychotic drugging rates are still high across the country, despite mounting evidence of the harmful effects of these drugs.

“While we are glad to see some reduction in the use of antipsychotics, the persistence of this shameful problem four years after the federal Centers for Medicare & Medicaid Services (CMS) promised action and almost five years after Inspector General Levinson said that the government, residents, families and taxpayers ‘should be outraged’ is, itself, outrageous,” said Richard Mollot, LTCCC’s executive director. “Why aren’t basic federal protections prohibiting inappropriate drugging and the use of chemical restraints being enforced? Why are taxpayers footing the bill for so much substandard care and resident abuse?”

Less than two percent (2%) of the population has a diagnosis for which these drugs might be appropriate.<sup>2</sup> Yet the latest federal data indicate that over 20% of US nursing home residents are still being administered antipsychotics, despite the CMS action plan, the Inspector General’s findings and the 2005 FDA “Black Box” warning that these drugs are dangerous – potentially lethal – for elderly people with dementia.

The ten states with the highest reported rates of antipsychotic drugging are: Illinois, Louisiana, Missouri, Ohio, Mississippi, Georgia, Kansas, Alabama and Kentucky. The rates for every state are available on LTCCC’s [www.nursinghome411.org](http://www.nursinghome411.org) website (at

---

<sup>1</sup> The Centers for Medicare and Medicaid Services published its “Nursing Home Initiative on Behavioral Health and Antipsychotic Medication Reduction” announcement on YouTube on March 28, 2012 ([https://www.youtube.com/watch?v=U1\\_rp00bwbM](https://www.youtube.com/watch?v=U1_rp00bwbM)).

<sup>2</sup> Based on the clinical conditions for which CMS “risk adjusts” the antipsychotic drugging rates it reports on Nursing Home Compare. CMS “risk adjusts” for schizophrenia, Tourette’s Syndrome and Huntington’s disease. Estimates of the prevalence of these conditions: 1.1% of US adults have schizophrenia (US National Institute of Mental Health. Accessed at <http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml>); 0.19% of US children have Tourette’s Syndrome (*A National Profile of Tourette Syndrome*, 2011–2012, *Journal of Developmental & Behavioral Pediatrics*: June 2014 - Volume 35 - Issue 5 - p 317–322. Accessed at [http://journals.lww.com/jrnldb/Abstract/2014/06000/A\\_National\\_Profile\\_of\\_Tourette\\_Syndrome,\\_2011\\_2012.2.aspx](http://journals.lww.com/jrnldb/Abstract/2014/06000/A_National_Profile_of_Tourette_Syndrome,_2011_2012.2.aspx)); and 0.01% of US citizens have Huntington’s disease (*Population Genetics and Huntington’s Disease*, Huntington’s Outreach Project for Education, at Stanford, October 2010. Accessed at [http://web.stanford.edu/group/hopes/cgi-bin/hopes\\_test/population-genetics-and-hd/-\\_what-is-the-frequency-of-hd-around-the-world.](http://web.stanford.edu/group/hopes/cgi-bin/hopes_test/population-genetics-and-hd/-_what-is-the-frequency-of-hd-around-the-world.))

[www.nursinghome411.org/?articleid=10101](http://www.nursinghome411.org/?articleid=10101)). The website includes two searchable Excel files on the current state of antipsychotic drugging in US nursing homes. One file provides all state nursing home antipsychotic drugging rates (non-risk-adjusted) and, based on these rates, the number of residents being given antipsychotics at the end of 2015. The second file provides a separate tab for each state, with every licensed facility in the state, the county in which it is located and its antipsychotic drugging rate.

## Timeline

February 1989: Nursing home Requirements for Participation published in Federal Register. The Requirements, which have not been substantially changed since 1991, prohibit unnecessary drugging and the use of chemical restraints.

April 2005: FDA releases “Black Box” warning that patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death.

May 2011: *Overmedication of Nursing Home Patients Troubling* released by Daniel R. Levinson, Inspector General, US Dept. of Health and Human Services. Excerpt: “A little more than half of the antipsychotic drug claims for which Medicare paid should not have been covered because the claimed drugs were not used for medically accepted indications or not documented as provided to patients. For one in five residents, nursing homes dispensed these drugs in a way that violated the government's standards for their use. ...Obviously, millions of taxpayer dollars are misspent if the Medicare program is paying for thousands of nursing home residents to get these drugs in violation of program requirements.”

March 2012: CMS launches national campaign to improve dementia care and reduce antipsychotic drugging. Sets “modest” goal of 15% reduction by December 31, 2012. Promises to enforce longstanding requirements prohibiting unnecessary drugging and the use of chemical restraints.

December 2012: US nursing homes fail to achieve modest goal. [Goal is not achieved for another full year.]

March 2015: LTCCC study finds that nursing homes have not been held accountable for inappropriate drugging. LTCCC found that the average (risk-adjusted) state drugging rate is 18.95% while the average state citation rate is 0.31%, indicating “that there is a significant amount of inappropriate antipsychotic drugging that is not being cited by the states.” According to the report, these “data indicate that, on average, states only find two percent (2%) of all F-329 violations as having caused any harm to residents. Given the known significant dangers of these drugs, widely publicized since the FDA’s ‘Black Box Warning’ ten years ago, we believe this is a striking and troublesome finding. If giving residents drugs that are both highly dangerous and not clinically indicated is not harm, what is?” [See LTCCC’s report and data tables at <http://www.nursinghome411.org/?articleid=10082> for more information.]

March 2015: University of Michigan Health System report: “*Are antipsychotic drugs more dangerous to dementia patients than we think?* New study shows death risk is higher for patients who take them, and goes up with dose.” [<http://www.uofmhealth.org/news/archive/201503/are-antipsychotic-drugs-more-dangerous-dementia-patients-we>]

March 2016: Medical News Today reports that “Antipsychotic drugs that are commonly prescribed for people with Parkinson's disease may be causing additional harm, says research reported in *JAMA Neurology*.” [<http://www.medicalnewstoday.com/articles/308163.php>]