Palliative Care, Inpatient Psych Urged to Consult

BY BRUCE K. DIXON
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SALT LAKE CITY — Collaboration between palliative care and the psychiatric inpatient unit can greatly improve mental health care for nursing home residents with behavioral and psychological symptoms of dementia, according to presenters at the annual meeting of the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nursing Association. ‘Dementia is the most frequent reason for nursing home admissions, and nationally 80% of nursing home residents who are in need of psychiatric services fail to receive them,’ said Janet Bull, vice president of medical services for Four Seasons Hospice and Palliative Care in Flat Rock, N.C.

Four Seasons has a contractual relationship with every nursing home in Henderson County. Nationwide, half of nursing homes do not have access to adequate psychiatric consultation, said Dr. Bull, who is board certified in both hospice and palliative care and ob/gyn. ‘State and federal mental health funding is being cut and the Deficit Reduction Omnibus Reconciliation Act guidelines limit pharmacologic treatment for psychiatric complications of dementia,’ she said.

Unnecessary psychiatric disorders result in decreased functioning, poor quality of life, and increased mortality, and this leads to high use of psychiatric units by nursing homes. ‘Very often, we don’t see these patients until they end up in the ICU in a state of crisis,’ Dr. Bull said.

She has also forged a collaboration with the medical psychiatric unit of Park Ridge Hospital, in nearby Hendersonville, N.C., to create an interdisciplinary team comprised of a psychiatric nurse practitioner, a nurse, a social worker, a music therapist, an activities therapist, and the hospital chaplain.
Pregnancy only if the potential benefit justifies the potential risk to the fetus. BRIEF SUMMARY of Prescribing Information (continued)—Before prescribing, please consult complete Prescribing Information.

Fetal body weight was reduced in rat fetuses at 200 mg/kg and rabbit fetuses at 3.0 times the maximum human dose on a mg/m² basis.  Changes in TSH, thyroxine, and thyroxine clearance consistent with this mechanism were observed in subchronic toxicity studies in rat and mouse and in a 1-year fertility study in male Sprague-Dawley rats at oral doses of 50 and 150 mg/kg or 0.6 and 1.8 times the maximum human dose on a mg/m² basis. Dose-related maternal toxicity included decreases in body weight, increases in food ingestion, and decreases in feed efficiency in rat and mouse fertility studies.  Toxicity was noted at 0.6 times the maximum human dose in rat fertility studies.  No relevant rat fetal changes were noted at 0.6 or 1.8 times the maximum human dose on a mg/m² basis.  No effects on body weight, food intake, feed efficiency, or maternal toxicity were observed in mouse fertility studies at 1.8 times the maximum human dose on a mg/m² basis.  In subchronic toxicity studies in rat and mouse, decreases in body weight, food intake, and feed efficiency were noted at 1.8 times the maximum human dose on a mg/m² basis.  In a 1-year toxicity study in the rat, decreases in body weight, food intake, feed efficiency, and maternal toxicity were noted at 1.8 times the maximum human dose on a mg/m² basis.  Changes in TSH, thyroxine, and thyroxine clearance consistent with this mechanism were observed in subchronic toxicity studies in rat and mouse and in a 1-year fertility study in male Sprague-Dawley rats at oral doses of 50 and 150 mg/kg or 0.6 and 1.8 times the maximum human dose on a mg/m² basis.  Decreases in body weight, food intake, feed efficiency, and maternal toxicity were noted at 0.6 or 1.8 times the maximum human dose on a mg/m² basis.  Decreases in body weight, food intake, feed efficiency, and maternal toxicity were noted at 1.8 times the maximum human dose on a mg/m² basis.

SEROQUEL is not excreted in human milk. It is recommended that women receiving SEROQUEL should not breastfeed.  The safety and efficacy of SEROQUEL have not been established in nursing women.  The decision to breastfeed should be based on the potential benefits of the drug to the mother and the potential benefits to the infant.

Impairment of Fertility:

Fertility in male Sprague-Dawley rats at oral doses of 50 and 150 mg/kg or 0.6 and 1.8 times the maximum human dose on a mg/m² basis.  Impairment of fertility was noted at 0.6 times the maximum human dose in rat fertility studies.  No relevant rat fetal changes were noted at 0.6 or 1.8 times the maximum human dose on a mg/m² basis.  No effects on body weight, food intake, feed efficiency, or maternal toxicity were observed in mouse fertility studies at 1.8 times the maximum human dose on a mg/m² basis.  In a 1-year toxicity study in the rat, decreases in body weight, food intake, feed efficiency, and maternal toxicity were noted at 1.8 times the maximum human dose on a mg/m² basis.  Changes in TSH, thyroxine, and thyroxine clearance consistent with this mechanism were observed in subchronic toxicity studies in rat and mouse and in a 1-year fertility study in male Sprague-Dawley rats at oral doses of 50 and 150 mg/kg or 0.6 and 1.8 times the maximum human dose on a mg/m² basis.  Decreases in body weight, food intake, feed efficiency, and maternal toxicity were noted at 0.6 or 1.8 times the maximum human dose on a mg/m² basis.  Decreases in body weight, food intake, feed efficiency, and maternal toxicity were noted at 1.8 times the maximum human dose on a mg/m² basis.

DRUG ABUSE AND DEPENDENCE: Controlled Substance Class:

SEROQUEL is not a controlled substance.  However, physical dependence and psychological dependence may develop following prolonged therapeutic administration of antipsychotic drugs, including SEROQUEL.  The potential for physical dependence after prolonged antipsychotic treatment is suggested by the presence of signs and symptoms of extrapyramidal disorder, dystonia, akathisia, and restlessness.  These signs and symptoms may be treated with antiparkinsonian agents and an appropriate reduction or discontinuation of the antipsychotic agent.  Withdrawal symptoms have been described following abrupt discontinuation of antipsychotic drugs, including SEROQUEL.  Tardive dyskinesia has been reported in patients treated with antipsychotic drugs for the management of chronic psychiatric disorders.  Although the risk of developing tardive dyskinesia is greater in the group of geriatric patients, it can occur in any age group and at any time during treatment with antipsychotics, including SEROQUEL.  The risk of developing tardive dyskinesia is not related to the duration of treatment, but rather to the dose administered.  Therefore, the maximum dose of SEROQUEL should be used for the shortest duration consistent with effective clinical management of the disorder.  Patients should be periodically reassessed to determine the need for the continuing use of antipsychotic drug therapy.  Although it is not possible to determine exactly which patients will develop tardive dyskinesia while being treated with antipsychotics, those with a personal or family history of movement disorders such as parkinsonism or dyskinesia should be carefully observed.  Withdrawal symptoms may occur in association with the abrupt discontinuation of antipsychotic medications, including SEROQUEL.  Antiparkinsonian medications may be required during such discontinuations, but are not likely to prevent the development of tardive dyskinesia.  Patients treated with antipsychotic drugs should be informally warned of the hazards of physical dependence and tardive dyskinesia.

Management of Overdosage:

In clinical trials, survival has been reported in acute overdoses of up to 30 grams of quetiapine.  In general, reported signs and symptoms were those associated with antipsychotic drug overdoses.  Induction of vomiting may be appropriate.  Activated charcoal may be indicated.  Hemodialysis may be considered.  In order to facilitate the removal of quetiapine from the body, it is important that the patient be kept supine.  Hemodialysis is not recommended, however, because dialysis removes quetiapine as well as the unbound metabolites, thus decreasing the fraction of quetiapine that would be available for the benefit of antipsychotic treatment.  In clinical trials, survival has been reported in acute overdoses of up to 30 grams of quetiapine.  In general, reported signs and symptoms were those associated with antipsychotic drug overdoses.  Induction of vomiting may be appropriate.  Activated charcoal may be indicated.  Hemodialysis may be considered.  In order to facilitate the removal of quetiapine from the body, it is important that the patient be kept supine.  Hemodialysis is not recommended, however, because dialysis removes quetiapine as well as the unbound metabolites, thus decreasing the fraction of quetiapine that would be available for the benefit of antipsychotic treatment.

Providing structure means ensuring a safe, predictable place to live with support for daily living needs and a focus on diminishing cognition, making sure that structure is available is critical. ... The more dementia advances, the more important it is to have daily structure in place that’s predictable.”

Participation in activities can make a big difference. “One of the things we found in the Maryland Assisted Living Study was that the more participants were involved in activities, the longer residents were able to stay in their assisted living facility,” Dr. Lyketsos said.

Support for caregivers includes emotional support and comfort, education, instruction in the skills of caregiving, problem-solving and crisis-intervention help, respite, and attention to personal needs and wants.

“The piece that we don’t have good way to deliver is respite. Caregivers need breaks. They can get easily overwhelmed,” he said. Caregivers tend to overlook their own health, so they need to pay attention to their personal needs and wants as well. They also need to maintain their own social network and must feel that they are an important part of the support network.

—Kerri Wachter