

Introduction

- Aging population will double by 2050.
- Oldest-old (85 years +) largest growth potential.
- 5.2 million adults currently suffer from Alzheimer's disease; this number will triple by 2050.
- Various forms of dementia exist, which increases the risk of nursing home placement of the older adult.
- Prescriptive practices result in excessive and inappropriate use of psychotropic medications.
- Restorative nursing programs improve or maintain physical function or slow progressive physical decline.
- Traditional and nontraditional approaches to nursing interventions to reduce the risk of falls must be examined.

Objectives

The question of interest is: "In older adults with dementia residing in a long-term care facility, does the use of psychotropic medications or restorative programs affect falls?"

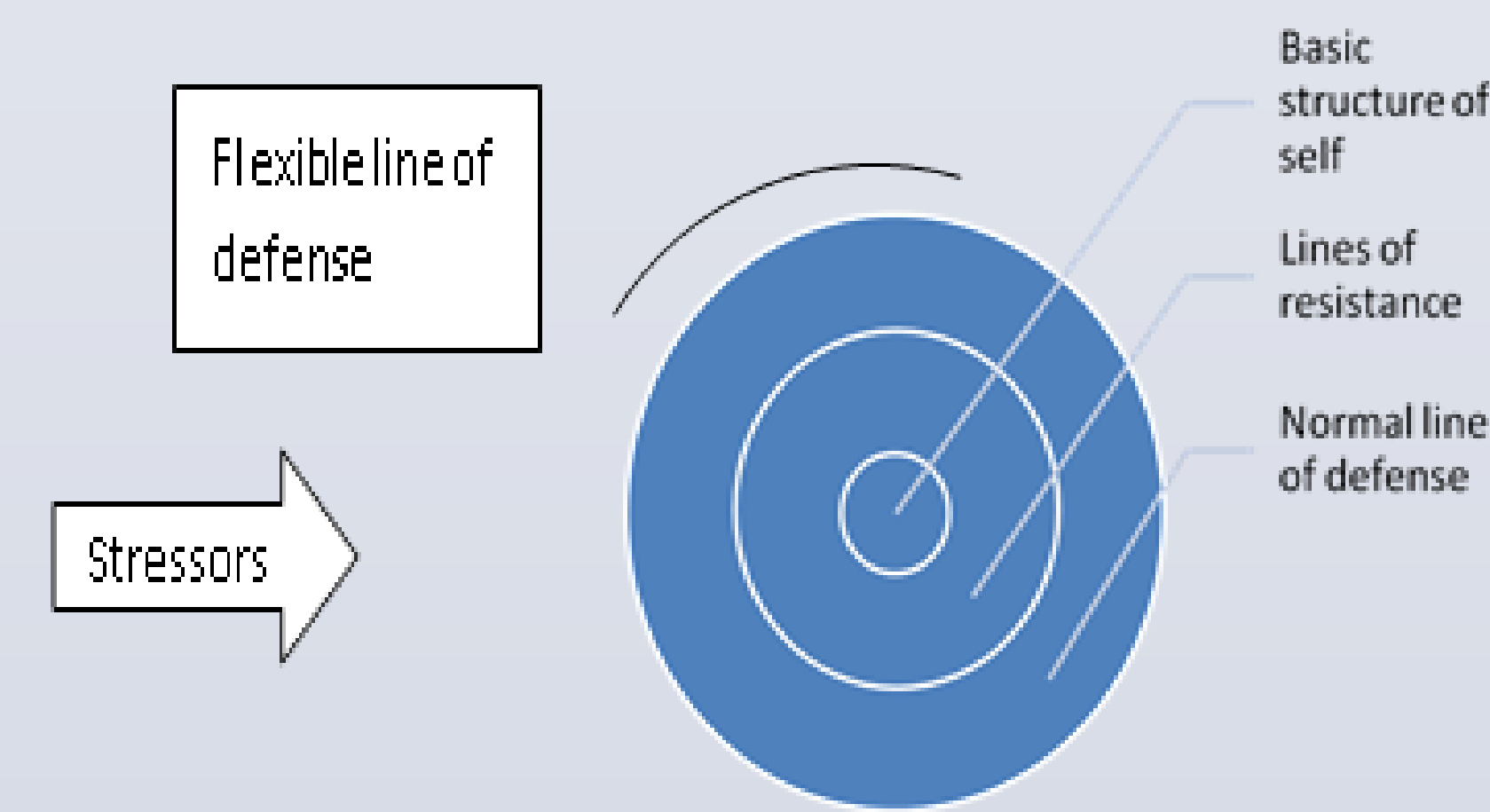
Improve clinical practice of medication management, symptom or behavioral approaches, and restorative nursing program delivery for the dementia population.



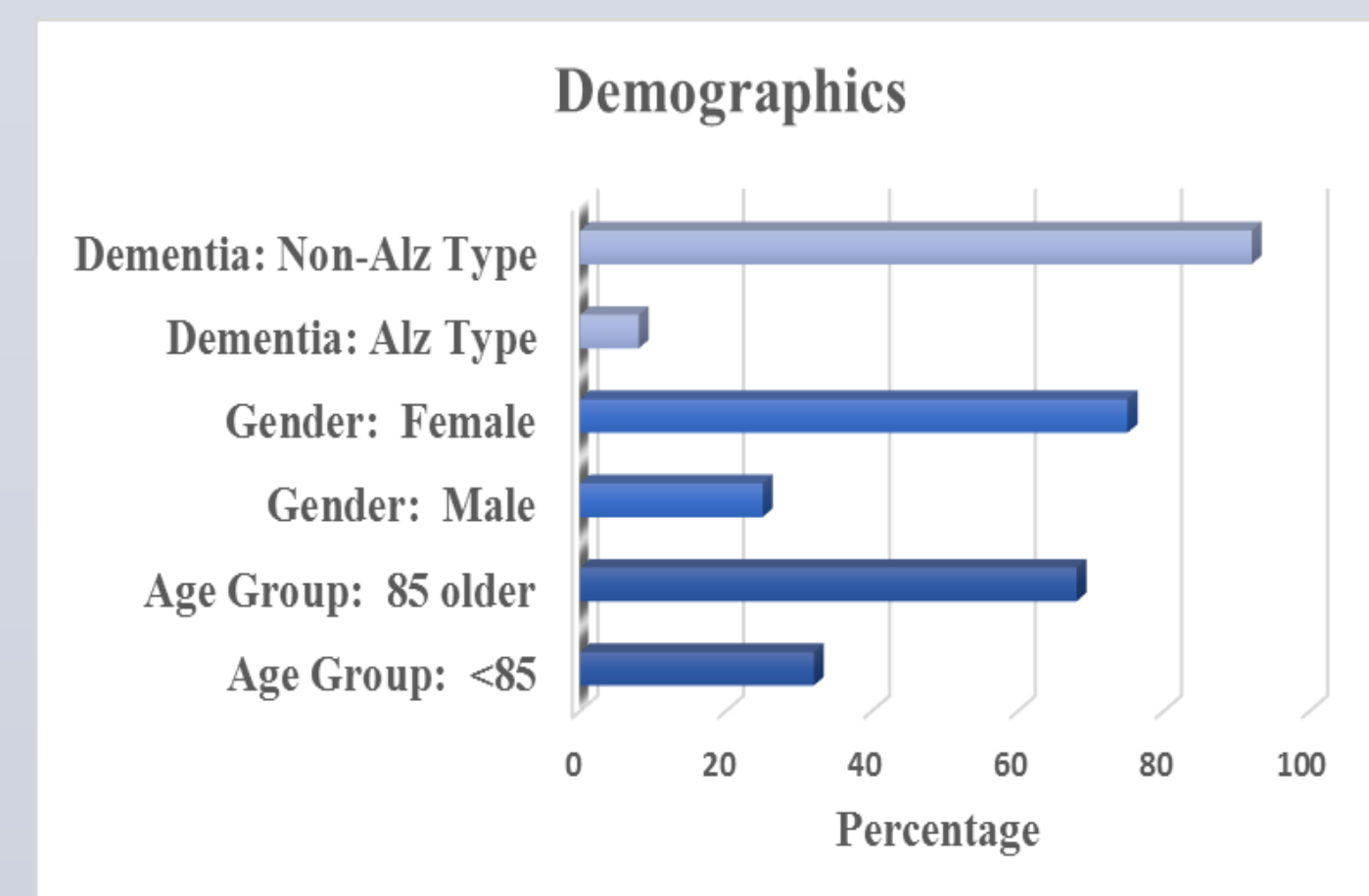
Method

- Retrospective study design (June 1, 2013 – August 31, 2013)
- Nursing theoretical foundation – Betty Neuman Systems Model
- Single nursing home in Beachwood, Ohio
- Eligibility requirements:
 - Long-term care residents ages 65 years and older (on or before 6/1/2013)
 - Diagnosis of dementia (all types) in the medical history of the Minimum Data Set (MDS) 3.0 tool (on or before 6/1/2013)
 - Not discharged during study period
- Tools for data collection: MDS 3.0, facility medical records, fall logs, restorative nursing logs, and medication administration records.

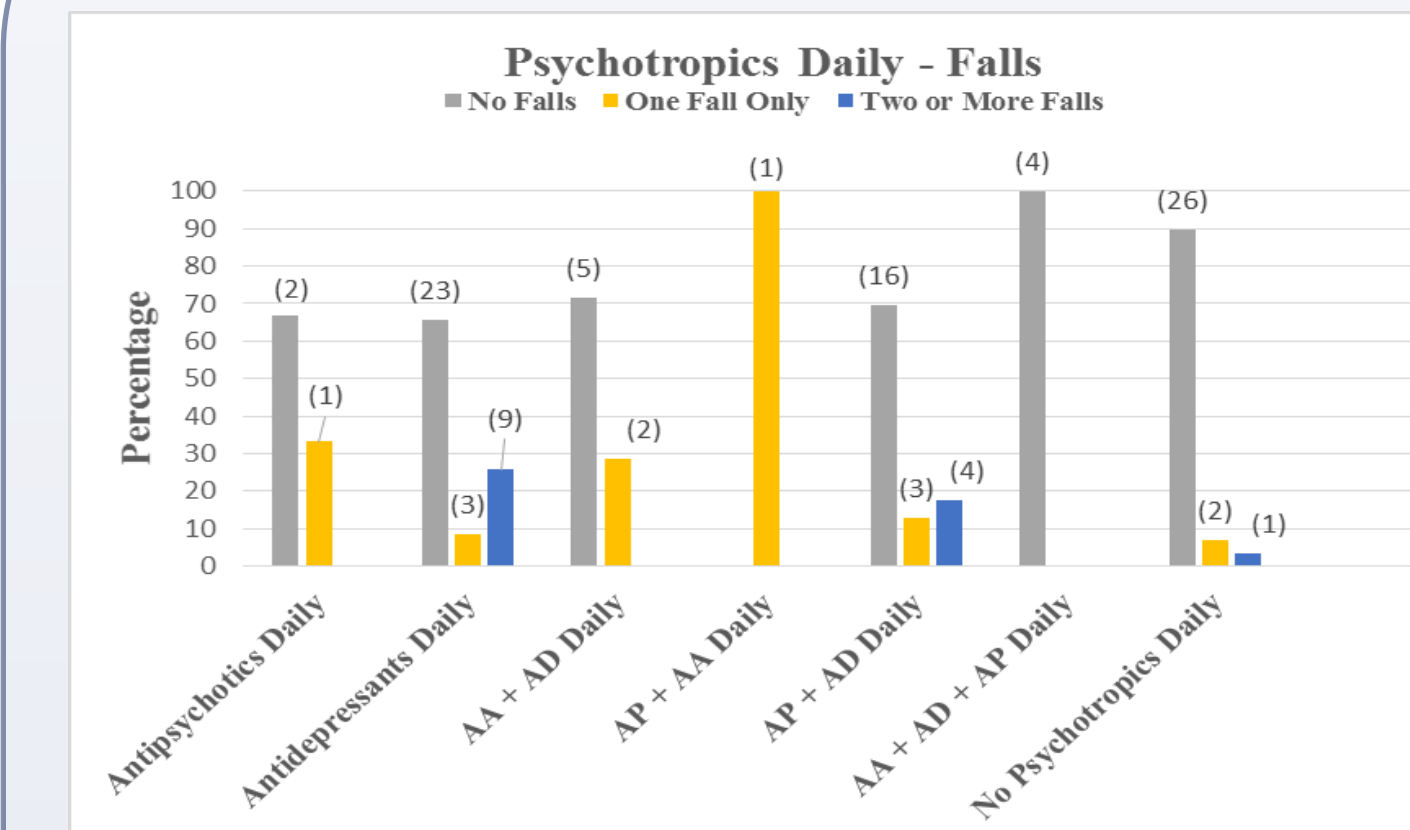
Theoretical Foundation: Betty Neuman Systems Model



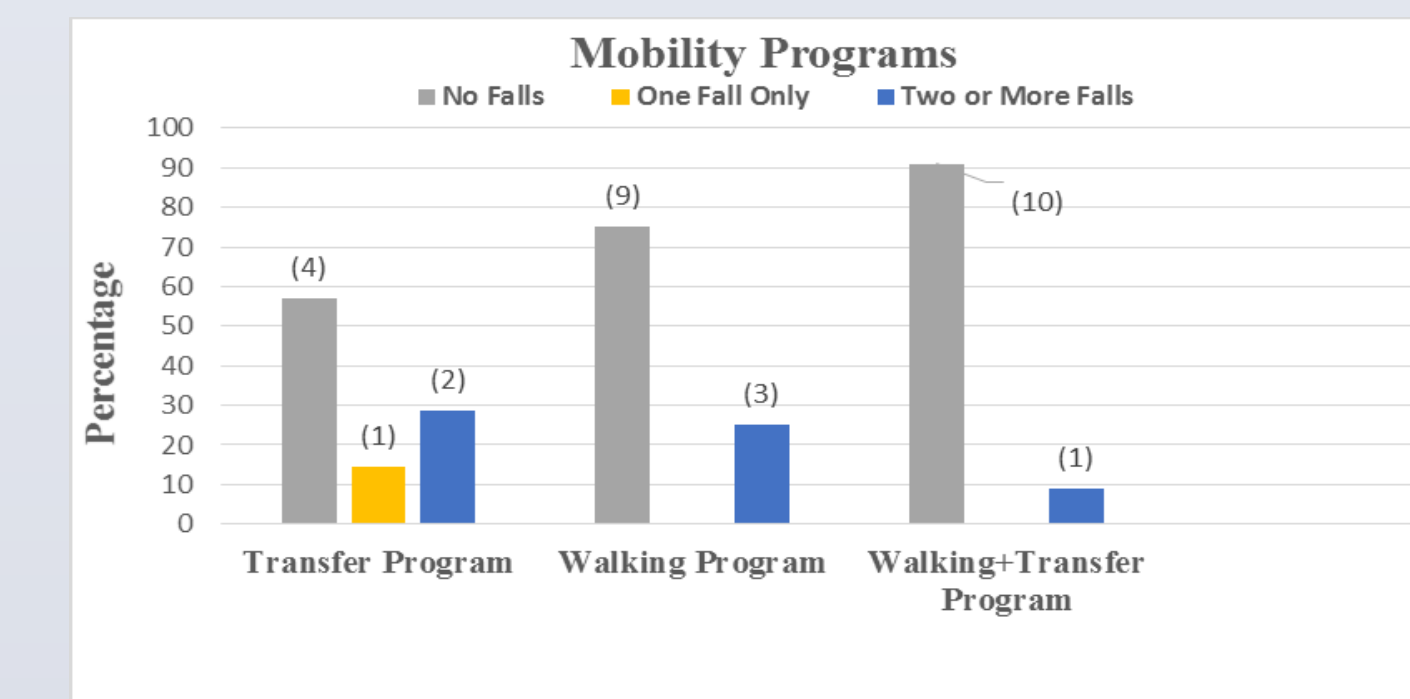
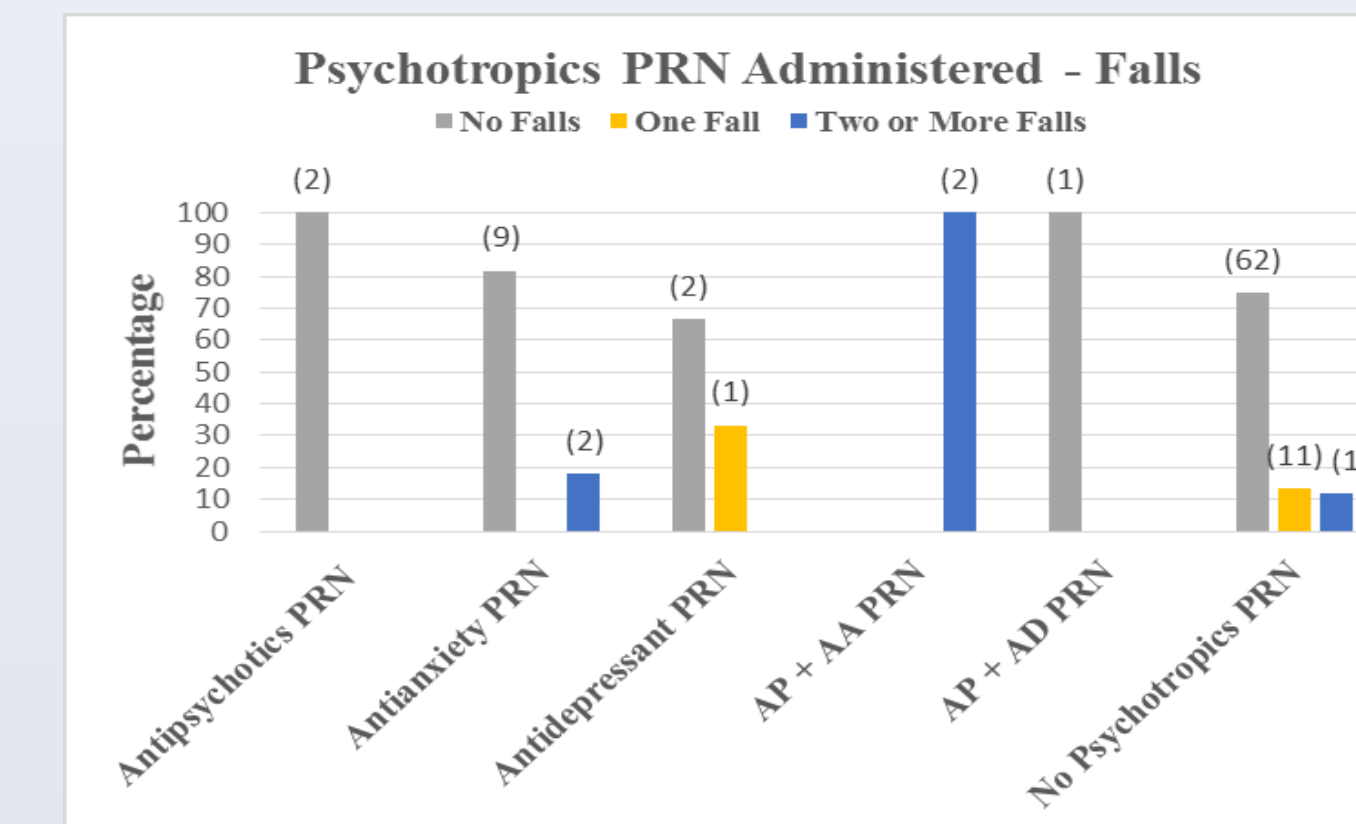
Data Collection (n = 102)



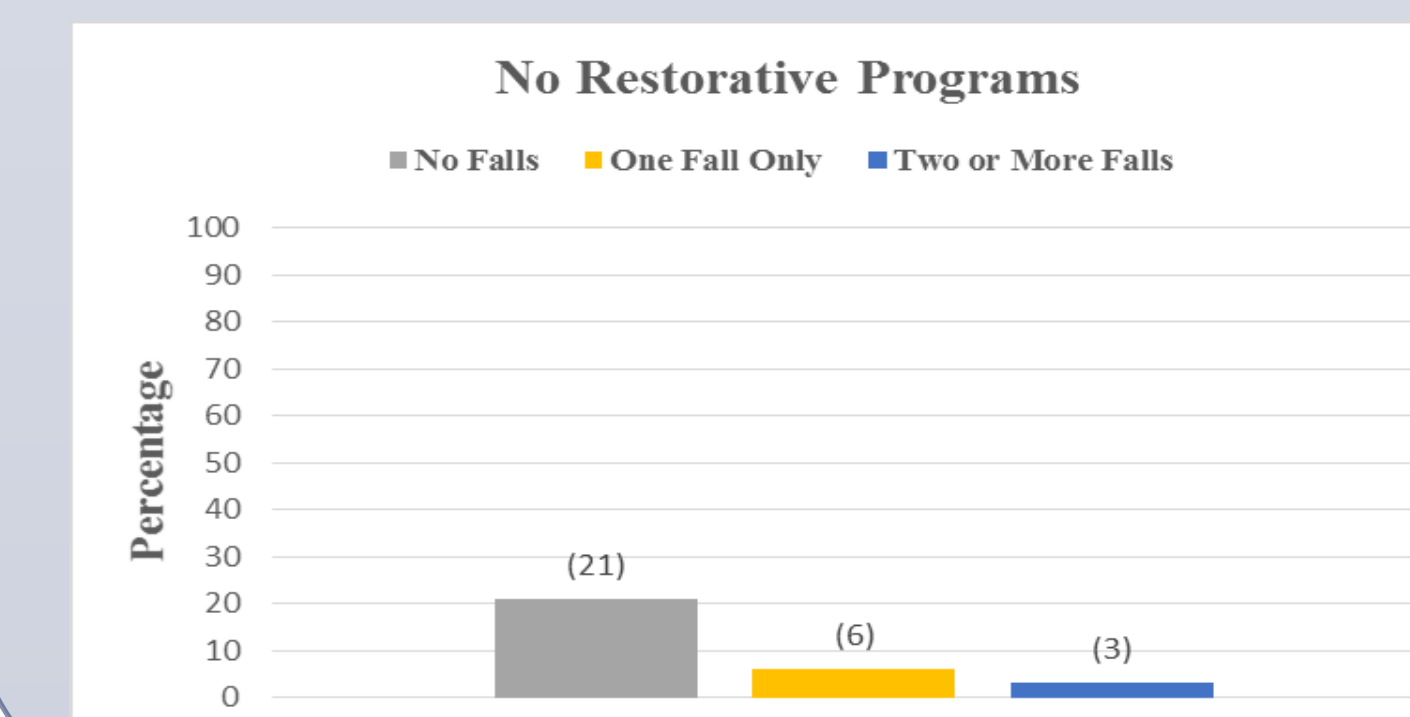
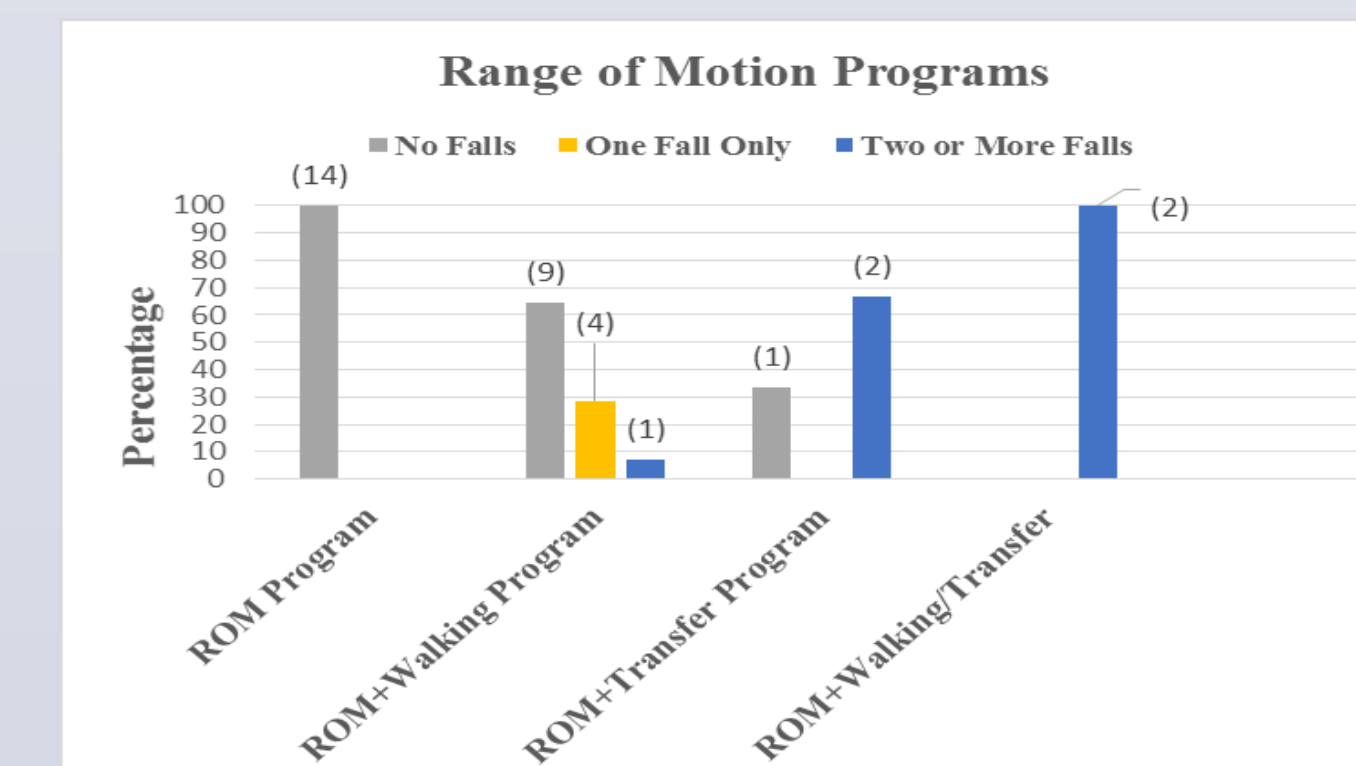
Results



Key
 AA = antianxiety
 AD = antidepressant
 AP = antipsychotic



Key
 ROM = range of motion



Findings

- Psychotropic medications and restorative programs affect falls of older adults with dementia.
- Older adults with dementia on daily antidepressant, or daily antidepressant/other drug class combination, had more falls than those not on daily psychotropic medication.
 - Older adults with dementia that received pro re nata (PRN; when needed) psychotropic medication compared to those that did not receive any type of PRN psychotropic medication, had fewer falls.
 - Older adults with dementia on a combination walking/transfer restorative program had fewer falls than those on a single restorative mobility program.
 - Older adults on combined range of motion/mobility programs had more falls than those on range of motion only.

Practice Implications

- Further research and evaluation of alternative restorative nursing mobility programs for older adults with dementia are needed.
- Integrate holistic approaches to fall management programs to reduce falls.
- Failure to recognize and code dementia diagnosis within MDS affects care plan process and fall risk interventions.
- Interprofessional team approach to nonpharmacological interventions.
- Evaluate efficacy of facility fall risk assessment.

Acknowledgements

Dr. Barbara Messinger-Rapport and the Montefiore Home in Beachwood, Ohio.