

Antipsychotic drugs use increased in Canadian long-term care homes in first year of pandemic

June 1 2023



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While most aspects of care quality in long-term care homes did not differ in the first year of the pandemic from pre-pandemic levels, a new

study shows that the use of antipsychotic drugs increased in all provinces.

The study analyzed [health](#) system performance reports provided by the Canadian Institute for Health Information (CIHI) over three years: two before the [pandemic](#) and the first year of COVID-19. The reports are based on more than half a million resident assessments completed in Ontario, Manitoba, Alberta and British Columbia.

Researchers focused on these four provinces because they had the highest incidence of COVID-19 in long-term care homes during the initial waves of the pandemic.

"The COVID-19 pandemic brought immense challenges to long-term care homes, resulting in higher mortality rates," said Dr. John Hirdes, a researcher in the School of Public Health Sciences. "Our study focused on other aspects of care quality during the pandemic, revealing only modest changes overall with the exception of increases in problematic antipsychotic use."

The percentage of residents who received [antipsychotic medications](#) without a diagnosis of psychosis increased in all provinces, not just the four that were studied. The highest increase was in Alberta, and the lowest in Ontario. "We did not observe a significant increase in behavioral symptoms, which raises the question of whether these medications were used preemptively in anticipation of challenges during outbreaks and staffing shortages," said Hirdes.

The research team found no significant changes in other areas, such as falls, pressure ulcers and physical restraints.

"These data emphasize the importance of the effort put forth by long-term care teams—nurses, personal support workers and others—to

maintain care quality during unprecedented times," said co-author Dr. George Heckman, also in the School of Public Health Sciences, and Schlegel Research Chair in Geriatric Medicine.

While this study focused on provincial-level results, CIHI's publicly available evidence could also be used by individual long-term care homes to assess whether they can improve their record on resident care, said lead author Dr. Luke Turcotte, a Waterloo Ph.D. graduate, now an assistant professor at Brock University. "For example, homes with a high rate of antipsychotic drug use could employ previous interventions in Canada that successfully reduced their unnecessary use."

The study, "[Long-Term Care Resident Health and Quality of Care During the COVID-19 Pandemic: A Synthesis Analysis of Canadian Institute for Health Information Data Tables](#)," was published in the scientific journal *Health Services Insights*.

More information: Luke Andrew Turcotte et al, Long-Term Care Resident Health and Quality of Care During the COVID-19 Pandemic: A Synthesis Analysis of Canadian Institute for Health Information Data Tables, *Health Services Insights* (2023). [DOI: 10.1177/11786329231174745](#)

Provided by University of Waterloo

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