

How to consider preventive treatments for opposition to nursing and medical cares in nursing homes?

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▶ To cite this version:

Jean-Baptiste Amélineau. How to consider preventive treatments for opposition to nursing and medical cares in nursing homes?. 2nd International Conference on Deprescribing (ICOD2), Sep 2024, Nantes, France. hal-04711190

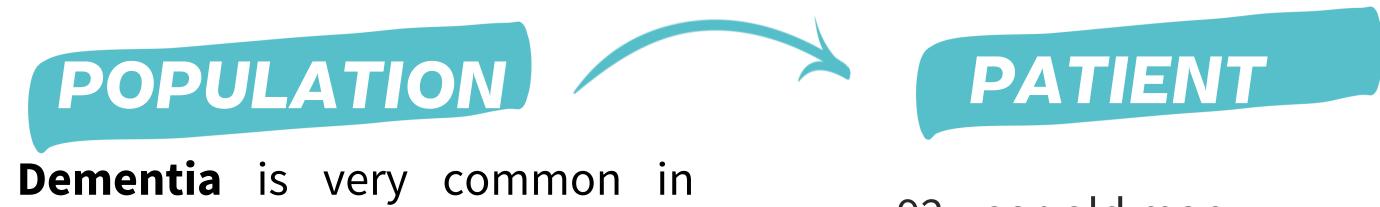
HAL Id: hal-04711190 https://hal.science/hal-04711190v1

Submitted on 26 Sep 2024

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September 26-27th, 2024 · Nantes, France International Conference on Deprescribing

66 Preventive treatments for opposition to nursing and medical cares in nursing homes





living elderly people in retirement homes

Several clinical forms:

A clinical pearl

aggressiveness, agitation, apathy. Complex wandering, patterns

Agitation and/or opposition to nursing and medical cares can be difficult for teams, residents and families

OUTCOMES

June 2023 Neurological decompensation with coma, probably a iatrogenic one

92-year-old man

Advanced vascular dementia

High depression (after wife passed-out few years ago) Multiple basal cell **carcinomas** on face, ears, shoulder, torso...

Not competent. Not compliant to nursing and medical cares: for grooming or dressing, for multiples skincare bandage. However, cares are essential to prevent pain or erysipelas

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January 2024

Team requested medical treatments

- to cure pain, anxiety and depression
- to facilitate care for technical gestures
- to avoid violence and to secure caregivers

Evolving pharmacological situation:

- More benzodiazepines (oxazepam)
- An antidepressant (sertraline)
- More antipsychotic (loxapine)
- Morphine before skincare



LESSONS Learned

All drugs were stopped and then reintroduced gradually and carefully

Then situation back to previous

Period of more somnolence and aggressiveness Hospitalisation for treatments revision

Oxazepam was <u>decreased</u> by half, loxapine was switched to clozapine, sertraline and morphine were kept

One month after, patient was less somnolent but situation didn't elvove positively for cares

How to consider preventive treatments for opposition to cares?

Autonomy

Non competent patient

- \rightarrow Family's opinion
- \rightarrow Team advice + GP

- Over-medication escalation: inefficient and iatrogenic first response **Patient Safety Incident**
- Non-medicated methods? Deprescribe to minimal efficiency
- Non comptent individual: ethical advise/limitation of care

Beneficence

Team request adapted: Facilitation of cares, more confort for patient & nursing team Avoid violent/innapropriate relationship Anxiolysis

ETHICALLY

A possible suggestion...

What's yours?

 \rightarrow Also ethical team advice + Repeated assessments

Nonmaleficence

Do not harm patient Neurological consequences > beneficence With or without medications, situation is still bad and similar

Justice

Time allowed for patients in nursing home: more people needed here latrogenic costs & consequences



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