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

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A clinical pearl

“ Preventive treatments for opposition to nursing and medical cares in nursing homes ”

POPULATION

Dementia is very common in elderly people living in **retirement homes**

Several clinical forms:

agitation, aggressiveness, wandering, apathy. Complex patterns

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

PATIENT

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

CONTEXT

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

PIM

OUTCOMES

1

June 2023

Neurological decompensation with coma, probably a iatrogenic one

All drugs were stopped and then reintroduced gradually and carefully

Then situation back to previous

2

January 2024

Period of more somnolence and aggressiveness
Hospitalisation for treatments revision

Oxazepam was decreased by half, loxapine was switched to clozapine, sertraline and morphine were kept

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

LESSONS Learned

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

How to consider preventive treatments for opposition to cares?

ETHICALLY

A possible suggestion...

What's yours?

Autonomy

Non competent patient
→ Family's opinion
→ Team advice + GP
→ Also ethical team advice
+ Repeated assessments

Beneficence

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

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
Iatrogenic costs & consequences

