



Mission/Vision

Therapeutic Environment

Data Driven process

Competent Staff

Smooth Transitions of Care

Families as Partners

Non-Med Approaches

Physician Support

1. First Line of Defense

What is the first line of defense?

The Maine Dementia Care Partnership (MDCP) determined that the first essential strategy to successfully reducing the off-label use of antipsychotic drugs (to the highest degree possible) is to ensure that everyone - families, nurses, front line staff, pharmacists and all ancillary staff understands the risks and dangers associated with the off-label use of these drugs in elders. MDCP considers this the *first line of defense* and carefully chose it as the number one consideration in this change package. "Off-label" refers to a practice where medication is being used in a manner not specified in the FDA's approved packaging label or insert. The black box warning is an indicator of their inherent danger. Additionally, that in keeping to this commitment, that all those who care for elders will develop expertise in supporting, managing and ensuring the well-being of those with dementia using individualized approaches in mitigating discomfort and behavioral issues.

Processes:

Use the accompanying resources to help develop a commitment and philosophy of care that ensures that residents can live safely (to the degree possible) without the threat of off-label use of antipsychotic drugs.

All staff, volunteers, and administrative staff receive basic training about the off-label use of antipsychotic drugs and their impact on elders.

The organization's leadership and education assert, supports and defends a shared moral imperative.

This philosophy of care is identified in the mission statement and other policy documents.

Indicators:

- Staff know and can articulate why the organization has chosen and makes every effort, not to use these drugs in this way
- A shared philosophy that all behaviors are communication and should be addressed directly through other innovative approaches
- A clear statement of alternatives and best practices utilized by competent staff and clinicians
- A publicly visible goal

Use these resources:

- A. Introductory Guidance
- B. Guiding Principles
- C. All About Me Booklet – Alzheimer's Society of Montreal
- D. [The Gerontological Society of America, 2018. Vol 58.-Evidence Based Non-Pharmacological Practices](#)
- E. My Personal Direction – The Consumer Voice
- F. Life Story Questionnaire – New England QIN/QIO
- G. Rethinking Antipsychotic Medication - Education Program for Direct Care Providers
- H. [World Alzheimer's Report, 2019-Attitudes on Dementia](#)
- I. [World Alzheimer's Report, 2020-Design, Dignity and Dementia](#)