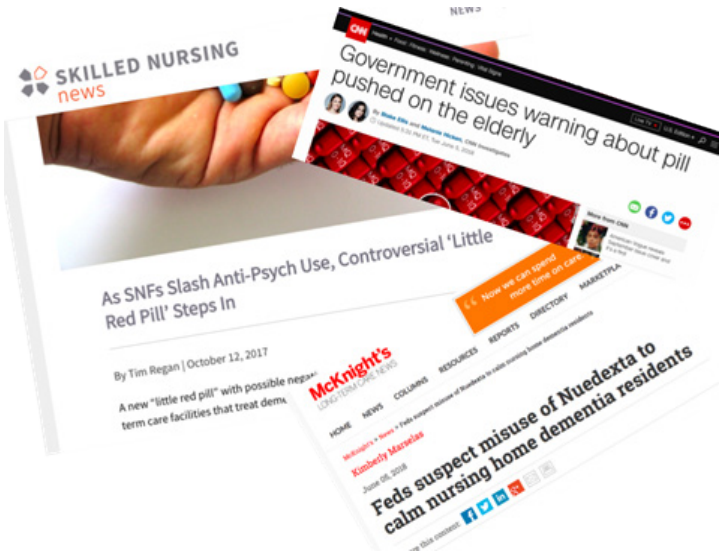
"We Do Not Allow Antipsychotics in This Facility"

This is becoming a common phrase heard by hospice nurses across the country, "Nuedexta has worked well with some of our other patients…" which is then followed by a call to the pharmacy and the reaction often is, "GASP! How much a month!? My admin will NEVER approve that!" Now the REAL problem: how to make the patient comfortable, stay within formulary, comply with CoPs, AND keep the facility happy?



Recently, Nuedexta's rapid sales growth made headlines and this past March, CMS released a memo alerting Medicare Part D providers of the potential over-utilization and off-label use of Nuedexta. How did this single indication drug for an obscure neurological disorder become such a headline maker? The tightening of regulations, in regards to antipsychotic use in care facilities, has forced facilities to find less work intensive alternatives to antipsychotics for behavior management and they found it with Nuedexta.

How do you respond to the facility that wants to use Nuedexta in place of a traditional antipsychotic or antidepressant for your hospice patient? Be armed with knowledge.

1. Know the adverse effect of Nuedexta and potential harm.
2. Understand the difference between depression and Pseudobulbar Affect (PBA) the single condition Nuedexta is approved to treat
3. Be ready with less expensive alternatives.
4. Be familiar with Patient Rights and the Conditions of Participation

Nuedexta - Dextromethorphan/Quinidine 20mg/10mg capsules
Approved for the treatment of Pseudobulbar Affect; a specific subtype of emotional lability that occurs in patients with brain injury or disease.

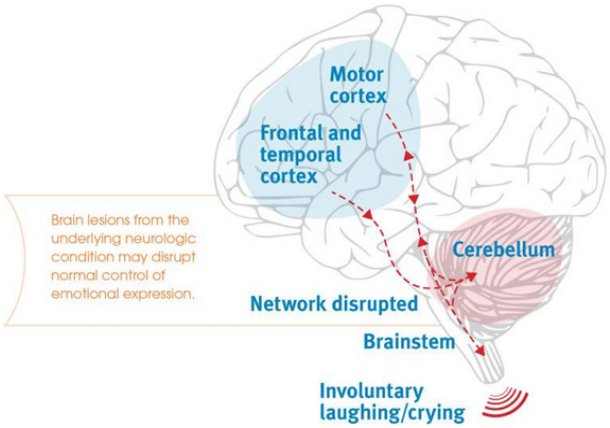
- Quinidine does NOT manage symptoms, it is added to slow the metabolism of the Dextromethorphan otherwise it is metabolized too fast to be be effective.
- Contraindicated in patient with AV block
- Use with caution in cardiac patients (Quinidine has antiarrhythmic properties)
- High risk of drug-drug interactions with Quinidine
- Risk of falls (doubles risk of falls in Alzheimer's patients)

Adverse Effects

Dizziness	Loss of appetite	Shortness of breath
Peripheral edema	Muscle aches and pains	Seizures
Nervousness	Trouble sleeping	Aggressive behavior
Restlessness	Agitation	Trembling or shaking
Confusion	Chest pain	Severe sleepiness
Delirium	Discomfort	Irregular heart rate
Joint pain		

What is Pseudobulbar Affect

It is the result of damage in the frontotemporal cortex or "emotional pathway" of the brain. This means that not every brain injury, ALS, or Alzheimer's patient will develop PBA. The symptoms of PBA are quick onset, unpredictable, without a trigger and unrelated to mood, exaggerated and just as quick to resolve; within seconds to minutes. One description summed it up; the outbursts in PBA are similar to a seizure they are sudden and unpredictable, lasting a few seconds to several minutes, they may even occur several times a day to the point of making the sufferer afraid to leave home.



PBA or Depresion

How do you assess if your patient truly suffers from PBA or if the facility is trying to bypass the use of antipsychotics? It can be difficult to distinguish between traditional depression and PBA especially in Alzheimer's patients. One simple question is an inexpensive screening tool: "Do you every cry for no reason?" Most patients can identify a trigger for their tears whether it is grief, depressed mood, anxiety, or loneliness.

So what do you do when the facility insists on using Nuedexta instead of the antipsychotic the medical director prescribed and lists symptoms you have never observed in the patient? Take a second look, ask the magic question "Do you ever cry for no reason?" and document, document document. Report back to your medical director the desires of the facility and your observations then DO WHAT IS BEST FOR THE PATIENT. All care comes down to what is best for the patient and the authority of the medical director.

PBA is not Depression

Feature	PBA	Depression
Emotional Expression	Crying, laughing or both	Crying
Emotional Experience	Independent or excessive display of expressed emotion	Mood congruent with sadness
Provoking Stimulus	Minimal, nonspecific, inappropriate, or both	Specific mood-related situations
Voluntary Control	None to minimal	Can be modulated by the situation
Accompanying Perception	No specific relationship	Distorted and negative view of self, others and future
Emotional Duration	Brief - seconds to minutes	Tonic mood state lasting weeks to months
Neurovegative Features (sleep disturbances, loss of appetite)	Absent	Present

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