GRADUAL DOSE REDUCTION/TAPERING IN THE NURSING FACILITY

While F-Tag 329 in Appendix PP of the CMS State Operations Manual emphasizes the importance of seeking an appropriate dose and duration for each medication, gradual dose reduction (GDR)/tapering is still mentioned for specific classes of medications. Below is a summary of the GDR/tapering guidelines from F-Tag 329.

PSYCHOPHARMACOLOGICAL MEDICATIONS

Applicable medications	**Depends on how the medication is used or what condition the medication is used to treat** Anxiolytics* • antidepressants • benzodiazepines • buspirone Anticonvulsants Antidepressants ** F329 states that diphenhydramine and hydroxyzine are not appropriate for use as anxiolytics*
Conditions that must be present before GDR/tapering attempt required	Undefined
Indications involving GDR/tapering	When used to manage behavior, stabilize mood, or treat a psychiatric disorder
EXEMPTED indications	• Used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia, restless leg syndrome or seizure disorders) • Long-acting benzodiazepine used to withdraw a resident from a short-acting benzodiazepine • Symptom relief in end-of-life situations
Frequency of GDR/tapering	Within the first year in which a resident is admitted on a psychopharmacological medication or after the facility has initiated a psychopharmacological medication, taper twice in two separate quarters with at least one month between attempts; After first year, once per year
Clinical contraindication	**Tapering is clinically contraindicated if:** The continued use is in accordance with relevant current standards of practice, AND physician has documented clinical rationale **- OR -** Resident's target symptoms returned or worsened after MOST RECENT tapering attempt WITHIN facility, AND physician has documented clinical rationale

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Reference: Centers for Medicare & Medicaid Services, State Operations Manual, Appendix PP, F-Tag 329

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SEDATIVES/HYPNOTICS

Applicable medications	Any medication that is being used to treat insomnia. Examples include: • benzodiazepines • chloral hydrate • eszopiclone • ramelteon • sedating antidepressants (e.g., trazodone) • sedating antihistamines (e.g., diphenhydramine, hydroxyzine) • zaleplon • zolpidem
Conditions that must be present before GDR/tapering attempt required	Used routinely and beyond the manufacturer's recommendations for duration of use
Indications involving GDR/tapering	All
EXEMPTED indications	Undefined
Frequency of GDR/tapering	Quarterly (approximately every 3 months)
Clinical contraindication	The continued use is in accordance with relevant current standards of practice, AND physician has documented clinical rationale - **OR** - Resident's target symptoms returned or worsened after MOST RECENT GDR attempt WITHIN facility, AND physician has documented clinical rationale

ANTIPSYCHOTICS

Applicable medications	***First generation agents*** • chlorpromazine • fluphenazine • haloperidol • loxapine • mesoridazine • molindone • perphenazine • promazine • thioridazine • thiothixene • trifluoperazine • triflupromazine ***Second generation (atypical) agents*** • aripiprazole • clozapine • olanzapine • quetiapine • risperidone • ziprasidone
Conditions that must be present before GDR/tapering attempt required	Undefined
Indications involving GDR/tapering	Guidelines state that an antipsychotic medication should be used only for the following conditions/diagnoses as documented in the record and as meets the definition(s) in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Training Revision (DSM-IV TR) or subsequent editions • Schizophrenia • Schizo-affective disorder • Delusional disorder • Mood disorders (e.g., mania, bipolar disorder, depression with psychotic features, and treatment refractory major depression) • Schizophreniform disorder • Psychosis NOS • Atypical psychosis • Brief psychotic disorder • Dementing illnesses with associated behavioral symptoms • Medical illnesses or delirium with manic or psychotic symptoms and/or treatment-related psychosis or mania (e.g., thyrotoxicosis, neoplasms, high dose steroids)
EXEMPTED indications	When antipsychotic medications are used for behavioral disturbances related to Tourette's disorder or for non-psychiatric indications such as movement disorders associated with Huntington's disease, hiccups, nausea and vomiting associated with cancer or cancer chemotherapy, or adjunctive therapy at end of life
Frequency of GDR/tapering	Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, GDR twice in two separate quarters with at least one month between attempts; After first year, once per year
Clinical contraindication	**For antipsychotics used to treat behavioral symptoms related to dementia,** GDR is clinically contraindicated if: Resident's target symptoms returned or worsened after MOST RECENT GDR attempt WITHIN facility, AND physician has documented clinical rationale **For antipsychotics used to treat a psychiatric disorder,** GDR is clinically contraindicated if: The continued use is in accordance with relevant current standards of practice, AND physician has documented clinical rationale - OR - Resident's target symptoms returned or worsened after MOST RECENT GDR attempt WITHIN facility, AND physician has documented clinical rationale

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