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## GDR Guidelines

- *What is a GDR?* The stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. The requirements underlying this guidance emphasize the importance of seeking an appropriate dose and duration for each medication and minimizing the risk of adverse consequences.

- *Under CMS regulations, what is the general requirement regarding GDR's for patients receiving psychoactive agents?* "Regular attempts" at GDR's must be made in an effort to discontinue these medications.

- *Under CMS regulations, when may it be indicated to taper a psychoactive agent?*
  1) The patient's clinical condition has improved or stabilized;
  2) Underlying causes have resolved; or
  3) Nonpharmacologic interventions have been effective.

- *Is the decision about whether to continue a medication clear?* Under certain conditions, yes. For example, someone with a history of multiple episodes of depression or recurrent seizures may need an antidepressant or anticonvulsant medication indefinitely. Often, however, the only way to know whether a medication is needed indefinitely and whether the dose remains appropriate is to try reducing the dose and to monitor the resident closely for improvement, stabilization, or decline.

- *What other variables are important to consider regarding when and whether to perform a GDR?* The time frames and duration of attempts to taper any medication depend on factors including the coexisting medication regimen, the underlying causes of symptoms, individual risk factors, and pharmacologic characteristics of the medications. Some medications (e.g., antidepressants, sedative/hypnotics, opioids) require more gradual tapering so as to minimize or prevent withdrawal symptoms or other adverse consequences.

  If the resident's condition has not responded to treatment or has declined despite treatment, it is important to evaluate both the medication and the dose to determine whether the medication should be discontinued or the dosing should be altered, whether or not the facility has implemented a GDR as required, or tapering.

- *Under CMS regulations, what are the clinical contraindications to GDR's?*
  1) The patient's target symptoms returned or worsened after the most recent attempt at a GDR within the facility, and the physician/clinician has documented why further attempts at a GDR at this time would be likely to impair the patient's function, cause distressed behavior or psychiatric instability by exacerbating an underlying medical or psychiatric disorder, or
  2) The continued use is in accordance with relevant current standards of practice and the clinician has documented why any attempts at a GDR would be likely to impair the patient's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

- *Under CMS regulations,* what are the specific schedules and clinical contraindications for GDR's of the different psychoactive agents?

  1) Antipsychotics
     Schedule – At least twice in the first year of residence in a facility, in separate quarters, separated by at least 30 days; at least annually thereafter.
     Clinical Contraindications –
     a) For Dementia-related Behaviors: Failed GDR with documentation;
     b) For Psychiatric Conditions: Failed GDR with documentation, or documentation of clinical rationale.
  2) Sedative/Hypnotics
     Schedule – Quarterly for medications used routinely and beyond the manufacturer's recommendations for duration of use.
     Clinical Contraindications –
     a) Failed GDR with documentation, or
     b) Documentation of clinical rationale.
  3) Other Psychoactive Agents
     Schedule – At least twice in the first year of residence in a facility, in separate quarters, separated by at least 30 days; at least annually thereafter.
     Clinical Contraindications –
     a) Failed GDR with documentation, or
     b) Documentation of clinical rationale.

- *Are any psychoactive agents exempt from CMS' regulations regarding GDR's?* One and only one class of agents is exempt, the Cognitive Enhancers. However, the clinician still must monitor for adverse side effects and efficacy, and discontinue the medication when causing intolerable or persisting, adverse side effects or when it is not providing any therapeutic benefit. Documentation of the absence of adverse side effects and of therapeutic benefit based on objective data (e.g., relative stability in ADL functioning or performance on the MMSE) should be made in the medical record in accordance with the above schedule for "Other Psychoactive Agents".

- *Are any psychiatric conditions/diagnoses exempt from CMS' regulations regarding GDR's?* No.