The Pre-Emptive Use of Anti-Psychotic Medication in Nursing Homes to Manage Infection Control During the **COVID-19 Pandemic: Not That Simple**

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Dear Editor,

I am writing in response to the article Long-Term Care Resident Health and Quality of Care During the COVID-19 Pandemic: A Synthesis Analysis of Canadian Institute for Health Information Data Tables by Turcotte et al.¹

As a primary medical provider and leader who has experienced at first hand the rigours and challenges of the COVID-19 pandemic in the nursing home I find the authors conclusion that the pandemic necessitated the increased use of antipsychotics lacks both accuracy and context.

In the province of Alberta there was a noticeable increase in anti-psychotic use for the year ending 2019/2020 from 16.9% the previous year to 17.6% which preceded the declaration of the pandemic March 11th 2020.² This detail has been overlooked by the authors preferring to attribute the inflection point to the start of the pandemic: 'As a result of national change initiatives in Canada, 16 rates of potentially inappropriate use decreased from 33.3% in 2011/2012 to 20.2% in 2019/2020'. Furthermore, those improvements in prescribing had stalled for the 2 years prior to the pandemic in the provinces of Saskatchewan, Alberta, and British Columbia. To state that there was a decrease from 2011/2012 to 2019/2020 conveniently omits these key details.

There is a strong likelihood of an association between antipsychotic use and the restrictive public health measures requiring the limitation of resident movement but there are other factors that need discussion. For instance, the mainstay of management of behavioural and psychological symptoms of dementia (BPSD) in offsetting the use of antipsychotics i.e. the institution of non-pharmacological interventions were considerably challenging with widespread and sustained staffing shortages. It is accepted that the pandemic as a phenomenon distracted from the usual culture of care and core practices such as appropriate medication use or fall prevention to the overriding imperative of rigorous infection control and resident safety.

Our sector has endured, and it is disappointing that an understanding of the many variables that affect these important resident outcomes were not considered by the authors.

Author Contributions

PQ is the Sole contributor of the submitted article providing all research and writing.

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