

of persons with dementia display symptoms of distress such as agitation or anxiety, and 69% of AL communities provide medications to treat this distress. Unfortunately, the psychoactive medications that are prescribed are often ineffective, contraindicated, and may cause serious adverse events including mortality. Especially concerning is the use of antipsychotic medications, which carry a black-box warning for persons with dementia. This symposium will present data from a seven state study of 250 AL communities and the 13,600 individuals who reside there. The first speaker will discuss the prevalence of psychoactive prescribing in AL overall and by medication type, and community characteristics that relate to use (e.g., staffing, resident case-mix). The second presentation will focus on the use of pro re nata (PRN) psychotropic medications, to examine the extent to which use is situational. The third speaker will address the use of off-label antipsychotic medications, and typologies of AL communities that differentiate use. The fourth speaker will discuss the prevalence of potential antipsychotic side-effects and adverse events, and also family member knowledge of medication use. The final speaker will compare the use of antipsychotic and antianxiety prescribing in proximate AL communities and nursing homes, to examine the extent to which local prescribing patterns may influence use. All five presentations of this symposium convey important issues for practice, policy, and future research.

ANTIPSYCHOTIC AND PSYCHOTROPIC PRESCRIBING IN ASSISTED LIVING

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The Center for Medicare & Medicaid Services has brought national attention to potentially inappropriate antipsychotic prescribing for residents with dementia in nursing homes, but no such attention has been paid to prescribing in assisted living (AL), despite the fact that more than 40% of AL residents have moderate/severe dementia. This study examined antipsychotic and other psychotropic prescribing in AL using a seven-state sample of 250 communities, and examined correlates of prescribing; analyses used weights based on probability proportional to bed size to derive state-level estimates. Overall, 19% of residents were taking an antipsychotic medication (27% of those with dementia); corresponding numbers for antidepressants were 46% (54%) and for anxiolytics/hypnotics were 24% (28%; both $p < .001$). By way of example, communities that did not have an RN or LPN were more likely to prescribe antipsychotics (34% vs. 17%; $p < .001$). The discussion will highlight next steps regarding practice, policy, and research.

PRO RE NATA USE OF PSYCHOTROPIC MEDICATIONS IN ASSISTED LIVING

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This study examined the use of pro re nata (PRN, or as needed) psychotropic medications among assisted living (AL) residents. We examined prescriptions and administrations, and compared use based on dementia diagnosis. Data sources included interviews with administrators of 250 AL communities in 7 states and medication administration record review for the prior 7 days; analyses were weighted to the entire state. The percent of all residents prescribed a PRN psychotropic medication was 10.3%. However, residents with a dementia diagnosis were twice as likely to have a PRN psychotropic prescription (15.2% versus 7.2%; $p < .001$). The majority of psychotropic medications prescribed and administered were for anxiolytics/hypnotics rather than antipsychotics. Additional resident-level factors significantly associated with higher PRN prescribing included psychiatric diagnosis, incontinence, hospice use, confusion/disorientation, and agitation. We summarize these and other findings in the context of state regulatory requirements for staffing, chemical restraints, and dementia care.

OFF-LABEL ANTIPSYCHOTIC PRESCRIBING FOR PERSONS WITH DEMENTIA IN ASSISTED LIVING

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Off-label antipsychotic use is contra-indicated for persons with dementia due to lack of efficacy and FDA black box warnings. Yet, residents in assisted living (AL), including those with dementia, are frequently prescribed such medications. If distinct typologies of AL communities exist based on prescribing rates, it might be possible to reduce use. Toward that end, data from 247 AL communities in seven states were analyzed to discern potential unobserved latent classes that differentiate prescribing levels. Results using finite mixture modeling determined a 5-class solution best fit the data, with class-level prescribing rates ranging from 16.9% of residents with dementia to 27.4% (Mean = 18.9%). Bivariate tests found differences across classes by variables related to community structure, medication processes, and resident-case mix (e.g., frequent formal pharmacy review was more likely in communities with higher prescribing). Typologies are useful to identify differences and care and may be useful for quality improvement.

POTENTIAL ANTIPSYCHOTIC SIDE EFFECTS AND ADVERSE EVENTS OF ASSISTED LIVING RESIDENTS WITH DEMENTIA

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This presentation provides the findings from a descriptive study examining the potential adverse events and side effects of antipsychotic medications prescribed to assisted living (AL) residents with dementia drawn from interviews with family