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News

homes overdiagnose hrenia to get away with drugging s, says new investigation

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There are few groups more vulnerable than those living in nursing or assisted living homes, the pandemic notwithstanding. However, with the pandemic raging on, many older folks are isolated or missing regular visits with family, friends, or community members. Stopping the spread of COVID-19 is, of course, an enormous priority when it comes to **nursing homes**, especially as anti-vaxxers in the healthcare world (some of whom may work with these vulnerable patients) push for the chance to avoid the vaccine.

In a different, but equally important, direction, however, *The New York Times* shared an investigative report on the use of antipsychotics in nursing homes, including the shocking finding that at least 21% of residents in nursing homes are on the extremely powerful drugs, such Haldol.

Mental health is generally misunderstood in the United States, but schizophrenia is one of the more maligned illnesses people live with. Schizophrenia can manifest differently for different folks, of course, and there are subsets of the illness based on symptoms. Even still, one commonality is that schizophrenia is nearly always diagnosed before the patient is 40 years old. It's usually diagnosed starting in the teenage years, up to about 30 years old.

So, why are antipsychotics used for schizophrenia so prevalent in nursing homes? Even bigger picture than that: Why has the rate of schizophrenia diagnosis in nursing home patients *increased* from less than 7% to 11% in just a few years? As the *Times* finds it, understaffed nursing homes are giving residents this diagnosis, even when they don't live with it, as a way to settle symptoms like agitation and restlessness—despite the obvious ethical issues and even the potential medical side effects.

According to the *Times*, loopholes in the requirements for reporting drug usage to the federal government may have allowed the widespread use of these drugs to essentially explode in nursing homes. Especially when we consider that nursing homes are chronically understaffed—instead of hiring more people, paying people more for better retention or training, or hiring more qualified folks, nursing homes may try to essentially sedate patients with these powerful drugs to make them easier to deal with.

Horrifying unethical? Of course. Surprising? In the United States, sadly, not really. Mind you, this is the same country where we've seen nursing home residents be essentially **abandoned** or **die** amid natural disasters, like **hurricanes**, due at least in part to poor planning and management.

So, here's how this seems to happen, according to the *Times*. The government does require that nursing homes report the number of their patients treated with these drugs. But, the government does not require that number to be publicly reported if the patients are diagnosed with Huntington's disease, Tourette's syndrome, or, you guessed it, schizophrenia.

Nursing homes also likely get away with this approach because schizophrenia is particularly misunderstood among the general population. About one in 150 people in the general public live with schizophrenia, which ends up being less than one percent of folks. But, as mentioned before, at least 20% of nursing home residents are diagnosed with it. And as Dr. Michael Wasserman, a geriatrician, told the *Times* in an interview, schizophrenia isn't something people wake up with, and especially not because they've reached a certain age.

"It's used to skirt the rules," he told the outlet.

Obviously, drugging people to get them to be easier to handle is disturbing and unethical. According to *Axios*, it can even be perilous in older folks, as these drugs can pose an additional risk of death for people living with dementia.

Just like people do not, generally speaking, wake up one day and live with schizophrenia out of the blue, people do not reach a certain age and suddenly lose their right to autonomy. Whether someone in a nursing home is there because of a lack of family support, financial resources, physical ability to live independently, or, yes, even a mental health issue like schizophrenia, people deserve safe, consistent, and personalized care and treatment. Even people who *do* live with schizophrenia should not simply be drugged into oblivion so that an overworked and underpaid staff can find them easier to manage.

Though not specific to nursing homes, I'd like to recommend several excellent and nuanced pieces by and about folks living with schizophrenia. One of my favorite nonfiction books is an essay collection by Esmé Weijun Wang called *The Collected Schizophrenias*. I recommend this **profile** on a professor called "The Scholar with