4Ms Framework in Long-Term Care (LTC)

ACADIA

The following information is provided for educational and scientific exchange purposes only.

Age-Friendly Health Systems Overview[1]

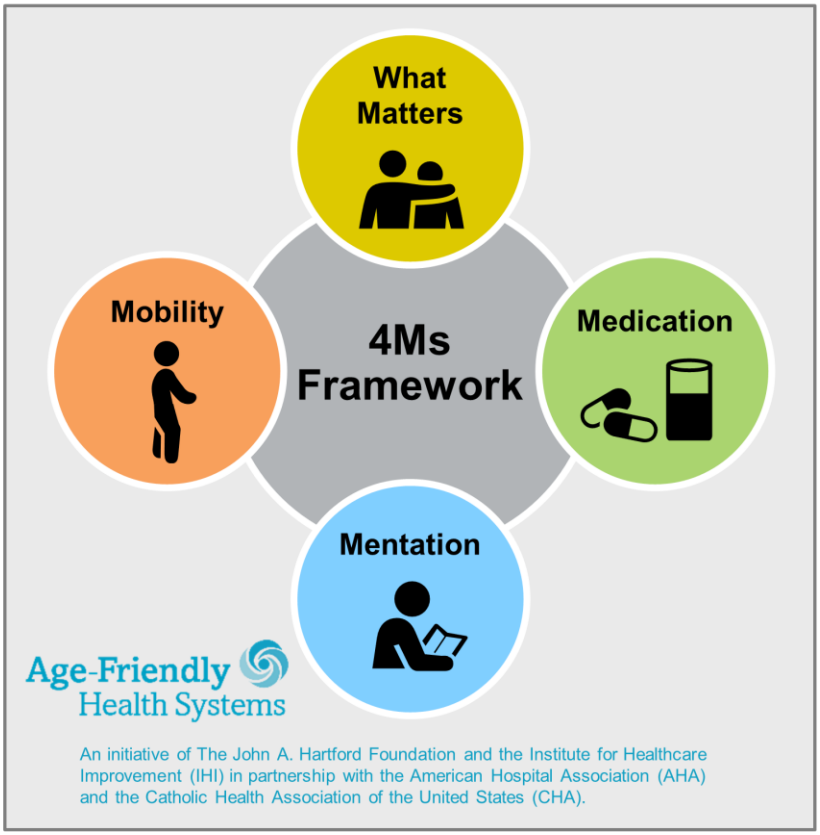
- The **Age-Friendly Health Systems** movement comprises >3,700 hospitals, ambulatory practices, convenient care clinics, and nursing homes working to **reliably deliver evidence-based care for older adults**

Age-friendly care:	Follows an essential set of evidence-based practices (4Ms)
	Causes no harm
	Aligns with What Matters to the older adult and their family caregivers

The 4Ms Framework[1]

The 4Ms are designed to make care of older adults, which can be complex, more manageable. They:

- Identify core issues that should drive decision making in the care of older adults
- Organize care and focus on the older adult's wellness and strengths rather than solely on disease
- Are relevant regardless of an older adult's individual disease(s)
- Apply regardless of the number of functional problems an older adult may have; that person's cultural, racial, ethnic, or religious background; or their socioeconomic status



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

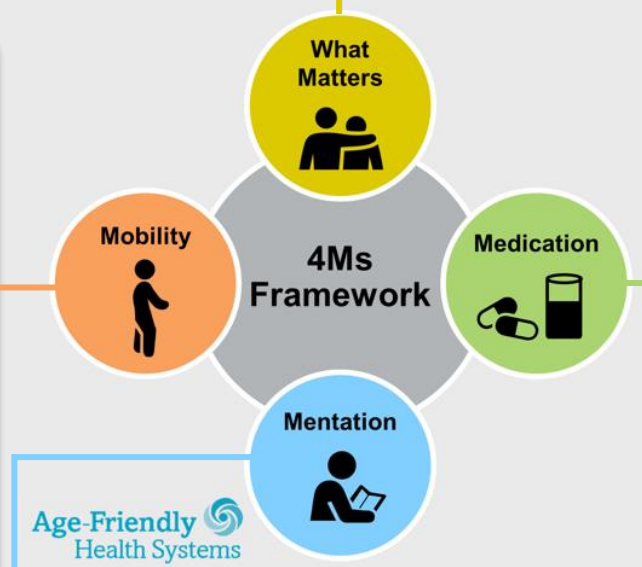
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Image courtesy of IHI at https://www.ihi.org/

4Ms Age-Friendly Care for Parkinson's Disease Psychosis in LTC

Ask your residents or care partners **What Matters** most:

- Balance and movement[2]
- Engagement in social activities[3,4]
- Activities of daily living and quality of life[3,5]
- Treatment in place[6]
- Sedation/sleepiness[7]
- Caregiver burden[8]



- Differentiate PD from other movement disorders (e.g., essential tremor)[9]
- Monitor changes in motor function and impact on daily activities using the MDS-UPDRS Parts II/III[10]
- Continually evaluate risk of falls/fractures, which has been shown to increase in patients with PD psychosis[2]
- Explore options for managing psychosis that don't worsen PD motor symptoms[7]

- Address any underlying conditions (e.g., infection, delirium) and review medications that may contribute to psychosis (e.g., anticholinergics)[11]
- Consider MDS recommendations to treat PD psychosis with clinically useful psychotropic agents[12]
- Consider Beers Criteria recommendations to prescribe FDA-approved medications that are less likely to worsen underlying PD[7]
- Consult ASCP Guidance for switching antipsychotics, as appropriate[14]
- Review CMS regulations on use of psychotropic medications[15]

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

Image courtesy of IHI at https://www.ihi.org/

- Use a **validated screener** and assess residents for appropriate PD psychosis diagnosis and treatment[13,16]
- Engage in discussions with the patient on their experience with PD psychosis including changes in mental state, depression, and impact on quality of life[5,13]
- Encourage the patient to talk through any experiences of stigma or shame related to their symptoms[3,4]
- Evaluate signs of **disease progression**, including increased severity and/or frequency of psychosis, loss of insight, and worsening cognition or dementia[17,18]
- Consider the impact of PD psychosis on caregiver/staff burden[8]

Validated self-administered screener for PD Psychosis[16]
Available at: bit.ly/3HmhULB

PD psychosis can be **progressive over time**. Patients may have insight into their symptoms in the early phases of the disease, but may lose insight as the disease progresses[17]

References

1. Institute for Healthcare Improvement. https://www.ihi.org/age-friendly-health-systems-resources-and-news. Accessed April 16, 2025. 2. Forns J, et al. *PLoS One.* 2021;16(1):e0246121. 3. Ma H-I, et al. *Qual Life Res*. 2016;25(12):3037-3045 4. Chaudhuri K, et al. *Mov Disord*. 2010;25(6):704-709. 5. Martinez-Martin P, et al. *Mov Disord.* 2011;26(3):399-406 6. Aarsland D, et al. *J Am Geriatr Soc*. 2000;48(8):938-942. 7. American Geriatrics Society Beers Criteria® Update Expert Panel. *J Am Geriatr Soc*. 2023;71(7):2052-2081. 8. Chahine LM, et al. *J Neurol*. 2021;268:2961-2972. 9. Postuma RB, et al. *Mov Disord*. 2015;30(12):1591-1599. 10. Goetz CG, et al. *Mov Disord*. 2008;23(15):2129-170. 11. Goldman JG, Holden S. *Curr Treat Options Neurol*. 2014;16(3):281. 12. Seppi K, et al. *Mov Disord*. 2019;34(2):180-198. 13. Ravina B, et al. *Mov Disord*. 2007;22(8):1061-1068. 14. American Society of Consultant Pharmacists (ASCP); 2024. https://cdn.ymaws.com/www.ascp.com/resource/resmgr/docs/prc/PDP_Charts_V2.pdf. Accessed April 2025. 15. Centers for Medicare & Medicaid Services. Baltimore, MD; 2025. https://www.cms.gov/files/document/qso-25-14-nh.pdf. Accessed May 1, 2025. 16. Koneru V, et al. *Mov Disord*. 2023;38(11):1982-1987. 17. Goetz CG, et al. *Arch Neurol.* 2006;63(5):713-716. 18. Gryc W, et al. *J Parkinsons Dis*. 2020;10(4):1643-1648.

Abbreviations: ASCP = American Society of Consultant Pharmacists; CMS = Centers for Medicare & Medicaid Services; IHI = Institute for Healthcare Improvement; LTC = long-term care; MDS = PD = Parkinson's disease; UPDRS = Unified Parkinson's Disease Rating Scale.