

The Impact of Language Discordance Between Patients and Facilities on Potentially Inappropriate Antipsychotic Prescribing in Long-Term Care Facilities in Ontario, Canada

OBJECTIVE and BACKGROUND:

This study examines the association between **language discordance** (when a resident and the facility do not share the same primary language) and **potentially inappropriate antipsychotic prescribing** (PIP-AP) in long-term care (LTC) facilities in Ontario.

Appropriate medication prescribing is an important indicator of the quality of care in LTC. Antipsychotics are often prescribed to older adults without a psychiatric diagnosis, despite the high risk of adverse events (hospitalizations, falls, death). Language barriers can limit the implementation of non-pharmacological approaches, increasing medication use. This study fills a knowledge gap on the role of linguistic factors in the quality of pharmaceutical care in LTC.

KEY RESULTS:

- Of the 198,729 residents in this study, 81.9% were Anglophone, 3.1% Francophone, and 14.9% allophone.
- Of the 648 facilities, 574 were Anglophone and 37 were Francophone and allophone.

Prevalence of PID-AP

- 27.1% of residents experienced at least one instance of PID-AP during the first year.
- Both Francophone and allophone residents have an increased risk of PID-AP.
- Francophone facilities have a higher probability of PID-AP, while allophone facilities have a lower probability than Anglophone facilities.
- Residents with a language discrepancy have an increased risk of PID-PA, with a particularly pronounced effect for allophones living in discordant facilities.
- For Francophones, the increased risk was observed more in Francophone facilities.

INTERPRETATIONS:

- **Language discrepancy is an independent risk factor** for PID-PA, highlighting the importance of communication in the quality of care in LTC.
- **Francophone and allophone residents are more vulnerable**, which may reflect barriers in accessing non-pharmacological approaches or cultural differences in care.
 - Francophone facilities have higher rates of PID-PA, possibly due to more frequent staff shortages in the rural and northern regions where they are located, limiting the implementation of non-pharmacological interventions (hydration, mobilization, etc.).
 - The limited number of allophone facilities explains the high proportion of allophones living in a discordant situation, which could amplify the risks.

POLICY CONSIDERATIONS:

- **Reduce language discordance:** Integrate residents' preferred language into admission processes and promote their placement in linguistically concordant facilities whenever possible.
- **Strengthen clinical training:** Offer targeted training to staff to ensure safer and more appropriate prescriptions and a better understanding of specific language-related needs.
- **Strengthen human resources:** Address staff shortages, particularly in rural Francophone facilities, to enable effective non-pharmacological approaches.
- **Improve linguistic communication:** Ensure the availability of trained interpreters or multilingual staff to facilitate communication between residents and healthcare teams.
- **Recognize language as a determinant of health:** Integrate the linguistic dimension into the planning and evaluation of health services in Ontario.

For more information, see:

Reaume, M., Peixoto, C., Pugliese, M. et al. The impact of patient-facility language discordance on potentially inappropriate prescribing of antipsychotics in long-term care homes in Ontario, Canada: a retrospective population health cohort study. *BMC Geriatr* 24, 889 (2024).
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