Psychotropic Drug Use
– To Medicate or Not to Medicate?

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Learning Objectives

Participant Will:

 Name 3 Indications for the Use of Psychotropic Meds
 Be Able to Explain a Viable Behavior Management Plan
 Discuss the Physician Role in Psych Med Reduction
 Define the role of the administrator in the successful launch of management plans to effectively use psychotropics in the facility

Resources

● State Operations Manual (F309/329)
● SOM – F248 Activities
● National Plan to Treat Alzheimer’s Disease
  http://aspe.hhs.gov/daltcp/napa/#Plan
● NYS DOH EDGE (Electronic Dementia Guide for Excellence) Project
  https://www.health.ny.gov/diseases/conditions/dementia/edge/index.htm
● CMS National Partnership to Improve Dementia Care in Nursing Homes
  https://www.health.ny.gov/diseases/conditions/dementia/edge/index.htm
Regulatory Overview

- Regulation
- F309: §483.25 Quality of Care
  
  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Review of Care and Services for a Resident with Dementia

- Use this guidance for a resident with dementia. If the resident is receiving one or more psychopharmacological agents, also review the guidance at F329, Unnecessary Drugs.

Regulatory Overview

- F329: §483.25(l) Unnecessary Drugs
  
  Antipsychotic Drugs.
  
  Based on a comprehensive assessment of a resident, the facility must ensure that:
  
  (i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and
  
  (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

Regulatory Overview

- Survey & Certification Letter 13-35
  
  Dementia Care in Nursing Homes: Clarification to Appendix P State Operations Manual (SOM) and Appendix PP in the SOM for F309 – Quality of Care and F329 – Unnecessary Drugs
  
  Published May 24, 2013

  Partnership to Improve Dementia Care in Nursing Homes. The goal of this Partnership is to optimize the quality of life and function of residents in America’s nursing homes by improving approaches to meeting the health, psychosocial and behavioral health needs of all residents, especially those with dementia.
Use of Antipsychotic Medication

CMS states that “medications may be ineffective and are likely to cause harm if given without”:

Clinical Indication (F329)

All interventions, including medications need to be monitored for efficacy, risks, benefits, and harm.

Regulatory Guidance Review

CMS frowns upon use of Psychotropic Meds as a "Quick Fix" for behavioral symptoms or as a substitute for a holistic approach that involves:

1. Assessment for underlying causes of behaviors
2. Individualized person-centered Interventions
3. Non-Pharmacologic Interventions

Regulatory Guidance Review

1. CMS Further States:
   - Antipsychotic medications are frequently prescribed for residents with dementia who have behavioral or psychological symptoms of dementia (BPSD).
   - The term BPSD is used to describe behavior or other symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause.
Black Box Warning

The Food & Drug Administration (FDA) Black Box Warnings Regarding Atypical Antipsychotics in Dementia provides, "Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo."

7 Principles of Dementia Care

1. **Person-Centered Care:**
   Recognizing individual needs and preferences.

2. **Quality and Quantity of Staff:**
   The nursing home must provide staff both in terms of quantity and quality to meet the needs of the residents as determined by Resident Assessments and individual plans of care.

3. **Thorough Evaluation of New or Worsening Behaviors:**
   Residents who exhibit new or worsening BPSD should have an evaluation by the IDC team, including the physician; in order to identify and address treatable medical, physical, emotional, psychiatric, psychological, functional, social and environmental factors contributing to behaviors.
7 Principles of Dementia Care

4. Individualized Approaches to Care:
Utilizing a consistent process that focuses on a Resident’s individual needs and tries to understand behavior as a form of communication may help to reduce behavioral expressions of distress in some Residents.

5. Critical Thinking Related to Anti-Psychotic Drug Use:
In certain cases, Residents may benefit from the use of medications. The Resident should only be given medication if clinically indicated and as necessary to treat a specific condition and target symptoms as diagnosed and documented in the record. Residents who use antipsychotic drugs must receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

6. Interview with Prescribers:
CMS documents that “None of the Guidance to Surveyors” should be construed as evaluating the Practice of medicine.
- Surveyors are instructed to evaluate the process of care.
- Surveyors will interview the Attending Physicians, NP/PA Behavioral Health Specialist, Pharmacist and any other team members to better understand the reasons for using a psychopharmacological agent; or any other interventions for a specific resident.
7 Principles of Dementia Care

7. Engagement of Resident and/or Representative in Decision Making:
   In order to ensure judicious use of psychopharmacological medications, Residents and or Family/Representative must be involved in the discussion of potential approaches to address behavioral symptoms.
   • These discussions with the Resident and/or Family/Representative should be documented in the medical record.

Family Involvement

CMS expects that the resident and family/representatives, to the extent possible, are involved in helping staff to understand the potential underlying causes of behavioral distress and to participate in the development and implementation of the resident’s care plan. Residents have the right to be informed about their medical condition, care and treatment; they have the right to refuse treatment and the right to participate in the care plan process (See F154, F155, F242, F279, F280).

Document Resident/Family Notification

Facilities should be able to identify how they have involved residents/families/representatives in discussions about:
   • Potential approaches to address behaviors
   • Potential risks and benefits of a psychopharmacological medication (e.g., FDA black box warnings)
   • Proposed course of treatment
   • Expected duration of use of the medication
   • Use of individualized approaches
   • Plans to evaluate the effects of the treatment, and pertinent alternatives.

The discussion should be documented in the resident’s record (See F154).
CMS & Approach to Care Process

It is expected that the resident’s record reflects the implementation of the following care processes:

A. Recognition and Assessment;
B. Cause Identification and Diagnosis;
C. Development of Care Plan;
D. Individualized Approaches and Treatment;
E. Monitoring, Follow-up and Oversight;
F. Quality Assessment and Assurance

Recognition & Assessment

The Resident’s record should reflect comprehensive information about the person including but not limited to:

- Past life experiences
- Description of behaviors
- Preferences for daily routine i.e. food, music, exercise etc.
- Oral health
- Presence of pain
- Medical conditions
- Cognitive status related abilities and medications (See F272/CAAs)

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Recognition & Assessment

The Medical Record Must Reflects the Evaluation of (at a minimum)

- How the resident communicates physical needs such as pain, discomfort, hunger, thirst as well as emotional and psychological needs such as frustration and boredom; or a desire to do or empress something that he/she can’t articulate.
- The Resident’s visual and current cognitive patterns, mood and behavior and whether these present a risk to the Resident or others.
- How the Resident typically displays personal distress such as anxiety or fatigue.

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Recognition & Assessment

This information enables an understanding of the individual and provides a basis for cause identification (based on knowing the whole person and how the situation and environment may trigger behaviors) and individualized interventions.

Cause Identification and Diagnosis

Uses the Information Collected to Help Identify the physical, psychosocial, environmental and other potential causes of behavior and related symptoms

- Staff, and MD, should identify possible risk and causal/contributing factors for behaviors, such as:
  - Presence of co-existing medical or psychiatric conditions, including acute/chronic pain, constipation, delirium and others, or worsening of mental function; and/or
  - Adverse consequences related to the resident’s current medications (See F329).

If medical causes are ruled out, the facility should attempt to establish other root causes of behavior:

- Boredom: lack of meaningful activities or stimulation during customary routines.
- Anxiety: related to changes in routine such as shift changes, unfamiliar or different caregivers, change of roommate, inability to communicate.
- Care Routine: i.e.: bathing, that are inconsistent with preferences.
- Personal Needs: not being met appropriately or sufficiently, such as hunger, thirst, constipation;
- Fatigue: lack of sleep or change in sleep patterns

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Cause Identification and Diagnosis

- **Environmental Factors:**
  - Noise levels that can cause delusions or hallucinations
  - Overhead Pages,
  - Alarms, etc. Causing Delusions or Hallucinations
- **Mismatch:** Between activities and routines selected and the Resident's cognitive and other abilities to participate i.e.: Resident progressed from mid-stage dementia to later stages of Dementia

Development of Care Plan

The Care Plan should reflect:

- Baseline and ongoing details of common behavioral expectations and expected outcomes to interventions
- Specific goals for monitoring interventions and effectiveness in responding to target behaviors and expressions of distress
  - Review F248 – Activities for CMS
  - Suggestions for Non-Pharmacological Interventions

Development of Care Plan

Care Plan Development For Antipsychotic Medication:

- Indication/rational for use
- Dosage/duration
- Specific target behaviors
- Monitoring for efficacy
- Expected outcomes
- Adverse reactions
- Plan for GDR (F329)
**Individualized Approaches & Treatment**

- Implementation of the Care Plan
  - Identify and document specific target behaviors, expressions of distress and desired outcomes (See F279 and F514); and
  - Implement appropriate, individualized, person-centered interventions and document the results (See F240, F309, F329 and F514);
  - Communicate and consistently implement the care plan, over time and across various shifts (See F282 and F498).

**Monitoring and Follow-Up**

- Monitoring and follow-up of care plan implementation includes:
  - Staff monitors and documents the implementation of the care plan;
  - Identifies effectiveness of interventions
  - Physician/staff adjusts the interventions based on the effectiveness and/or adverse consequences related to treatment (See F280, F329 and F428)
  - Notify Physician of adverse consequences/side effects of medication (F157, F385, F428)
  - Physician does not provide a timely or appropriate response to the notification, contact the Medical Director for further review, and if the medical director was contacted, he/she must respond and intervene as needed (See F501).
Quality Assessment and Assurance

- This guidance addresses the evaluation of a facility’s systemic approaches to deliver care and services for a resident with dementia.
- Did the facility discuss, assess and develop a plan for Dementia Care?
- Does the facility’s policies reflect systemic approach to Dementia Care?
- Trained Staff?
- Monitored Staff Implementation of Plan?
- Sufficient Staff to Implement Plan?
- Whether staff collect and analyze data to monitor the pharmacological and non-pharmacological interventions used to care for residents with dementia?

Pharmacological Medication

- Pharmacological Interventions: In certain cases, residents may benefit from the use of medications. For example, a person who has a persistent, frightening delusion that she has left her children unattended and that they are in danger is inconsolable most of the day or night despite a number of staff and family approaches to address this fear. If other potential causes are ruled out, the team may determine that a trial of a low dose antipsychotic medication is warranted.

Pharmacological Medication

- If a psychopharmacologic medication is initiated or continued:
  - What was the person trying to communicate through their behavior?
  - What were the possible reasons for the person’s behavior?
  - What other approaches and interventions were attempted prior to the use of the antipsychotic medication?
  - Was the family or representative contacted prior to initiating the medication?
  - Was the medication clinically indicated and/or necessary to treat a specific condition as diagnosed and documented in record?
  - Was the medication adjusted to the lowest dose possible?
  - Were gradual dose reductions planned and behavioral interventions, unless clinically contraindicated, provided in an effort to discontinue the medication?
  - Was the interdisciplinary team, including the primary care practitioner, involved in the care planning process; and
  - How does the staff monitor for the effectiveness and possible adverse consequences of the medication?
Quality Measure

Antipsychotic Med Use

Percent of Short and Long Stay Residents That Newly Received Antipsychotic Medication

Exclusions:

- Any patient with initial assessment indicating antipsychotic drug use
- Any of the following related conditions are present on any of the assessments:
  a. Schizophrenia (I6000 = [1]).
  b. Tourette’s Syndrome (I5350 = [1]).
  c. Huntington’s Disease (I5250 = [1]).

CMS Revised Guidelines F329

INDICATIONS FOR USE -

- Schizophrenia
- Schizo-affective disorder
- Schizopreniform disorder
- Delusional disorder
- Mood disorders (e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features)
- Psychosis in the absence of dementia
- Medical illnesses with psychotic symptoms (e.g., neoplastic disease or delirium) and/or treatment related psychosis or mania (e.g., high-dose steroids)
- Tourette’s Disorder
- Huntington disease
- Hiccups (not induced by other medications)
- Nausea and vomiting associated with cancer or chemotherapy

Behavior Notes

Contents of a Behavior Note Should Include:

- Precipitating Factors to Behavior
- Description of Behavior Exhibited
- Non-pharmacological interventions attempted
- Residents Response

Notes to be written:

1. Before Administering PRN Psych Med
2. Incorporated into Daily/Weekly/Monthly Note
What Do We Need To Do?

- Develop a Dementia Care Philosophy
- Develop Dementia Care Program
  - Assessment (Functional and Behavioral)
  - Behavior Cause Identification
  - Approaches to Dementia Care Programming
- Develop Individualized Dementia Care Plans
  - Based on Residents Past Likes/Activities/Work
- Environmental Considerations
  - Noise Levels
  - Quiet Area
  - Clusters vs. Large Group Programs

What Do We Need To Do?

- Intensive Staff Education
  - Nursing Staff
  - TR Staff
  - ALL STAFF
- Develop QAPI Program
  - Facility Wide Involvement
  - Aggressive Campaign
  - Family Involvement

A Word on Surveys

- CMS PILOT FOCUSED SURVEYS
  - Dementia Care
    - Psych Med Use
    - Dementia Assessment
    - CCP Development/Implementation/Effect
  - MDS 3.0
    - Accuracy of Assessment
    - CCP Development/Effectiveness
CMS Focused Dementia Care Surveys!

- April 18, 2014 – S&C Letter
  - CMS is currently developing a focused survey process to assess dementia care
  - Pilot of this survey to start mid 2014
  - The intent of the dementia care focused survey is to document dementia care practices in nursing homes
  - To evaluate issues such as symptom (e.g., pain) management, decision-making, caregiver stress, and others related to comprehensive dementia care in nursing homes

CMS Focused Dementia Care Surveys!

- CMS Goal:
  - To more thoroughly examine the process for prescribing antipsychotic medication
  - To assess other dementia care practices in nursing homes
  - To gain new insights about surveyor knowledge, skills, and attitudes
  - Ways that the current survey process may be streamlined to more efficiently and accurately identify and cite deficient practice
  - To recognize successful dementia care programs

CMS Focused MDS 3.0 Survey

- MDS 3.0 Accuracy and Care Planning
  - Coding Practices
  - Care Plan Development

CMS recognizes that the MDS 3.0 also supports resource utilization group (RUG) scores and associated Medicare and, in some cases, Medicaid payment rates, quality monitoring, and more.
CMS Focused Surveys

**Enforcement Implications:**
- Deficient practices noted during the survey will result in relevant citations.
- In the event that additional care concerns are identified during on-site reviews, those concerns will be investigated during the survey or will be referred to the SA as a complaint for further review.
- The OIG has been pressuring CMS to reduce fraud and waste, and part of its 2014 Work Plan includes reviews of Med A billing and questionable billing patterns for Part B.

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**LAST THOUGHTS**

- Take on the Initiative to Change Dementia Care In Your Facility
- Involve Physicians in Initiative to Reduce Antipsychotic Med Use
- Share Your Success With One Another
- Train Staff – Train Staff – Train Staff!

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**QUESTIONS ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ??? ???