- Single-side print
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Dementia Training Australia

Optimising antipsychotic medication management for responsive behaviour

Quick Reference Cards

www.dta.com.au

This set of reference cards provides a quick referral point for staff caring for people with dementia in residential aged care facilities.
The information is focused on the management of antipsychotic medications for responsive behaviour.
These cards provide general information only and do not claim to reflect all considerations. As with all guidelines, the recommendations may not be appropriate for use in all circumstances. This guide is not intended to be used for the management of patients with acute severe behavioural disturbance.

When using these cards it is critical to ensure that a person-centred approach to care is adopted at all stages. This is fundamental in the provision of high quality care, particularly when supporting a person with changed behaviour associated with dementia.

This resource was originally produced by the Western Australian Dementia Training Study Centre, School of Pharmacy, Curtin University, with expert advice from Louis Anastasas, Dr Nicholas Bretland, Sandy Crowe, Alison Ilijovski, Anne Moehead, Cathy Nicol and Ann Toh. It is now distributed by Dementia Training Australia. Dementia Training Australia is supported by funding from the Australian Government under the Dementia and Aged Care Services Fund.

Dementia Training Australia

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MANAGEMENT PLAN

ANTIPSYCHOTIC MANAGEMENT PLAN

Stage One

Identify the target responsive behaviour and **liaise with the prescriber**

1. **Exclude delirium/depression, adverse drug effects or interactions, infection or pain by liaising with the prescriber**. Consider a medication review. Refer to appropriate guidelines to manage any identified causes.
2. If available, contact your in-house dementia specialist for advice regarding **first-line non-pharmacological** interventions. For further advice contact Dementia Support Australia (DSA) on **1800 699 799**.
3. **Review** and **amend** the current care plan, ensuring a focus on individualised, person-centred care strategies.
4. Should these measures adequately manage the responsive behaviour, **maintain** care provision using the amended care plan, with regular **monitoring** and **review**.
5. **If the responsive behaviour cannot be resolved, see over.**

ANTIPSYCHOTIC MANAGEMENT PLAN

MANAGEMENT PLAN CONT.

Unresolved responsive behaviour

If modification of care provision does not adequately manage the behaviour, **liaise with the prescriber**.

Whilst pharmacological management **may** be considered at this time; **non-pharmacological** approaches should be maintained throughout.

An antipsychotic medication should only be considered for use in a person with dementia for:

a. **Distressing psychosis or**

b. **A behaviour that is harmful/ severely distressing to the individual or puts others at risk.**

Most other symptoms are unlikely to respond to treatment with an antipsychotic medication.

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MANAGEMENT PLAN CONT.

Stage Two

If an antipsychotic is to be trialled:
Suggested Plan

1. Commence antipsychotic medication using a **regular low dose** (refer to ***FOR PRESCRIBERS: STARTING A REGULAR ANTIPSYCHOTIC*** card).
2. **Monitor** for ongoing response and **potential side-effects** (refer to ***POTENTIAL SIDE-EFFECTS*** card):
   a. If **side-effects** develop **at any stage**, immediately contact the prescriber.
   b. **Maintain non-pharmacological** approaches.
3. **Review** after **2 to 4 days** for effectiveness:
   a. If no/inadequate response, contact prescriber and consider increasing the dose.
   b. If tolerated and effective, continue treatment.

REMINDER STICKERS are available to assist; place them in the Communication Book or Resident Notes as appropriate.

ANTIPSYCHOTIC MANAGEMENT PLAN

ANTIPSYCHOTIC MANAGEMENT PLAN

MANAGEMENT PLAN CONT.

Stage Two (cont.)

4. At **1 to 2 weeks**, prescriber to **review** for response and **side-effects**:
   a. If the antipsychotic is ineffective/not tolerated, **cease** it. Should an alternative antipsychotic be trialled, return to Step 1.
   b. If the antipsychotic is tolerated and effective, continue treatment. **Monitor** for response and **side-effects**, **maintain non-pharmacological** approaches.
   c. Discuss and develop a **withdrawal** plan with the prescriber. Prescriber to initiate **withdrawal** plan; aiming to **cease** no later than **12 weeks** (refer to ***WITHDRAWAL PLAN*** card).
5. At **6 weeks**, prescriber to **review** for response and **side-effects**. Repeat Step 4a and 4b. Consider **withdrawal** if not already initiated.
6. At **12 weeks**, prescriber to **review** for resolution of the target responsive behaviour.
7. If the target responsive behaviour reoccurs after dose reduction or cessation (refer to ***WITHDRAWAL PLAN*** card).

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STARTING A REGULAR ANTIPSYCHOTIC

FOR PRESCRIBERS: STARTING A REGULAR ANTIPSYCHOTIC

If an antipsychotic is to be trialled:

Antipsychotic	Regular dose
*Risperidone**	Initially 0.25 mg orally, once or twice daily. Increase if needed by 0.25 mg every two or more days. Maximum of 2 mg daily.
OR	
Olanzapine†	Initially 2.5 mg orally, daily. Increase if needed by 2.5 mg every two or more days. Maximum of 10 mg daily in one or two divided doses.

* Risperidone is the only antipsychotic approved by the Therapeutic Goods Administration (TGA) for treatment of responsive behaviour in Australia; this approval is for a maximum of 12 weeks treatment in people with moderate to severe Alzheimer's disease.

† Like all antipsychotics aside from risperidone, in Australia olanzapine is not TGA-approved for the treatment of responsive behaviour.

- **Non-pharmacological** strategies must be trialled first and maintained throughout all stages.
- Antipsychotics are **NOT first-line**.
- Use antipsychotics with **extreme caution** in people with dementia with Lewy bodies or Parkinson's disease dementia.

ANTIPSYCHOTIC POTENTIAL SIDE-EFFECTS

POTENTIAL SIDE-EFFECTS

Changed Movement

- Tremors, rigid muscles
- Changes in gait
- Facial twitching, drooling
- Increased wandering

Central Nervous System

- Sedation
- Confusion
- Delirium

Cardiovascular and Metabolic

- Low blood pressure - dizziness, falls
- Elevated heart rate
- Swelling - legs or ankles
- Increased appetite
- High blood sugar
- Constipation

- This list is not exhaustive; many others may occur.
- Some side-effects may not occur immediately, and may take days to weeks to manifest.
- Monitor for side-effects regularly throughout treatment.

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WITHDRAWAL PLAN

Suggested withdrawal plan for an antipsychotic:

1. Discuss and develop a **withdrawal** plan with the prescriber once an antipsychotic is tolerated and effective.
2. Prescriber to initiate **withdrawal** plan; aiming to cease no later than **12 weeks**.
3. To begin **withdrawal**, halve the dose every **2 weeks**, ceasing after **2 weeks** on the minimum dose.
4. Prescriber and care team to regularly **monitor** and **review** for **side-effects** and responsive behaviour recurrence.
5. If the target responsive behaviour reoccurs at any point in the **withdrawal** process, **liaise with the prescriber** and consider increasing to the previous lowest effective dose.
6. After cessation:
   a. If the target responsive behaviour reoccurs return to **Stage One**.
   b. If the target responsive behaviour is no worse once the antipsychotic is ceased, continue to **maintain non-pharmacological** approaches.

ANTIPSYCHOTIC WITHDRAWAL PLAN

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