

ANTIPSYCHOTICS – For Dementia with BPSD

(Behavioural and Psychological Symptoms of Dementia)

INITIATION: PART 1 – Long-term Care

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the prescriber. Boxed orders () require prescriber check mark () to be initiated.

- ALLERGIES:** See Allergy / ADR record
- DIAGNOSIS** – type of dementia: _____
(Does not apply to antipsychotic medication when prescribed for another indication such as schizophrenia, mood disorder, or delirium)
- INDICATION** (targeted symptoms – describe behaviors)
Physical aggression _____
Verbal aggression _____
Psychotic symptoms (hallucinations / delusions) _____
Other (e.g. sexually inappropriate behaviour) _____
See over for list of behavioral and psychological symptoms in dementia (BPSD) that may not be amenable to antipsychotic treatment.
- CONFIRMATION** (all should apply)
Assessment of target symptoms has been completed per BC BPSD Algorithm, which is available at: <https://www.bcbpsd.ca>
Behaviour has not responded to comprehensive non-pharmacologic treatment plan, including removal of possibly offending drugs, and / or behaviour is dangerous, distressing, disturbing, damaging to social relationships and persistent. *(P.I.E.C.E.S Resource Guide 2006)*
- CONSENT FOR TREATMENT**
Emergency
****OR****
Risk / benefits discussion with resident *(if capable)* or Substitute Decision Maker (SDM) *(if incapable)*.
(See over for list of possible side effects).
- MEDICATION – REGULAR DOSE** *(CHOOSE ONE – SEE OVER FOR COMMONLY USED ANTIPSYCHOTICS AND DOSES – THE LIST IS NOT ALL INCLUSIVE)*
(THESE ARE FOR TABLETS. WRITE ORDER ('OTHER DRUG' LINE) IF AN ALTERNATE DOSAGE FORM (E.G. LIQUID, QUICK DISSOLVE, M TAB, XR) OR ROUTE (IM,SC) IS REQUIRED.)
 - risperiDONE** _____ mg PO DAILY in the morning
****OR****
 - OLANzapine** _____ mg PO HS
****OR****
 - QUETiapine** _____ mg PO BID
****OR****
 - loxapine** _____ mg PO BID
****OR****
 - Other Drug _____ Dose _____ Route _____ Interval _____
- MEDICATION – PRN DOSE**
 Other Drug _____ Dose _____ Route _____ Interval _____
Maximum daily dose _____ Indication _____
- MONITORING**
 - Review effectiveness and side effects in one week *(date: _____)*.
If dose change required, use Part 2 – Antipsychotics for Dementia with BPSD – Titration PPO, Form # 829317

Date (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
/ /			

Accommodating and Managing Behavioural and Psychological Symptoms in Dementia (BPSD) in Long-term Care

EXAMPLES OF BPSD USUALLY NOT AMENABLE TO ANTIPSYCHOTIC TREATMENT

- Wandering
- Hiding & hoarding
- Repetitive activity
- Vocally disruptive behaviour
- Inappropriate (un)dressing
- Tugging at seatbelts
- Inappropriate voiding
- Eating inedible objects
- Pushing wheelchair-bound co-residents

Note: avoid use of antipsychotics if possible for clients with dementia due to Parkinson's or Lewy Body. Cholinesterase Inhibitors are first line treatment for clients with psychosis associated with these dementias.

INFORMED CONSENT

Risks to be discussed with patient (if capable) and/or SDM should include, but not limited to, the following side effects:

- Oversedation
- Risk of falls
- Confusion
- Postural hypotension
- Extra pyramidal symptoms
- Tardive dyskinesia
- Metabolic syndrome
- Stroke
- Prolonged QTc
- Increased mortality

EXAMPLES OF COMMONLY USED ORAL ANTIPSYCHOTIC DOSAGES FOR ELDERLY*

This information is intended as a guide only. For full prescribing information, please see product monograph for each drug.

Medication	Starting Dose (mg)	Dosing Frequency	Incremental Dose (mg)	Average Total Daily Dose (mg)
risperiDONE	0.25	DAILY / BID	0.25 Q3-7DAYS	1
OLANZapine	1.25 to 2.5	HS / BID	1.25 to 2.5 Q3-7DAYS	5
ARIPiprazole	2	DAILY	2 to 5 Q WEEKLY	10
QUETiapine	12.5 to 25	BID / TID / HS (if XR)	12.5 to 25 Q3-7DAYS	150
loxapine	2.5	BID	2.5 to 5 Q3-7DAYS	20
haloperidol	0.25 to 0.5	DAILY / BID	0.25 to 0.5 Q3-7DAYS	2

* other antipsychotic agents are available – consult with pharmacist before ordering.

AVAILABLE ANTIPSYCHOTIC MEDICATIONS (Note: strengths in **bold** are on the IH formulary)

Medication	Formulation	Strengths (mg)	Other information
risperiDONE	tablet	0.25, 0.5, 1, 2, 3, 4	
risperiDONE	'M' tablet	1, 2	oral disintegrating tablet
risperiDONE	oral liquid	1 mg/mL	30 mL bottle with calibrated pipette
OLANZapine	tablet	2.5, 5, 7.5, 10, 15, 20	tablets are not scored for ½ doses, may require special authority form
OLANZapine	'ODT'	5, 10, 15, 20	oral dissolving tablet, may require special authority form
ARIPiprazole	tablet	2, 5, 10, 15, 20, 30	tablets are not scored for ½ doses. Non formulary in IHA facilities for dementia indication, consult online formulary for current status. Provincially requires Pharmacare special approval.
QUETiapine	tablet	25, 100, 200, 300	tablets are not scored for ½ doses
QUETiapine	XR tablet	50, 150, 200, 300 , 400	once daily, evening
loxapine	tablet	2.5, 5, 10, 25, 50	
loxapine	injectable	50 mg/mL	intramuscular
haloperidol	tablet	0.5, 1, 2, 5, 10	tablets are not scored for ½ doses
haloperidol	injectable	5 mg/mL	intramuscular