

ANTIPSYCHOTICS – For Dementia with BPSD
(Behavioural and Psychological Symptoms of Dementia)
TAPER: PART 3 – 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.

IF TARGET SYMPTOMS ARE STABLE AT 3 TO 6 MONTHS, CONSIDER TAPERING DOSE
1. ALLERGIES: See Allergy / ADR record

2. DIAGNOSIS – type of dementia: _____
Do not routinely stop antipsychotic medication when prescribed for another indication such as schizophrenia or mood disorders.
3. CURRENT ANTIPSYCHOTIC

- Drug, dose, frequency: _____
- Date started: _____ Date of last dose change: _____
- Antipsychotic PRN used?
 No Yes: _____

DRUG
DOSE
NUMBER OF PRN DOSES PER WEEK
4. INITIAL TARGET SYMPTOMS (describe behaviour)

Physical aggression _____

Verbal aggression _____

Psychotic symptoms (hallucinations/delusions) _____

Other: _____

Have these symptoms improved enough in frequency and/or intensity to titrate dose down? No Yes

Drug related problems (see over for examples of possible side effects) List: _____

5. NEW ORDER (IF TARGET SYMPTOMS ARE STABLE AT 3 TO 6 MONTHS, CONSIDER TAPERING DOSE)

Gradual dose reduction is safe and often markedly improves the resident's function.

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- Maintain Dose
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- Titrate Dose Down

6. MEDICATION – DOSE REDUCTION TRIAL (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 _____ (reduce daily dose by 0.25 mg)
****OR****
- OLANZapine** _____ mg PO _____ (reduce daily dose by 1.25 to 2.5 mg)
****OR****
- QUetiapine** _____ mg PO _____ (reduce daily dose by 12.5 to 25 mg)
****OR****
- loxapine** _____ mg PO _____ (reduce daily dose by 2.5 mg)
****OR****
- Other Drug _____ Dose _____ Route _____ Interval _____

7. MONITORING – DOSE REDUCTION TRIAL (RAPID OR ABRUPT DECREASE MAY CAUSE WITHDRAWAL DYSKINESIA)

- Observe daily for target symptom recurrence.
- Review every 2 to 4 weeks for further dose reduction if target symptoms are reduced or manageable.
- Date of next review: _____

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