

ANTIPSYCHOTICS – For Dementia with BPSD
(Behavioural and Psychological Symptoms of Dementia)
TITRATION/REVIEW: PART 2 –

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.

1. ALLERGIES: See Allergy /ADR record

2. DIAGNOSIS – type of dementia: _____
(Does not apply to antipsychotic medication when prescribed for another indication such as schizophrenia, mood disorder, or delirium)
3. CURRENT ANTIPSYCHOTIC

- Drug, Dose, Frequency: _____
- Date started: _____ Date of last dose change: _____
- Antipsychotic PRN used? Drug and dose: _____
 No Yes – Number of PRN doses used per week _____

4. INDICATION FOR REVIEW

- New admission under review
- Current antipsychotic and dose requires review
- Initial target symptoms have not improved in frequency and /or intensity
- Drug related problems *(see over for examples of possible side effects)* List: _____

- Other: _____

5. MEDICATION / DOSE

- Continue current medication / dose Continue current PRN
- Titrate dose to _____ mg PO _____ *(see over for dosages)*
- Titrate PRN to _____ mg PO _____
(include indication, interval and maximum daily dose)
- Discontinue current medication Discontinue current PRN
- Start new medication *(see over for commonly used antipsychotics and doses – the list is not all inclusive)*
 Drug _____ Dose _____ Route _____ Interval _____
- Start new PRN *(include indication, interval and maximum daily dose)*
 Drug _____ Dose _____ Route _____ Interval _____
 Maximum daily dose _____ Indication _____

6. MONITORING

- Re-assess effectiveness and side effects in 2 to 4 weeks. Date of next reassessment: _____
- Progress reviewed with resident *(if capable)* or Substitute Decision Maker (SDM) *(if incapable)*
- If target symptoms stable at 3 to 6 months then consider medication taper *(use Part 3 – Antipsychotics for Dementia with BPSD – Taper PPO, Form # 829318)*. Date of next reassessment: _____

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