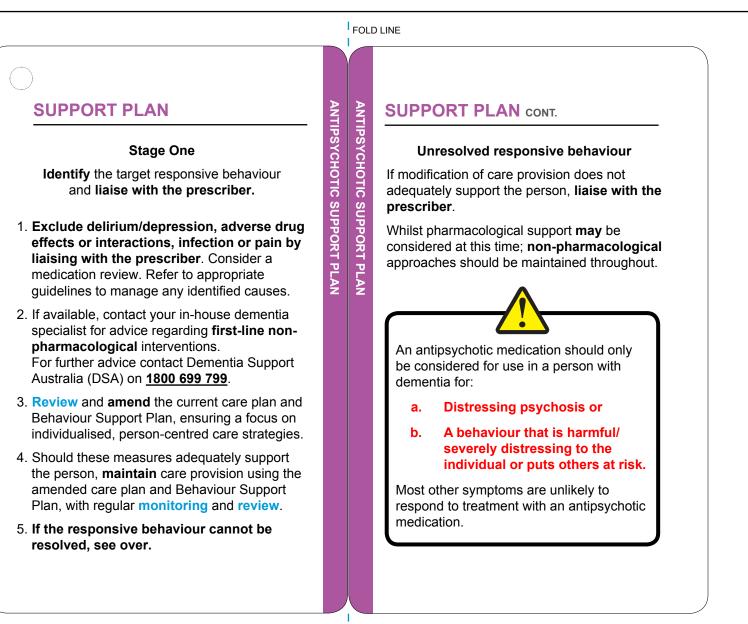


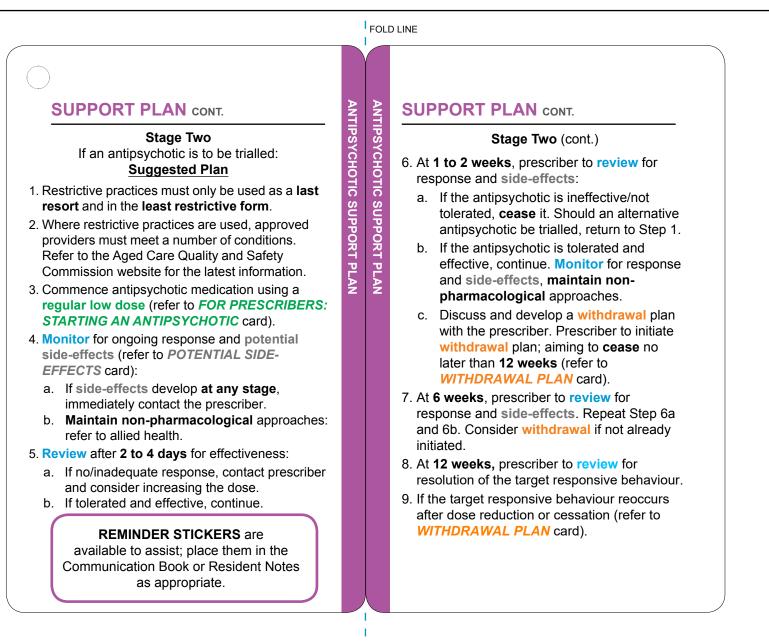


DTA Quick Reference Cards - Minimising antipsychotic medications for responsive behaviours, may be printed without alteration for in-house use only. The cards are not to be distributed, edited or altered in any way without the permission of Dementia Training Australia.









DTA Quick Reference Cards - Minimising antipsychotic medications for responsive behaviours, may be printed without alteration for in-house use only. The cards are not to be distributed, edited or altered in any way without the permission of Dementia Training Australia.



**STARTING AN ANTIPSYCHOTIC** 

## FOR PRESCRIBERS: STARTING **AN ANTIPSYCHOTIC**

If an antipsychotic is considered necessary for agitation, aggression or psychotic symptoms associated with Alzheimer disease or mixed Alzheimer disease and vascular dementia (i.e. dementia that is not associated with Lewy bodies or Parkinson disease):

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

If an antipsychotic is considered necessary for agitation, aggression or psychosis of dementia associated with Lewy bodies (i.e. rivastigmine or donepezil is inadequate):

Antipsychotic	Regular dose
	Initially immediate-release 12.5mg to 25mg orally, once or twice daily. Increase if needed by 12.5mg to 25mg every two or more days. Maximum of 75mg twice a day.

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

† Like all antipsychotics aside from risperidone, in Australia olanzapine and quetiapine are not TGA-approved for supporting responsive behaviours.

## ANTIPSYCHOTIC POTENTIAL SIDE-EFFECTS

**ANTIPSYCHOTIC POTENTIAL SIDE-EFFECTS**  Non-pharmacological strategies must be trialledÁ first and maintained throughout all stages. · Antipsychotics are NOT first-line. • Use antipsychotics with **extreme caution** in Apeople with dementia with Lewy bodies or Arkinson's disease dementia. Use the lowest effective dose for the shortest. period of time. **Changed Movement** Cardiovascular / Metabolic • Tremors, rigidÁmuscles • Low blood pressure -• Ô@ee)\*^•Á§iÁ\*æãc dizziness. falls • Øæsædá: ãs@a \* Elevated heart rate • D![[|ā\* Swelling - legs or • Q&\^æ^åÁ æ}å^\ā\* ankles Increased appetite **Central Nervous System** · High blood sugar Sedation Constipation Confusion Delirium This list is not exhaustive; many others mavAoccur. Some side-effects may not occurÁ immediately, and may take days to weeks to Ananifest. Monitor for side effects regularly throughout: Af movement changes occur re-assess for falls Arisk and consider referral to physiotherapist.

DTA Quick Reference Cards - Minimising antipsychotic medications for responsive behaviours, may be printed without alteration for in-house use only. The cards are not to be distributed, edited or altered in any way without the permission of Dementia Training Australia.



FOLD LINE REFERENCES ANTIPSYCHOTIC WITHDRAWAL PLAN WITHDRAWAL PLAN Suggested withdrawal plan for an These cards are based on: Aged Care Quality and Safety Commission. (2021). Minimising the antipsychotic: use of restrictive practices. https://www.agedcareguality.gov.au/ minimising-restrictive-practices 1. Discuss and develop a withdrawal plan with Aged Care Quality and Safety Commission. (2021). Regulation of the prescriber once an antipsychotic is restrictive practices and the role of the Senior Practitioner, tolerated and effective. Restrictive Practices. Regulatory Bulletin; 13. 2. Prescriber to initiate withdrawal plan; aiming Aged Care Quality and Safety Commission. (2021). 6 steps for safe prescribing. https://www.agedcarequality.gov.au/sites/default/files/ to cease no later than 12 weeks. media/acqsc six steps for safe prescribing.pdf 3. To begin withdrawal, halve the dose every 2 Aged Care Quality and Safety Commission. February 2020. weeks, ceasing after 2 weeks on the minimum Psychotropic medications used in Australia information for aged dose. care. https://www.agedcareguality.gov.au/resources/psychotropicmedications-used-australia-information-aged-care 4. Prescriber and care team to regularly monitor Burns K, Jayasinha R, Tsang R, & Brodaty H. (2012). Behaviour and review for side-effects and responsive management – A guide to good practice managing behavioural and behaviour recurrence. psychological symptoms of dementia (responsive behaviours). https://dementia.com.au/resources/library/behaviour/behaviour-5. If the target responsive behaviour reoccurs at management-guide.html any point in the withdrawal process, liaise Darzins, A. (2006). Medical care of older persons in residential aged with the prescriber and consider increasing to care facilities. (4th ed). https://catalogue.nla.gov.au/Record/3800627 the previous lowest effective dose. Dementia. Pharmacological management of behavioural and 6. After cessation: psychological symptoms of dementia. (2022). In eTG complete. http://www.tg.org.au If the target responsive behaviour Reducing antipsychotic prescribing in dementia toolkit. reoccurs return to Stage One. (2014). https://www.prescqipp.info/resources If the target responsive behaviour is no

Rossi. S. (Ed). (2022). Psychotropics. Adelaide: Australian Medicines Handbook Pty Ltd.

Veterans' mates therapeutic brief 12 - Antipsychotics in dementia. (2007). https://www.veteransmates.net.au

a.

b.

worse once the antipsychotic is ceased,

continue to maintain non-

pharmacological approaches.

DTA Quick Reference Cards - Minimising antipsychotic medications for responsive behaviours, may be printed without alteration for in-house use only. The cards are not to be distributed, edited or altered in any way without the permission of Dementia Training Australia.