



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**.

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.

Stage Two

Suggested Plan: If an antipsychotic is to be trialled

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.
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** suitability for resolution of the target responsive behaviour.
7. If the target responsive behaviour reoccurs after dose reduction or cessation refer to **WITHDRAWAL PLAN** card.

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