

Dementia Antipsychotic Prescribing Guide

General Guidelines:

1. **Rule out reversible causes** prior to using a drug.
2. **Try non-drug management strategies first.**
3. **Clearly document treatment targets** (symptoms) before and after a treatment strategy is tried.
4. **Justify use of an antipsychotic.** The treatment target symptom must present a **danger to the person or others**, or cause the patient to experience one of the following:
 - inconsolable or persistent distress
 - a significant decline in function
 - substantial difficulty receiving needed care
5. **See Guidance for Special Populations**, if the patient has frontotemporal dementia, Parkinson's disease, Lewy body dementia, renal impairment, or hepatic impairment.
6. **Consider the impact of side effects on comorbidities** when choosing a drug, and **start with a low dose.**
7. **If the drug doesn't help, stop it** (use appropriate tapering).

Appropriate antipsychotic treatment targets: *

- Aggressive behavior (especially physical)
- Hallucinations (if distressing)
- Delusions (note: memory problems are often mistaken for delusions, e.g. thinks people are stealing lost items)
- Severe distress as described above in #4 General Guidelines

Inappropriate antipsychotic treatment targets: *

- Wandering
- Unsociability
- Poor self-care
- Restlessness
- Uncooperativeness without aggressive behavior
- Inattention or indifference to surroundings
- Verbal expressions or behaviors that do not represent a danger to the resident or others
- Nervousness
- Fidgeting
- Mild anxiety
- Impaired memory

Antipsychotic Efficacy

Evidence supports modest symptom improvements with **aripiprazole**, **haloperidol***, **olanzapine**, **quetiapine**, and **risperidone**, but not with use of other antipsychotics in dementia. All antipsychotics appear to increase risk of death. The table below summarizes the strength of evidence supporting the efficacy of each **atypical antipsychotic** for different symptom domains.

	Aripiprazole	Olanzapine	Quetiapine	Risperidone
Dementia overall	++	+	+	++
Dementia psychosis	+	+ / -	+ / -	++
Dementia agitation	+	++	+ / -	++

++ = moderate or high evidence of efficacy
 + = low or very low evidence of efficacy
 + / - = mixed results

*Haloperidol has shown efficacy for aggression in randomized trials

Adverse Effects Comparison Table

Drug Brand Name (daily dose range)	Aripiprazole <i>Abilify</i> (2-10 mg)	Haloperidol <i>Haldol</i> (0.25-2 mg)	Olanzapine <i>Zyprexa</i> (2.5-7.5 mg)	Quetiapine <i>Seroquel</i> (12.5-150 mg)	Risperidone <i>Risperdal</i> (0.25-2 mg)
Movement Side Effects ¹	■ ■ ■	■ ■ ■ ■	■ ■ ■	■ ■ ■ ■	■ ■ ■ ■
Central Nervous System					
Sedation	■ ■ ■	■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Confusion, delirium, cognitive worsening	■ ■ ■	0	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Worsening psychotic symptoms	0	0	■ ■ ■ ■ ■	0	0
Cardiovascular/Metabolic					
Orthostatic hypotension	■ ■ ?	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ?	■ ■ ?
Edema	■ ■ ?	0	■ ■ ■ ■ ■	0	■ ■ ■ ■ ■
Weight gain/glucose ↑	0	■ ■ ?	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Triglyceride ↑	0	0	■ ■ ■ ■ ■	■ ■ ■ ■ ■	0
Urinary incontinence, UTI	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■

■ = more boxes indicates greater risk. Colors are darker with increasing risk.
 ■ ? = evidence poor in dementia, but evidence in other conditions indicates some risk
 0 = no clear evidence that the drug causes this side effect in a clinically important way, or very rarely
¹ Movement side effects = Parkinsonism, akathisia (restlessness), dystonia, tardive dyskinesia