# Dementia Antipsychotic Prescribing Guide
## Dosing, Special Populations

### Dosing

**Timing:** Usually once daily at night or prior to sundowning. Beware of sedation-related adverse events if given earlier than bedtime.

| | **Starting Dose** (mg/day) | **Max Dose for Maintenance*** (mg/day) | **Special Dosage Forms**** |
|---|---|---|---|
| **Aripiprazole** | 2-5 | 10 | ODT, L , IM |
| **Haloperidol** | 0.25 | 2 | L , IM |
| **Olanzapine** | 2.5-5 | 7.5 | ODT, L , IM |
| **Quetiapine** | 12.5-25 | 150 | XR |
| **Risperidone** | 0.25-0.5 | 2 | ODT, L |

*per CMS regulations for long-term care facilities. Doses for acute treatment sometimes exceed maintenance doses.

**ODT = orally dissolving tablet, L = liquid, IM = short-acting intramuscular, XR = extended release.

**Dosage forms:**

- Regular tablets can be crushed and mixed with food if needed.
- IM antipsychotics used only in emergencies when oral is refused.
- Topical forms, e.g. compounded creams, not recommended. No evidence to guide proper dosing. Absorption is unknown and unpredictable.

### Guidance for Special Populations

**Frontotemporal dementia:** Some evidence for trazodone. Mixed for SSRIs. See Iowa Geriatric Education Center website for details.

**Parkinson's disease (PD) and Lewy body dementia (LBD):**
**-Movement disorder treatments** (dopamine agonists, carbidopa-levodopa, anticholinergics) can cause **psychosis or delirium**. Prior to antipsychotic use, consider reducing the dose of these drugs to see if the psychosis or behaviors resolve or become manageable.

**-**People with PD and LBD are **very sensitive to adverse effects**, particularly **movement side effects and neuroleptic malignant syndrome**. If antipsychotics are used, expert guidelines recommend **quetiapine or clozapine** due to lower movement side effect risk.

**Renal Impairment:** Reduce risperidone dose. Titrate slowly.

**Hepatic Impairment:** Possibly reduce dose of olanzapine, quetiapine, risperidone. Caution with all.

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## Monitoring for Response and Adverse Effects

### Monitoring for Response

**-Clearly document** treatment target symptoms. If the drug does not help, discontinue the drug. These symptoms may also change over time, with or without drug treatment.

**-Do not expect an immediate response.** Sedation may explain much of any immediate effect that is seen. Response may take 2-4 weeks.

**-Do not increase doses too quickly** if the patient doesn't respond right away. At a stable dose, drug blood levels may rise for several days to a week or more before reaching a steady state level.

**Increased doses lead to increased side effects.**

### Monitoring for Adverse Effects

Other possible adverse effects include: falls, constipation, urinary tract infection, urinary incontinence or retention, stroke, arrhythmias, and neuroleptic malignant syndrome.

| Side Effect | Monitoring |
|---|---|
| ***Movement Side Effects*** | Observation for tremor, gait changes, difficulty swallowing, signs of parkinsonism, restlessness (akathisia), unusual movements (tardive dyskinesia). |
| | Abnormal Involuntary Movement Scale (AIMS) at baseline, every 6 months, or if movement side effects are suspected. |
| ***Central Nervous System*** | |
| **Sedation** | Observation, sedation scale if needed. |
| **Confusion, delirium, or other cognitive worsening** | Observation for mental status or behavior changes. |
| | Delirium screening tool, e.g. CAM (Confusion Assessment Method) if delirium is suspected. |
| **Psychotic symptoms** | Observation for worsening symptoms. |
| ***Cardiovascular / Metabolic*** | |
| **Orthostatic hypotension** | Observation for signs of dizziness or falls. |
| | Orthostatic blood pressure (if feasible). Monthly, or if signs of dizziness occur. More frequent on initiation or after dose increase. |
| **Edema** | Observation for swelling of extremities. |
| **Weight gain** | Monthly weight. Consider weekly for 1 month if overweight. Watch for increased appetite. |
| **Hyperglycemia / Diabetes** | Blood glucose at baseline, 3 & 6 months, then q6 months. Also PRN symptoms or mental status change. Monitor symptoms: increased thirst, urination, hunger, weakness. |
| **Triglyceride ↑** | Fasting blood lipid panel at baseline, 3 & 6 months, then q6 months. Especially if patient has cardiovascular risk factors: e.g. obesity, diabetes, hyperlipidemia. |