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.