

# Dementia Antipsychotic Guide for Care Providers

## General Guidelines:

1. **Look for reversible causes** of behavioral and psychological symptoms prior to asking for a drug to treat them.  
Examples include medical problems, drugs, modifiable stressors.
2. **Try personalized care strategies first.** Keep using these strategies even if antipsychotics are used.
3. **Clearly document treatment targets** (symptoms) before and after a strategy or drug is tried. Include frequency, severity, time of day, and environmental or other triggers of symptoms.
4. **Use of an antipsychotic should be well-justified.** The treatment target symptom must present a **danger to the person or others** according to CMS guidelines for antipsychotic use in nursing homes and must also fail to respond to personalized care interventions. If symptoms are due to schizophrenia or related disorders, severe mood disorders or psychosis then antipsychotic use may be appropriate. In non-nursing home settings where these CMS regulations do not apply, many clinicians would consider antipsychotic use for persistent distressing symptoms related to hallucinations, delusions, or agitation, even if they do not clearly pose a danger to the patient or others. A key determinant is whether the antipsychotic appears to improve the patient's quality of life.
5. **Monitor for effectiveness and side effects.** (see other side)
6. **If the drug doesn't help, it should be stopped.**

## Appropriate Antipsychotic Treatment Targets:

- **Aggressive behavior** (especially physical)
- **Hallucinations:** seeing, hearing, smelling, tasting or feeling things that seem real to the person but not others. For example, hearing voices or seeing people who aren't there.
- **Delusions:** false personal beliefs that a person has in spite of evidence they aren't true. For example, thinks husband or wife is having an affair without reason, or family members are imposters.  
Note: memory problems are sometimes mistaken for delusions, e.g. thinks people are stealing items that were misplaced and forgotten.
- Possibly other severely distressing agitation (see #4 above).

## Inappropriate Antipsychotic Treatment Targets:

- Wandering
- Nervousness
- Not being social or friendly
- Fidgeting
- Poor self-care
- Mild anxiety
- Restlessness
- Impaired memory
- Uncooperativeness without aggressive behavior
- Not caring about what is going on around them
- Speech or behaviors that are not dangerous to the person or others

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## Monitoring for Response and Side Effects

### Monitoring for Response

- Clearly document** treatment target symptoms and whether they improve. The drug should be stopped if it does not help. Symptoms may change over time, with or without drug treatment.
- Do not expect an immediate response.** Sedation from the drug may explain much of any effect seen in the first few days.
- Do not ask for higher doses too quickly.** It may take several days to a week or more to see the full effect, depending on the drug (talk to prescriber for details). **Higher doses cause more side effects.**

### Monitoring for Side Effects

Side Effect	Report to RN or prescriber if these problems occur
<i>Movement Side Effects</i>	Tremors, tight muscles, changes in walking or falls, abnormal movements like face or eye twitching, drooling.
<i>Central Nervous System</i>	
Sedation	Sleepiness, slow to respond, hard to wake up.
Confusion, delirium, or other cognitive worsening	Worsening mental status compared to normal. Seems more confused; sedated or agitated; worsened communication abilities; problems paying attention; slower movements or speech. These may be a sign of a serious medical illness or a drug side effect.
Worsening psychotic symptoms (delusions or hallucinations)	<u>Hallucinations</u> : seeing, hearing, smelling, tasting or feeling things that aren't there. <u>Delusions</u> : false fixed beliefs that a person holds in spite of evidence they aren't true. Antipsychotics usually lessen these symptoms, but sometimes make them worse.
<i>Cardiovascular / Metabolic</i>	
Rapid drop in blood pressure on standing	Signs of dizziness or falls. Check an orthostatic blood pressure by checking the blood pressure when lying down then again shortly after standing. Drugs sometimes cause an unwanted drop in blood pressure.
Swelling	Swelling is most common in the legs and ankles, but can occur in other places.
Weight gain	Big increases in appetite. Hungry even after eating. Unwanted increases in weight.
High blood sugar	Confusion, increased thirst, frequent urination, unusual tiredness, blurred vision. Blood sugar can be checked to see if this might be the cause of these symptoms.
<i>Urinary Symptoms</i>	Changes in frequency—increased, or decreased with urinary retention. Worsened incontinence. Pain on urination. May be infection or drug-related problem.
<i>Constipation</i>	Fewer bowel movements. Hard stools. Poor appetite. Gut pain or distention.