



Minimising antipsychotic medications for responsive behaviours

* This guide is not intended to be used for the support of people with acute severe behavioural disturbance.

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 and Behaviour Support Plan, ensuring a focus on individualised, person-centred care strategies.
4. Should these measures adequately support the person, **maintain** care provision using the amended care plan and Behaviour Support Plan, with regular **monitoring** and **review**.

Unresolved responsive behaviour

If modification of care provision does not adequately support the person, **liaise with the prescriber**. Whilst pharmacological support **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.

Remember: Non-pharmacological strategies must be trialled first and maintained throughout; antipsychotics are **NOT** first-line; use the **lowest effective dose** for the **shortest period of time**; use antipsychotics with **extreme caution** in people with dementia with Lewy bodies or Parkinson's disease dementia.

Stage Two

Suggested Plan: If an antipsychotic is to be trialled

1. Restrictive practices must only be used as a **last resort** and in the **least restrictive form**.
2. Where restrictive practices are used, approved providers must meet a number of conditions. Refer to the Aged Care Quality and Safety Commission website for the latest information.
3. Commence antipsychotic medication using a **regular low dose** (refer to **FOR PRESCRIBERS: STARTING AN ANTIPSYCHOTIC** card).
4. **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: refer to allied health.
5. **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.
6. 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. **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).
7. At **6 weeks**, prescriber to **review** for response and **side-effects**. Repeat Step 6a and 6b. Consider **withdrawal** if not already initiated.
8. At **12 weeks**, prescriber to **review** for resolution of the target responsive behaviour.
9. If the target responsive behaviour reoccurs after dose reduction or cessation refer to **WITHDRAWAL PLAN** card.
10. **REMINDER STICKERS** are available to assist; place them in the Communication Book or Resident Notes as appropriate.