

# Supporting Care Homes

MEDICATION REVIEW OF PEOPLE ON ANTIPSYCHOTICS

GUIDANCE SHEET

## Why are antipsychotics used in dementia?

Antipsychotics are sometimes used to manage the psychological and behavioral symptoms of dementia. These include aggression, agitation and shouting. See overleaf for a list of antipsychotics commonly used for this purpose. Whilst it is important to manage these symptoms, inappropriate prescribing of antipsychotic medication can have significant consequences for the person.

## What are the risks?

The Banerjee report (published in 2009) highlighted a clear increased risk of stroke and a small increased risk of death when antipsychotics are used in elderly people with dementia.

## Why is it important to review antipsychotics?

The Banerjee report stated approximately 25% of residents with dementia are being prescribed antipsychotics but only 5% may benefit from treatment. Therefore, it is important that residents with dementia are only prescribed antipsychotics where they are really needed and where the benefits outweigh the risks.



**Remember: medication must never be stopped or reduced unless recommended by a doctor**

Any instruction from a GP to stop or reduce therapy must be recorded in the resident's individual care plan. During the reduction period the resident should be closely monitored and any behavioural or other changes recorded and reported to the GP.

## What will care homes see happening?

Residents with dementia who are receiving antipsychotic drugs will have undergone a clinical review and will be subject to ongoing monitoring to ensure that their care is compliant with current best practice and guidelines. These reviews are continuing and may result in the reduction or discontinuation of this medication. Care homes will need to ensure an individualised care plan is in place for each resident.

## What if I encounter difficulties?

If you have any concerns regarding an individual resident during the reduction or discontinuation process, please contact the resident's GP.

## What is the vision for the future?

To ensure:

- That every person with dementia on antipsychotic medication continues to receive a regular clinical review every three months.
- That their care meets current best practice guidelines.
- That every resident has an evidenced based, personalised care plan developed in partnership with them, their family and the multidisciplinary clinical team.

## List of antipsychotics prescribed to manage Behavioural and Psychological Symptoms in Dementia (BPSD) (for comprehensive list see [www.bnf.org](http://www.bnf.org))

Drug name (brand name)	BNF dose and unlicensed dose ranges for Behavioural and Psychological Symptoms in Dementia (BPSD)	Dose for other conditions (if used for these reasons the drug will not be reviewed as part of this work)
Risperidone (Risperdal <sup>®</sup> ) (only drug licensed for use in BPSD)	BNF: Usual dose 500micrograms (mcg) twice a day (up to 1mg twice a day has been required) BNF recommends short-term use (up to 6 weeks)	Up to 16mg a day for treatment of psychosis but usually up to a maximum of 6mg a day
Olanzapine (Zyprexa <sup>®</sup> )	No dose listed in BNF (unlicensed dose range 2.5mg to 10mg daily)	Up to 20mg a day for treatment of schizophrenia, bipolar disorder or as monotherapy for mania
Quetiapine (Seroquel <sup>®</sup> , Zaluron XL <sup>®</sup> )	No dose listed in BNF (unlicensed dose range 12.5mg to 100mg twice a day)	Up to 800mg a day for the treatment of schizophrenia and mania
Aripiprazole (Abilify <sup>®</sup> )	No dose listed in BNF (unlicensed dose range 5mg to 10mg daily)	Up to 30mg a day for treatment of schizophrenia or mania
Haloperidol (Serenace <sup>®</sup> / Haldol <sup>®</sup> )	Agitation and restlessness in the elderly: 0.75mg to 1.5mg 2 to 3 times a day, adjusted according to response	Up to 20mg a day for the treatment of schizophrenia, psychosis, mania, hypomania and organic brain damage
Promazine	Agitation and restlessness in elderly: 25mg to 50mg four times a day	Up to 800mg a day for the management of psychomotor agitation

There are other antipsychotics available but these are often used for other conditions and rarely used in BPSD. In general they will not be reviewed as part of this work unless they are given in low doses and have a clear indication for BPSD.

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Please visit our website for more information: <https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

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