

# Antipsychotic Information Sheet

## What is an antipsychotic?

Antipsychotics are medications that can help relieve symptoms of mental health disorders.

Examples include schizophrenia and bipolar disorder.

People who have mental health disorders may experience hallucinations, delusions and/or disorganised thoughts i.e., unable to think clearly.

They can also be used for treating responsive behaviours for people with dementia.



## Responsive behaviours (formerly known as Behavioural and Psychological Symptoms of Dementia or BPSD)

These behaviours are commonly seen in people with dementia and are usually transient. They can vary from mild behaviour changes e.g. wandering, repetitive question asking, demanding attention, restlessness to more severe behaviour changes e.g. hallucinations, hitting, kicking, spitting, biting.

Mild symptoms do not usually cause distress to the individual and can usually be managed using non-drug treatments e.g. diversional therapy.

With more severe symptoms that are causing distress to the individual or those around them then a specific behavioural management plan will need to be created to support the individual. The first actions will be non-drug treatments but occasionally there will be a need for an antipsychotic to be prescribed if all other options have not been effective.

In these cases, the lowest dose for the shortest possible time will be prescribed by the doctor and this should be reviewed regularly, at least every 12 weeks as a minimum. The substitute decision maker for the individual must also be contacted and this decision discussed with them so they can give their informed consent for the treatment to be given.

## How do antipsychotics work?

They help to restore and maintain certain chemicals in your brain to a healthy level. They can help to control the symptoms of mental health disorders.

## What are the issues with these medications in aged care?

These medicines may be beneficial in the short term and will work in about 20% of people with severe responsive behaviours, however they are not without harm. About 1% of people will die, about 2% will have a stroke and up to 10% will experience a disturbed gait increasing their risk of falls.

**Need help? We can support you in the process, just get in touch:**

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There are 2 main groups:

### 1. The older antipsychotics or “Typical”

#### Examples

Chlorpromazine, flupentixol, fluphenazine, haloperidol, periciazine, trifluoperazine, zuclopenthixol

#### Main use

Acute and chronic psychoses e.g. schizophrenia, bipolar disorder.

Some can also be used for short term management of agitation or severe depression, acute mania, Tourette’s syndrome and other choreas (seen as rapid, jerky involuntary body movements)

#### Common side effects

Nausea, constipation, movement disorders, sedation, weight gain, high blood sugars, low blood pressure when standing up (can cause dizziness), dry mouth, blurred vision, difficulty urinating.

#### Significant but less common side effects

Neuroleptic Malignant Syndrome – symptoms include fever, muscle rigidity, altered consciousness, sweating.

### 2. The newer antipsychotics or “Atypical”

#### Examples

Amisulpride, aripiprazole, asenapine, brexiprazole, clozapine, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone

#### Main use

Acute and chronic psychoses e.g. schizophrenia, bipolar disorder

Some can be used for general anxiety disorder or treatment resistant major depression (Quetiapine) and behavioural issues in people with Alzheimer’s dementia resistant to non-drug treatments (Risperidone)

#### Common side effects

Nausea, constipation, movement disorders, sedation, weight gain, high blood sugars, low blood pressure when standing up (can cause dizziness), dry mouth, blurred vision, difficulty urinating.

#### Significant but less common side effects

Neuroleptic Malignant Syndrome – symptoms include fever, muscle rigidity, altered consciousness, sweating.

### How quickly do they work and how long will I need to take them for?

The medicine will be started at a low dose and then increased depending on your response and whether you experience side effects.

These medications can take several weeks to months before an improvement is seen if they are being used to treat a mental health disorder rather than responsive behaviours.

It is important to continue taking these medications until your doctor recommends that you may be able to be weaned off them.

### Is there anything I need to know whilst taking antipsychotics?

Do not stop taking your medication abruptly – you will need to wean off them.

If one antipsychotic does not work, we can try another one as not all antipsychotics will suit everyone.



### How do I find out more information about RMMRs?

You can download the RMMR information sheet by clicking [here](#)

### How do I apply for an RMMR?

If you would like an RMMR let the staff know at your home so they can provide you with the referral form, which you can give to your GP to sign, and a consent form for you or your substitute decision maker to complete.

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