

Clinical Pearls

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Clinical Pearl 13/04/21

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

Managing Behavioural and Psychological Symptoms of Dementia (BPSD) - The Use of Medications (Part 2 of 4)

Louise Johnston – Regional Manager

Evidence for efficacy of medications to treat BPSD is limited and risk of adverse effects, including death (with antipsychotics) is significant.

- Psychotropic drugs should only be given for specific indications when non-pharmacological interventions have not alleviated symptoms which are distressing for the patient, their family and/or carers.
- Antipsychotics are **ONLY** indicated for psychotic symptoms (E.g., Paranoia, hallucinations) or severe and persistent agitation or aggression.
- There is no clear difference in efficacy between antipsychotics, although risperidone is the only medication approved for management of BPSD in Australia. Use of other agents is considered off label (unapproved). Selection of a specific drug is primarily based on consideration of side effects and individual patient characteristics.
- It is recommended to start with **low** doses and gradually titrate upwards to the minimum effective dose and to monitor for side effects.

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If an antipsychotic or sedative medication is deemed appropriate, then the following steps must be followed to ensure best practice:

- Obtain consent! Either directly from the resident, if possible, or from the person who is legally responsible for them. This can be verbal consent but must be documented in the progress notes.
- Clear instructions. The frequency and indication for administration should be clearly documented on the medication chart and in the care plan. E.g. *Risperidone 0.25mg BD PRN for severe agitation if non-pharmacological therapies failed.*
- Monitor closely for benefit and side effects
- Establish a review cycle which specifies the length of time the medication is to be continued and when it will be reviewed.

In most cases if there is no response after four weeks then the anti-psychotic should be weaned and ceased.

Next week pharmacological treatment options will be discussed.

References:

Behavioural and psychological symptoms of Dementia. AMH Aged Care Companion (online). April 2019

Management of neuropsychiatric symptoms of dementia. UpToDate (online). November 2019

Pharmacological management of behavioural and psychological symptoms of dementia. Therapeutic Guidelines (online). March 2021

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to natalie@wardmm.com.au