

Clinical Pearls

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Clinical Pearl 20/04/21

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) - Pharmacological Treatment Options (Part 3 of 4)

Louise Johnston – Regional Manager

Antipsychotics

- **Risperidone** 0.25mg BD, increasing by 0.25mg every 2 days or more. Usual dose is 1mg (in 1 or 2 doses); up to 2mg can be used but rates of adverse effects (esp. parkinsonism) increase noticeably.
- **Olanzapine** 2.5mg once daily, increased based on response to maximum of 10mg daily.
- **Quetiapine** 12.5-25mg once daily at bedtime, increasing to a maximum dosage of 50-75mg BD

Benzodiazepines

- Have a **limited** role in management of BPSD. May be useful **short term** when anxiety and insomnia are the predominate issues, particularly when used PRN. Should **not** be administered for more than two weeks as tolerance will develop leading to reduced efficacy and withdrawal symptoms if stopped.
- Shorter acting agents such as oxazepam, temazepam and lorazepam are preferred in older persons. Maximum doses are lower in older persons compared to younger.
- **Oxazepam** 7.5-15mg orally when required to a maximum of 60mg daily
- **Temazepam** 5-10mg orally when required. Maximum dose is 10mg
- **Lorazepam** 1-2 mg daily in 1 or 2 doses. Maximum 2mg daily

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Anticonvulsants such as carbamazepine and valproate have **not** been shown to be effective treatments for BPSD in systematic reviews and should be avoided.

Choice of agent

- Quetiapine may cause fewer movement adverse effects (Extrapyramidal Side Effects or EPSE) and thus may be the preferred agent in those with parkinsonism, Parkinson's Disease or Lewy Body Dementia (LBD).
- In those with LBD, antipsychotics commonly cause worsening cognition and motor function and can paradoxically increase agitation and unsettled behaviours. If quetiapine is not tolerated, anticholinesterases can be effective for those with LBD with BSPD.
- Olanzapine can increase blood glucose levels, cause significant weight gain and increase the risk of type 2 diabetes. It may be worth avoiding this medication in those with, or at risk of, type 2 diabetes.
- Olanzapine clearance is affected by tobacco smoking and thus it is likely best avoided in smokers.
- It is not recommended to use more than one antipsychotic simultaneously due to increased risk of adverse effects.

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