

# Clinical Pearls

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**Clinical Pearl 27/04/21**

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 - Adverse Effects & Practice Points (Part 4 of 4)**

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## **Adverse effects associated with antipsychotics in the elderly**

- Significant sedation
- Postural hypotension
- Movement problems/extrapyramidal symptoms leading to an increased falls risk
- Anticholinergic effects including worsening confusion/dementia, constipation, dry eyes, dry mouth
- Weight gain and increased risk of type 2 diabetes
- Increased risk of pneumonia
- Increased risk of stroke/TIAs
- Increased risk of death

## **Practice Points**

- It is estimated that if **1000** people were treated with an antipsychotic for 12 weeks only **91-200** would show a clinically significant improvement, **18** people may suffer a TIA or stroke and **58-100** would suffer disturbed gait. **10** people may die as a result of antipsychotic therapy.
- If treatment with a pharmacological agent is deemed necessary, ensure ALL steps that have been taken prior to the introduction of the medication are thoroughly documented.
- BPSD are often transient and thus it is recommended to review treatment after 8-12 weeks with the view to weaning and then ceasing.

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- However, if the treatment is ineffective it should be reviewed earlier e.g., after two to four weeks, with a view to ceasing.
- Antipsychotics should be withdrawn slowly to avoid withdrawal symptoms such as tachycardia, sweating, insomnia. Reduce dose by half every 2 weeks until ceased.
- Informed consent is essential for all medications used to control behaviour associated with dementia or cognitive impairment, which could be classified as a chemical restraint.
- Consent can be written or verbal and should be clearly documented. It is recommended to review consent at an absolute minimum 3 monthly with resident and/or Medical Power of Attorney if treatment is used >12 weeks.

## 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](mailto:natalie@wardmm.com.au)