

ANTIPSYCHOTIC ACTION PLAN

Review of antipsychotic therapy in residents with behavioural and psychological symptoms of dementia

While all residents using antipsychotics require ongoing review, this action plan is to assist in the review of residents using antipsychotics for **behavioural and psychological symptoms of dementia**. The 'resident lists' from your NPS MedicineWise Antipsychotic QUM report (available in Webstercare Medication Management Software) will enable you to identify residents using antipsychotics. Use this action plan to prioritise residents that may benefit from review.

	Trigger from resident list	Information gathering (care plan, notes and/or chart)	What is best practice?	Action steps
REGULAR USE	Residents using more than one antipsychotic	<ul style="list-style-type: none"> ▶ Identify indication or target behaviour for each antipsychotic. 	<ul style="list-style-type: none"> ▶ Use of more than one antipsychotic is not recommended.¹ 	<ul style="list-style-type: none"> ▶ Further action is required for residents using: <ul style="list-style-type: none"> - more than one antipsychotic - an antipsychotic for an unclear indication or a 'target behaviour' that is unlikely to respond to therapy - an antipsychotic and its use has not been reviewed in the last 12 weeks, especially where response is poor or adverse effects are identified. ▶ Your action steps: <ul style="list-style-type: none"> ☑ Review and optimise environmental changes and non-drug strategies. Consider contacting the Dementia Behaviour Management Advisory Service (DBMAS) for assistance. ☑ Request a review by the prescriber. Continue to document response to antipsychotic and any possible adverse effects. Provide this documentation to the prescriber at the time of review. ▶ Your action steps after prescriber review: <ul style="list-style-type: none"> If a trial withdrawal is recommended, generally it should be gradual to avoid withdrawal symptoms (e.g. dose reduced by 50% every two weeks then stopping after two weeks on the minimum dose).^{1,2} ☑ Monitor resident for signs of withdrawal symptoms (e.g. tachycardia, sweating or insomnia) or reoccurrence of target symptoms.
	Residents with unclear or non-explicit 'target behaviour' for use of an antipsychotic	<ul style="list-style-type: none"> ▶ Check the target behaviour and if it is likely to respond to antipsychotic therapy. ▶ Look for signs of adverse effects and for evidence of a response to antipsychotic therapy. 	<ul style="list-style-type: none"> ▶ Identify the specific target behaviour of therapy (frequency and severity should be documented before starting an antipsychotic). ▶ Reserve antipsychotic treatment for symptoms that are likely to respond (Table 1).¹⁻³ 	
	Residents using an antipsychotic for more than 12 weeks	<ul style="list-style-type: none"> ▶ Identify date of most recent review by the prescriber. ▶ Look for signs of adverse effects and for evidence of a response to antipsychotic therapy. 	<ul style="list-style-type: none"> ▶ Clinical improvement with an antipsychotic should be expected within 12 weeks.⁴ If no improvement is seen the medicine should be gradually ceased.⁴ ▶ A trial discontinuation is indicated for most residents with stable behaviour. Studies show many residents taken off antipsychotic treatment do not show a worsening of behaviour.⁵⁻⁷ Review the ongoing need for antipsychotics regularly (e.g. every 12 weeks).⁸ 	
PRN USE	Resident's order for a PRN antipsychotic is incomplete	<ul style="list-style-type: none"> ▶ Identify the target behaviour of PRN antipsychotic. ▶ Check if dose, frequency, duration and maximum daily dose are clearly stated. ▶ Identify date of most recent review by the prescriber. 	<ul style="list-style-type: none"> ▶ A PRN regimen may be used when clinical circumstances are episodic or rapidly changing. The target behaviour to trigger administration, dose, frequency, duration and maximum daily dose should be documented.⁹ ▶ PRN usage should be regularly reviewed to minimise the risk of inappropriate use. A short-term order may be a suitable alternative.⁹ 	<ul style="list-style-type: none"> ▶ Further action is required for residents: <ul style="list-style-type: none"> - where the medicine order is incomplete or unclear - where no review is evident in the last 12 weeks. ▶ Your action steps: <ul style="list-style-type: none"> ☑ Request incomplete drug orders are updated by the prescriber. ☑ Record the reason for use and resident's response to each dose to assist ongoing review.
	Regular* or increased frequency of administration of PRN antipsychotic	<ul style="list-style-type: none"> ▶ Check medicine chart for frequency of dosing. ▶ Look for the 'reason for administration' each time the drug is administered. ▶ Consider if the 'reason for administration' matches the prescriber's original intentions. 	<ul style="list-style-type: none"> ▶ Regular* or increased frequency of administration could suggest the resident's condition is unstable. Possible triggers or physical causes of worsening distress or delirium (e.g. pain) should be investigated (Table 2).^{10,11} 	

* Regular use is defined as an antipsychotic medicine being administered 4 or more days per week over a four week period.¹²

TABLE 1: RESERVE ANTIPSYCHOTIC USE FOR SEVERE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA^{1,3,13}

Symptoms unlikely to respond to an antipsychotic	Symptoms that may benefit from an antipsychotic
<ul style="list-style-type: none"> ▶ apathy ▶ calling out ▶ inappropriate toileting ▶ inappropriate touching ▶ sexual disinhibition ▶ social withdrawal ▶ 'sundowning' ▶ wandering 	<ul style="list-style-type: none"> ▶ extreme agitation ▶ physical aggression ▶ psychosis (hallucinations, delusions) ▶ violent behaviours

TABLE 2: MODIFIABLE SECONDARY CAUSES OR TRIGGERS OF BEHAVIOURAL DISTURBANCE^{1,3}

Environmental factors	Medical conditions
<ul style="list-style-type: none"> ▶ boredom ▶ culturally inappropriate environment ▶ inability to communicate needs ▶ lack of personal belongings ▶ lack of privacy ▶ overstimulation e.g. noise, lack of rest ▶ poor lighting ▶ uncomfortable temperature ▶ unfamiliar surroundings 	<ul style="list-style-type: none"> ▶ pain ▶ dehydration and hunger ▶ anxiety ▶ blood pressure (high or low) ▶ depression ▶ fatigue ▶ faecal impaction/ constipation ▶ hearing or visual impairment ▶ infection (e.g. urinary tract, skin) ▶ urinary retention

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