

ANTIPSYCHOTIC REVIEW CHECKLIST

(see reverse for guide to use)

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

Resident (*name*): _____ Referring RN: _____

Medicine name(s)	Dose/ frequency	Duration of use	Indication (include target behaviour/symptoms)	Date of last review	Prescribed by

Referred to (*name of GP*): _____ on _____

Section 1: I feel this resident would benefit from a review of antipsychotic therapy because ...

antipsychotic used for at least 12 weeks without improvement in targeted behaviours

behaviour seems stable and it has been at least 12 weeks since last GP review of antipsychotic therapy

resident may be experiencing adverse effects from antipsychotics. Give details: _____

usage of antipsychotic 'as required' (PRN) for this resident is increasing. Give details of frequency: _____

this resident is using more than one antipsychotic

other reason (e.g. unclear PRN dosing instructions, suspected drug interaction, behaviour worsening). Give details: _____

Section 2: Review and recommendations

Reviewing GP: _____ on _____

GP review completed / planned (date: _____)

Referred for residential medication management review (RMMR)

Referred to other allied health professional (e.g. diversional therapist, DBMAS), please specify: _____

Follow up investigations and / or tests ordered, please specify: _____

RN receiving and actioning: _____ on _____

Recommendations (GP to select)	Details/instructions (GP to complete)	Outcomes e.g. resident response (RN to complete)
<input type="checkbox"/> Trial dose reduction of antipsychotic		
<input type="checkbox"/> Trial withdrawal of antipsychotic		
<input type="checkbox"/> Changes to treatment (incl. other medicines)		
<input type="checkbox"/> No change at this time please document reason (e.g. severe symptoms, high risk of relapse, multiple failed attempts to withdraw)		
<input type="checkbox"/> Other (please specify) _____		

RN sign off: _____ Completion date: _____ GP sign off: _____ Next review date: _____

Guide to using this form

This checklist is designed to encourage interdisciplinary review of residents using antipsychotics for the behavioural and psychological symptoms of dementia. Use the checklist to streamline communication of relevant information between GPs and RNs about residents using antipsychotics for such behaviours or symptoms.

Suggestion: include this form in the medication chart for resident to enable easy access by GP

Section 1: The RN should complete this after reviewing the QUM report (in particular, the resident lists), and the residents' progress notes, care plans and medication charts. Include all details relevant to antipsychotic use for behavioural and psychological symptoms of dementia. Using the associated Action Plan will help prioritise residents for review.

Section 2: The GP and RN complete this section. The GP provides details about the review process in the first part, the second part is completed by both the GP and RN. The GP should document any actions that need to be followed up. The RN should document the outcomes of any follow up completed and any notes for the GP to see. The review checklist becomes a living document to facilitate communication between the GP and RN.

Once the RN and GP are satisfied that the review process is complete, and outcomes are satisfactory, the document can be signed off, and kept as a record of review. A planned date for next review should be documented.

When to recommend review

The NPS MedicineWise Antipsychotic Action Plan has been developed to help identify and prioritise residents for review. Increasing safety concerns, including increased risk of death with long-term use, has highlighted the limited place of antipsychotics in managing behavioural and psychological symptoms of dementia.¹⁻³ **Report any suspected adverse effects to the GP for review**, and use the QUM reports to highlight residents who may require a review:

- Resident using more than one antipsychotic
- Antipsychotic order does not have clear or explicit indications for use/target symptoms
- Resident has been using antipsychotic for longer than 12 weeks, without documented review
- Incomplete or unclear order for PRN antipsychotics
- Increased frequency of administration of PRN antipsychotics.

Best practice in prescribing antipsychotics for behavioural and psychological symptoms of dementia

Consider the '3T' (target, titration, time) approach⁴ when prescribing antipsychotics for these behaviours and symptoms.

- Drug treatments should have a specific **target** symptom
- Start doses low and **titrate** upwards as necessary
- Drug treatments should be **time** limited. Review after no more than 12 weeks – reduce dose and stop when possible.⁵

In most cases, withdrawing antipsychotics will not have detrimental effects on behaviour.^{2,3} In selected cases reasons for continuing antipsychotics may include:

- high risk of adverse consequences if withdrawn, especially where there is a history of prior relapse
- when consequences of symptom relapse are deemed to be unacceptably severe
- when no alternative treatment approaches have been possible or effective in the past.⁶

As effectiveness may decline and/or side effects may arise later in treatment, formal review of benefits and side effects should be carried out and documented at least 12 weekly. Non-pharmacological treatment approaches should be continued.

Antipsychotics available in Australia⁷

amisulpride	chlorpromazine	flupenthixol	olanzapine	quetiapine	trifluoperazine
aripiprazole	clozapine	fluphenazine	paliperidone	risperidone*	ziprasidone
asenapine	droperidol	haloperidol	pericyazine	sertindole	zuclopenthixol

* Risperidone is the only 'atypical' antipsychotic TGA approved for behavioural disturbances in dementia and PBS listed for behavioural disturbances characterised by psychotic symptoms and aggression in patients with dementia where non-pharmacological methods have been unsuccessful.

References

1. Ballard C, et al. Lancet Neurol 2009;8:151-57.
2. Schneider LS, et al. Am Assoc Geriatric Psychiatry. 2006;14:191-210.
3. Declercq T, et al. Cochrane Database Syst Rev 2013;(3):CD007726.
4. Atypical antipsychotics and behavioural and psychiatric symptoms of dementia - prescribing update for old age psychiatrists. Melbourne: The Royal College of Psychiatrists Faculty for the Psychiatry of Old Age, 2004.
5. Therapeutic guidelines: psychotropic. 6th ed. Melbourne: Therapeutic Guidelines Ltd, 2008.
6. The use of antipsychotics in residential aged care. Clinical recommendations developed by the RANZCP Faculty of Psychiatry of Old Age (New Zealand). Melbourne: The Royal Australian and New Zealand College of Psychiatrists, 2008.
7. The AMH drug choice companion: aged care 3rd ed. Adelaide: Australian Medicines Handbook Pty Ltd, 2010.

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