



# DEPRESCRIBING ANTIPSYCHOTICS

UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_

#	RESIDENT NAME	ANTIPSYCHOTIC MEDICATION	DIAGNOSIS of schizophrenia, Huntington's chorea, experiencing hallucinations or delusions, or determined to be end of life – Yes or No	INDICATION (disease or symptom the medication is being used to treat; for example, insomnia, a specific behaviour, mental health diagnoses, etc.)	DOSE AND FREQUENCY	START DATE of medication	NOTES Attempted to stop before? Potential side effects present (sedation, memory or balance problems)? Ineffective?
1							
2							
3							
4							
5							
6							
7							
8							

Antipsychotics have been found to be minimally effective in managing responsive behaviours (such as reactions, agitation, and apathy) and are associated with decreased cognitive functioning and adverse events, when used in the long term, especially in the elderly. In most cases, antipsychotic medications should not be the first choice for treatment of responsive behaviours. Instead, the care team should be empowered to get to know resident preferences, create supportive environments that reflect resident preferences, and be given time to identify and satisfy unmet needs of the person with dementia.

Use this tool to assess the appropriateness of your residents' antipsychotics. We recommend that you *consider* reducing antipsychotic medications for residents who have a prescription for an antipsychotic but who do not have a diagnosis of schizophrenia, Huntington's chorea, hallucinations, delusions that cause distress, and who are not classified as end-of-life residents.

## IS THIS RESIDENT ON...

Quetiapine (Seroquel)	Aripiprazole (Abilify)
Risperidone (Risperdal)	Clozapine (Clozaril)
Olanzapine (Zyprexa)	Chlorpromazine
Haloperidol (Haldol)	Paliperidone (Invega)
Loxapine (Loxapac, Xylac)	

## Symptoms That Do Not Respond to Antipsychotics

Wandering/exit seeking	Inappropriate dressing/undressing
Pacing/restlessness	Eating inedible objects
Irritable mood	Nervousness/fidgeting
Shouting/calling out	Resistance to care
Hoarding/hiding items	Rummaging
Insomnia	Repetitive actions such as clapping
Poor self-care	Unsocial behaviour
Indifference to surroundings	Apathy (no interest)

**NOTE:** These symptoms may appear to respond if the AP sedates the patient but will return when tolerance to the sedation is reached

## How to Stop Antipsychotic Medications

- **SLOWLY TAPER:** Reduce dose by 25-50% every 1-2 weeks
- **INDIVIDUALIZE** the plan to the patient and taper more slowly if needed. If withdrawal symptoms occur go back to the previous dose and go slower on next attempt.
- Visit [deprescribing.org](https://deprescribing.org) for detailed steps health professionals can take to make and carry out safe deprescribing:  
<https://deprescribing.org/resources/deprescribing-guidelines-algorithms/>

## What to Look for When Tapering and Discontinuing

- **Benefits:** improved alertness, gait, reduced falls – for example.
- **Adverse Drug Withdrawal Events:** Psychosis, aggression, agitation, delusions, hallucinations (more common with severe initial symptoms) → Antipsychotic may have to be restarted at the lowest effective dose with re-trial of deprescribing in 3 months at a slower pace.
- **Remember:** AT LEAST 2 attempts to stop should occur and an alternative antipsychotic may be more successful for the patient

## Managing Responsive Behaviours & Supportive Environments

- **Person-Centered, non-pharmacological approaches,** including recreation therapy, distraction & redirection, music/pet therapy, relaxation, social contact, etc. should be implemented based on residents' preferences, routines and history. Additional resource: *A Guide for Residents, Families, and Caregivers*
- [https://cep.health/media/uploaded/CEP\\_AntDementia\\_ResFamCare\\_20190305\\_oSkextK.pdf](https://cep.health/media/uploaded/CEP_AntDementia_ResFamCare_20190305_oSkextK.pdf)

## How to Engage Caregivers and Family

- **Advocate:** Ensure that they feel that they are part of the plan
- **Advise:** Discuss risks vs. benefits of therapy
- **Involve:** Others who know the resident may have ideas and suggestions about effective non-drug therapies