

## Providing the Best Care, Support and Appropriate Use Of Antipsychotics For People Living With Dementia:

# GUIDANCE FOR PEOPLE LIVING WITH DEMENTIA AND CARE PARTNERS

### ANTIPSYCHOTICS:

- 1 Are not the best choice for reducing negative personal expressions and behaviours
- 2 Are prescribed to treat specific diagnoses
- 3 Can cause serious side effects
- 4 Can be deprescribed (under supervision), improving a person's quality of life and safety

### WHO SHOULD USE THIS GUIDE?

A person living with dementia or people who provide care or support for a person living with dementia.

**Dementia is caused by physical changes that affect the brain.** These changes can affect memory, thinking, mood, problem solving, and communication. A person living with dementia can become confused and depressed. **Negative personal expressions or behaviours** (e.g., agitation, resistance, shouting, or repeating actions) can be a response to the way a person feels about a change in environment, routine, or from an unmet need.

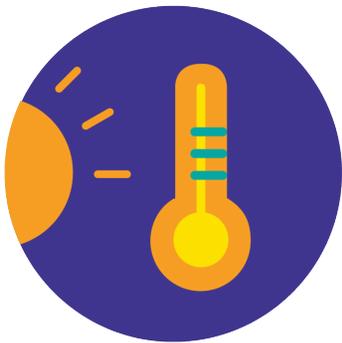
**Negative personal expressions are also known as responsive behaviours, or behavioural and psychological symptoms of dementia (BPSD).**

**Antipsychotics are sometimes used to treat negative personal expressions or behaviours. But, usually this is not the best choice. Here's why.**

## **1. Antipsychotics are not the best choice for reducing negative personal expressions and behaviours.**

Supportive care that matches a person's preferences, habits and needs usually works best to decrease or stop negative personal expressions or behaviours.<sup>1,2,7</sup> Create a supportive environment by:<sup>8</sup>

- Getting to know the person and things that make them feel safe and calm
- Providing supportive care, tailored to a person's needs, habits and preferences
- Investigating all possible causes of negative personal expressions or behaviours to meet any unmet needs, including, but not limited to:



### **Discomfort**

- Too hot, cold, itchy
- Hunger, thirst
- Elimination difficulty
- Fatigue



### **Medical/Biological**

- Pain
- Dehydration, delirium, infection
- Disease progression
- Excessive medications/ combinations



### **Psychosocial**

- Loneliness, depression
- Stress
- Relationship influences
- Language/cultural factors



### **Environmental**

- Over/under stimulation
- Boredom
- Inconsistent routine, noise, lighting
- Provocation by others

**Families and care providers have ideas about how to reduce negative personal expressions and help a person living with dementia feel calm, safe and happy. These are important to share.**

## 2. Antipsychotics are prescribed to treat specific diagnoses.<sup>2, 3</sup>

Appropriate use of antipsychotics includes treating specific diagnoses such as Huntington's disease, Schizophrenia, and distressing hallucinations and delusions.

Short-term use of antipsychotics (1 to 2 weeks) maybe recommended to reduce distressing delusions or hallucinations (e.g., following surgery or with infection) or severe agitation or physical reactions that put the person or others at risk of harm.<sup>1,2</sup> Antipsychotics should be regularly reviewed and stopped if they are not helping or found to be harmful.<sup>1-5</sup>

**When a person is calmer, supportive care solutions will likely work better to meet the person's needs.**

## 3. Antipsychotics can cause serious side effects.<sup>1-4</sup>

Side effects may vary based on dosage, type of antipsychotic, and the presence of underlying health conditions. Side effects can include:

- Drowsiness or mental confusion
- Weight gain, constipation, swelling, high blood sugar and high cholesterol
- Shaking or tremors
- Cardiovascular events such as stroke or heart attack
- Aspiration pneumonia usually caused from over-sedation
- Increased risk for falls, fractures, hospitalization, stroke and death

## 4. Supervised deprescribing can improve a person's quality of life and safety.<sup>3, 6, 7</sup>

**The planned process of reducing or stopping antipsychotics that may no longer be of benefit or may be causing harm – deprescribing – can improve a person's quality of life and safety.** Deprescribing is best done in partnership with a health care provider; abruptly stopping any medication can be dangerous. A plan to gradually deprescribe antipsychotics may be appropriate if the person is no longer experiencing benefit from the medication; is at risk of harm from the medication; and if safety risks associated with deprescribing are minimized. It's important to have supportive care strategies in place before deprescribing and observe behaviour during reductions to identify and address unmet needs.<sup>7, 10</sup>

**Deprescribing antipsychotics does not typically increase negative personal expressions. In fact, personalized supportive care can reduce negative personal expressions.<sup>7</sup>**



Following appropriate deprescribing of antipsychotics, benefits for the person, family, and care providers can include:<sup>7</sup>

- Decreased caregiver workload
- Improved quality of life
- Improved independence, mobility, alertness
- Improved connection with family
- Increased ability to socialize and participate in activities

### Negative Personal Expressions and Unmet Needs

- Confusion
- Loneliness
- Depression
- Disruption of routine
- Medical need
- Resistance
- Pain
- Agitation

### Positive Changes with Supportive care and Appropriate Deprescribing

- Safe & calm
- Individualized care
- Physical needs are met
- Individual routines
- Activity choices
- Socialization opportunities
- Preferences acknowledged
- Pain managed

# RESOURCES

- **Choosing Wisely Canada Toolkit**: When Psychosis Isn't the Diagnosis.
- **How Antipsychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families, and Caregivers**. The Centre for Effective Practice and Healthcare Excellence Canada (formerly the Canadian Foundation for Healthcare Improvement) created this resource to inform appropriate use of antipsychotics and person centred approaches to care.
- **Deprescribing.org tools to help patients and providers participate in deprescribing**. Evidence-based deprescribing guidelines have been developed by or in collaboration with the Bruyère Research Institute for five classes of medications. Each guideline is accompanied by a decision-support algorithm, patient pamphlet, infographic and for some, a whiteboard video on how to use the algorithm.
- **The INESS antipsychotic decision support tool**.
- **Canadian Deprescribing Network resources**, including patient handouts to empower people to take charge of their medications.
- **The Deprescribing Antipsychotics Tool**. This Deprescribing Tool was developed together by Healthcare Excellence Canada (formerly the Canadian Foundation for Healthcare Improvement) and the School of Pharmacy - Memorial University of Newfoundland. It is used to assess the appropriateness of long-term care residents' antipsychotic medication.
- **The Behavioural Supports Ontario Dementia Observational System**. The BSO-DOS® is a direct observation tool that provides objective and measurable data about a person living with dementia. The data collected can be utilized by clinical teams and care partners to identify patterns, trends, contributing factors and modifiable variables associated with responsive behaviours/personal expressions. This information is useful in the development and evaluation of tailored, person-centred interventions to address unmet needs through activities, environments, approaches and/or medications.
- **Alzheimer Society of Canada All About Me Booklet and conversation starter**. A template that can be completed by a person living with dementia and their care partners to help inform personalized support and care. Sections of this booklet outline a person's usual habits, daily routines, likes and dislikes. This information will help new caregivers maintain the routines that provide a sense of security, comfort and pleasure.

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

# REFERENCES

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3. Bjerre, L.M.; Farrell, B., et al. (2018). Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia: Evidence-based clinical practice guideline. Canadian Family Physician January 2018, 64 (1) 17-27
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6. [Deprescribing.org](#) website to share and exchange information about deprescribing approaches and deprescribing research with the public, health care providers and researchers.
7. The Canadian Foundation for Healthcare Improvement Appropriate Use of Antipsychotics Collaborative.
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