

Definitions

Changed behaviours are also known as Behavioural and Psychological Symptoms of Dementia (BPSD), or responsive behaviour.

As dementia progresses, most people will experience changed behaviour including, but not limited to agitation, aggression, depression, anxiety, sleep disturbance or psychosis (hallucinations or delusions).

Under most circumstances these symptoms are best treated without medication, unless they are dangerous or severe or cause distress to the person experiencing them or others.

PSYCHOTROPICS are drugs that cross into the brain and affect mood, behaviour, anxiety, sleep and awareness.

The different tables in this brochure list the common medications within each class of psychotropic, what they may be used to treat and potential side effects.

Where to find out more?

NPS MedicineWise
www.nps.org.au
Dementia Support Australia
www.dementia.com.au 1800 890 443
Dementia Australia
www.dementia.org.au 1800 918 944

Consent

All doctors require informed consent from the patient (or the person responsible/guardian if they are unable to give consent) before drug treatment is prescribed for BPSD.

“Informed consent” means, as the term suggests, that the person making the decision must be explained the reasons the treatment is being recommended, the risks and benefits of, and alternatives to, the treatment; and all of which must be understood by the person.

In emergencies, drug treatment can be given without prior consent, but consent must be sought as soon as possible.

Questions to ask your doctor

Is this medication necessary?

What is the drug name of this treatment?

How does it work?

Are there any non-drug ways of treating these symptoms?

What are the risks and side effects of drug treatment for these symptoms?



DRUGS USED FOR Changed Behaviour and Psychological Symptoms in Dementia

A CONSUMER GUIDE



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Antipsychotics

DRUG	USES IN BPSD	SOME SIDE AFFECTS
Risperidone Quetiapine Olanzapine Amisulpride Haloperidol Aripiprazole	<p>> Limited use in BPSD</p> <p>> Should only be used where BPSD symptoms severe or dangerous, after non-drug strategies failed or, if the symptoms are psychotic in nature (eg paranoid delusions)</p> <p>> Risperidone only antipsychotic approved and available on the PBS for use in BPSD</p> <p>> Avoid use in Lewy-Body Dementia and Parkinson's Disease (low dose quetiapine is sometimes used)</p> <p>> Should be reviewed for effectiveness and side effects every 12 weeks</p>	Increased rate of stroke and death, sedation, swallowing difficulties, pneumonia, agitation, dizziness, ECG changes, weight gain, nausea, constipation, dry mouth, parkinson's-like movement symptoms (tremor/stiffness restlessness)

Benzodiazepines/Anti-anxiety

DRUG	USES IN BPSD	SOME SIDE AFFECTS
Lorazepam	<p>> May help with severe agitation or anxiety</p> <p>> Should only be used short term (a few days)</p>	Sedation, falls, dizziness, confusion, pneumonia, slowed movement, slowed breathing, anxiety on stopping
Diazepam Oxazepam Alprazolam Clonazepam Nitrazepam	> May help with severe agitation	Sedation, falls, dizziness, confusion, pneumonia, slowed movement, slowed breathing, anxiety on stopping
Temazepam	<p>> Last option for sleep disorder that doesn't respond to non-drug methods</p> <p>> Should only be used short term (a few days, no more 2 weeks), and none of these should be stopped suddenly</p>	<p>Sedation into next day, falls, dizziness, confusion, slowed movement, slowed breathing, insomnia on stopping</p> <p>Many of these have a long duration of action and are not appropriate for use in people over 65 years</p>

Antidepressants

DRUG	USES IN BPSD	SOME SIDE AFFECTS
Citalopram Escitalopram Sertraline Fluvoxamine Paroxetine Fluoxetine	<p>> Can help with moderate – severe or persistent old-age depression and anxiety</p> <p>> May take 3-6 weeks to improve mood</p>	Drowsiness or wakefulness, nausea/vomiting, insomnia, ECG changes, falls, low sodium, dizziness, headache, dry mouth, bleeding or bruising
Venlafaxine Duloxetine Desvenlafaxine	<p>> Can help with moderate – severe or persistent old-age depression and anxiety</p> <p>> May take 3-6 weeks to improve mood</p>	Drowsiness or wakefulness, nausea/vomiting, dizziness, headache, dry mouth, rash, reduced appetite, sweating, falls
Mirtazapine	<p>> Can help with moderate – severe or persistent old-age depression and anxiety</p> <p>> May take 3-6 weeks to improve mood</p>	Sedation, weight gain, peripheral oedema, weakness

Anti-dementia Agents

DRUG	USES IN BPSD	SOME SIDE AFFECTS
Galantamine Donepezil Rivastigmine	<p>> May delay cognitive decline</p> <p>> May improve some of the symptoms of BPSD</p>	Slow heart rate, dizziness, nausea/vomiting, headache, vivid dreams, insomnia, diarrhoea, leg cramps
Memantine	<p>> May delay cognitive decline in moderate to severe dementia</p> <p>> May also improve behaviour</p>	Confusion, dizziness, drowsiness, insomnia, breathing difficulty

Analgesics (pain relief)

DRUG	USES IN BPSD	SOME SIDE AFFECTS
Paracetamol	> First choice for pain or BPSD if pain suspected, after non-drug treatments NB People with dementia often have difficulty expressing pain and may do so with changed behaviour. Give regularly not as needed.	Rare liver disorder if dose exceeded (no more than 2 x 500mg tablets four times a day)
Ibuprofen Diclofenac Naproxen Celecoxib Meloxicam	<p>> Second choice drug treatment for pain, alone or with paracetamol</p> <p>> Should only be used very short term</p>	Heartburn, stomach bleeding, fluid retention, increased blood pressure
Codeine Oxycodone Morphine Buprenorphine Methadone Hydromorphone Fentanyl (potent) Fentanyl (potent)	<p>> Can help with stronger pain</p> <p>> Can be added to paracetamol (and anti-inflammatory if used)</p> <p>> Codeine is less effective do not use Fentanyl, Methadone (unless previously prescribed for substance use disorder)</p>	Sedation, dizziness, confusion, constipation, falls, nausea/vomiting, slows breathing, sweating, rash
Tramadol	<p>> Limited use in chronic pain and in older patients</p> <p>> Start with very low dose and increase slowly – review effectiveness every 48 hours</p>	Agitation, sleep disturbance, sweating, rash
Pregabalin Gabapentin	> Additional agents may help with nerve pain	Drowsiness, confusion, dizziness, falls, weight gain, tremor, dry mouth

Mood Stabilisers

DRUG	USES IN BPSD	SOME SIDE AFFECTS
Lithium	<p>> Not used for BPSD useful in severe depression, mania (Bipolar disorder) that existed before the dementia</p> <p>> Can interact significantly with other medications and conditions – low doses and monitor</p>	Metallic taste, nausea, diarrhoea, tremor, weight gain, headache, vertigo, kidney function changes
Carbamazepine Sodium Valproate	<p>> Often used for agitation but no efficacy</p> <p>> Sodium Valproate and carbamazepine not recommended for use in BPSD</p>	Increased risk of death, drowsiness, slows movement, dizziness, nausea, headache, rash and severe skin reaction, dry mouth, may affect liver, blood disorders