

Guidelines for the withdrawal and stopping of antipsychotic drugs in dementia patients who are already on this group of medication for BPSD

Consider withdrawal of antipsychotic medication in all dementia patients who have been free of behavioural and psychological symptoms (BPSD) and are manageable in the current setting for the last 12 weeks

A history including the following information should be taken to aid decision making

- 1) Identify the target symptoms e.g restlessness, shouting , aggression , wandering which initiated the prescription of the antipsychotic in the first place.
- 2) The total duration of antipsychotic treatment
- 3) Initial dosage , route and name of the antipsychotic
- 4) The response to the antipsychotic e.g. target symptoms relieved or not
- 5) History of any adverse outcomes e.g cardiovascular, cerebrovascular, falls, fractures
- 6) Whether regular medication review was undertaken clinically addressing the following possible adverse outcomes :

Mobility, falls, sedation and B P changes.
- 7) Whether any attempt to withdraw the antipsychotic has been made in the past?
If 'yes' what was the outcome?
- 8) Whether any non pharmacological intervention has been tried ?
If 'yes' what was the response?

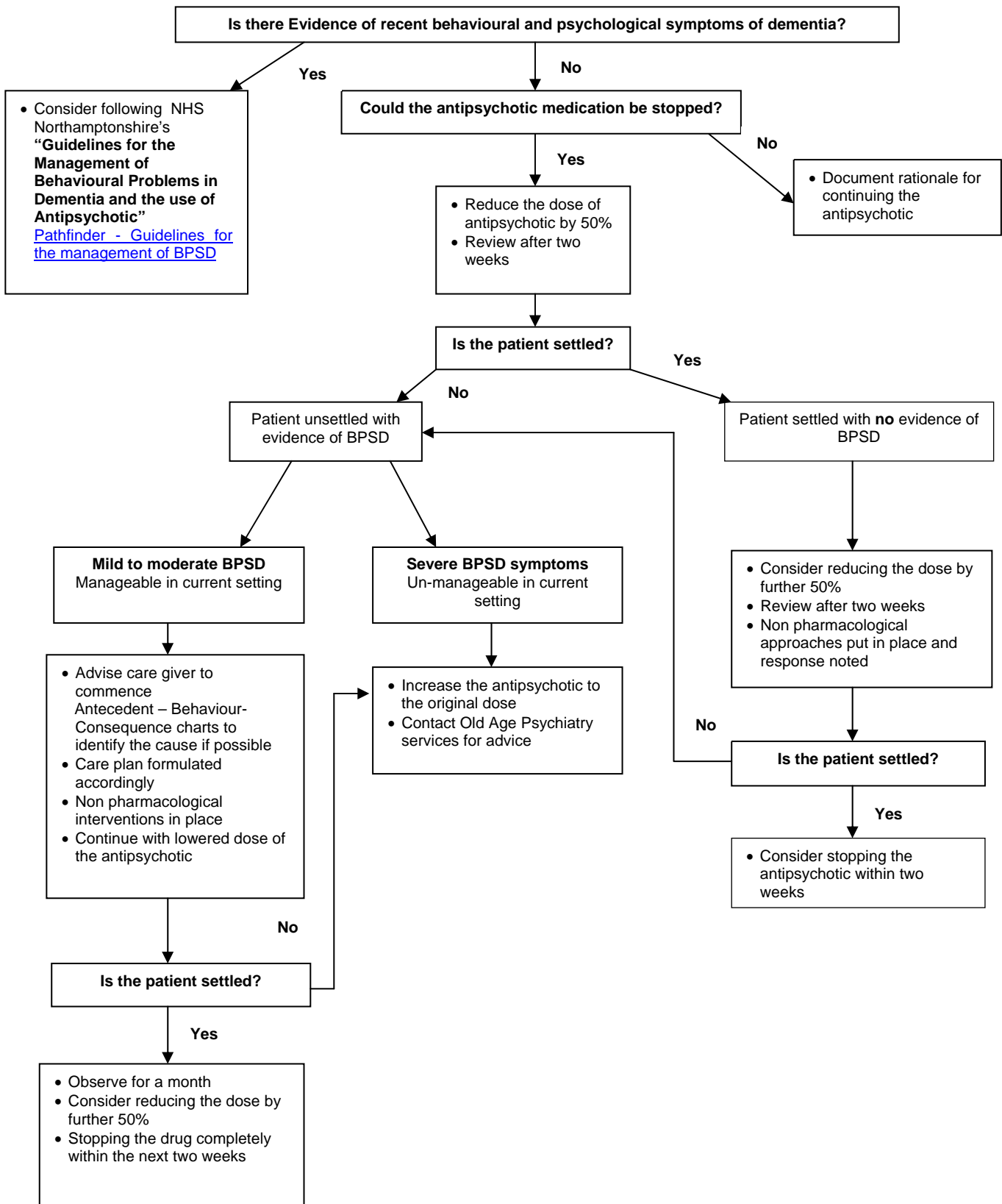
Once the information above has been collated the algorithm overleaf when reviewing patients with a view to withdrawing antipsychotic treatment.

References

- The use of antipsychotic medication for people with dementia: Time for action A report for the Minister of State for Care Services by Professor Sube Banerjee Nov 2009
- East Midlands SHA Managing Behavioural problems in patients with dementia Prescribing guidelines

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Algorithm for the review, withdrawal and stopping of antipsychotic drugs in dementia patients



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