

# THE ROLE OF ANTIPSYCHOTICS IN BPSD

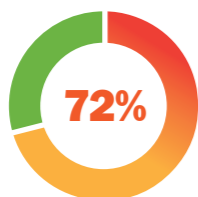
Antipsychotic medications are often used when the behavioural and psychological symptoms of dementia (BPSD) can no longer be managed with non-pharmacological interventions alone and the resident presents risk of harm to themselves or others. Regular monitoring of these behaviours and the adverse effects of antipsychotic medications is recommended with the goal of reducing the antipsychotic dosage or discontinuing the medication where appropriate.

## COMMON BEHAVIOURS IN THE ELDERLY WITH DEMENTIA

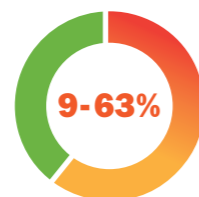
AGGRESSION / AGITATION



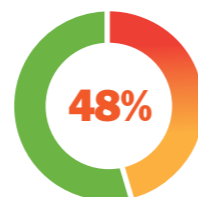
APATHY



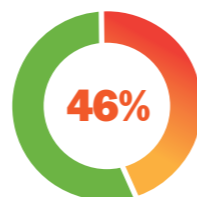
DELUSIONS



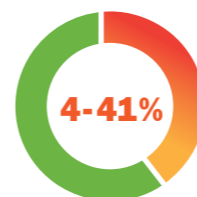
ANXIETY



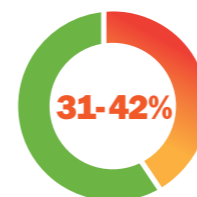
PSYCHOMOTOR DISTURBANCE



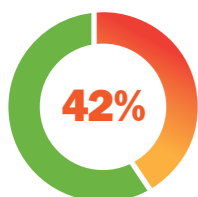
HALLUCINATIONS



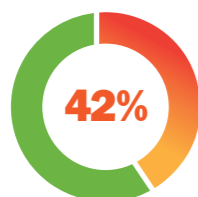
PHYSICAL AGGRESSION



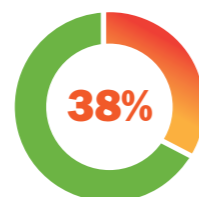
IRRITABILITY / LABILITY



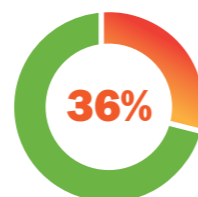
SLEEP / WAKE DISTURBANCE



DEPRESSION / DYSPHORIA



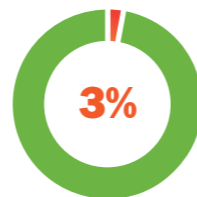
DISINHIBITION



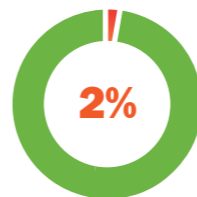
SUNDOWNING



HYPERSEXUALITY



OBSESSIVE COMPULSIVE



Jesie D. et al. Neuropsychopharmacology. 2008; 33:957  
Spalletta G. et al. Am J Geriatric Psychiatry. 2010; 18:1026

### Behaviours that DO Respond to Medication

- Delusions
- Hallucinations
- Physical aggression (harm to self or others)

### Behaviours that MAY Respond to Medication

- Agitation
- Anxiety
- Apathy
- Depressed mood
- Inappropriate sexual behaviour
- Restlessness, sleep disturbances

### Behaviours that DO NOT Respond to Medication

- Hoarding, hiding
- Inappropriate dressing, undressing
- Inappropriate voiding
- Screaming, speech that is not dangerous
- Shadowing
- Unsociability
- Wandering, restlessness



Always ask yourself “is an antipsychotic appropriate for the responsive behaviour?”, “have we tried everything else before we use an antipsychotic?”



Recognize that all behaviour has meaning and strive to understand the meaning behind the behaviour.



Remember that not all behaviour will respond to medication.