Deprescribing antipsychotics in residents of residential and long-term care centres (CHSLDs) with behavioural and psychological symptoms of dementia (BPSD)

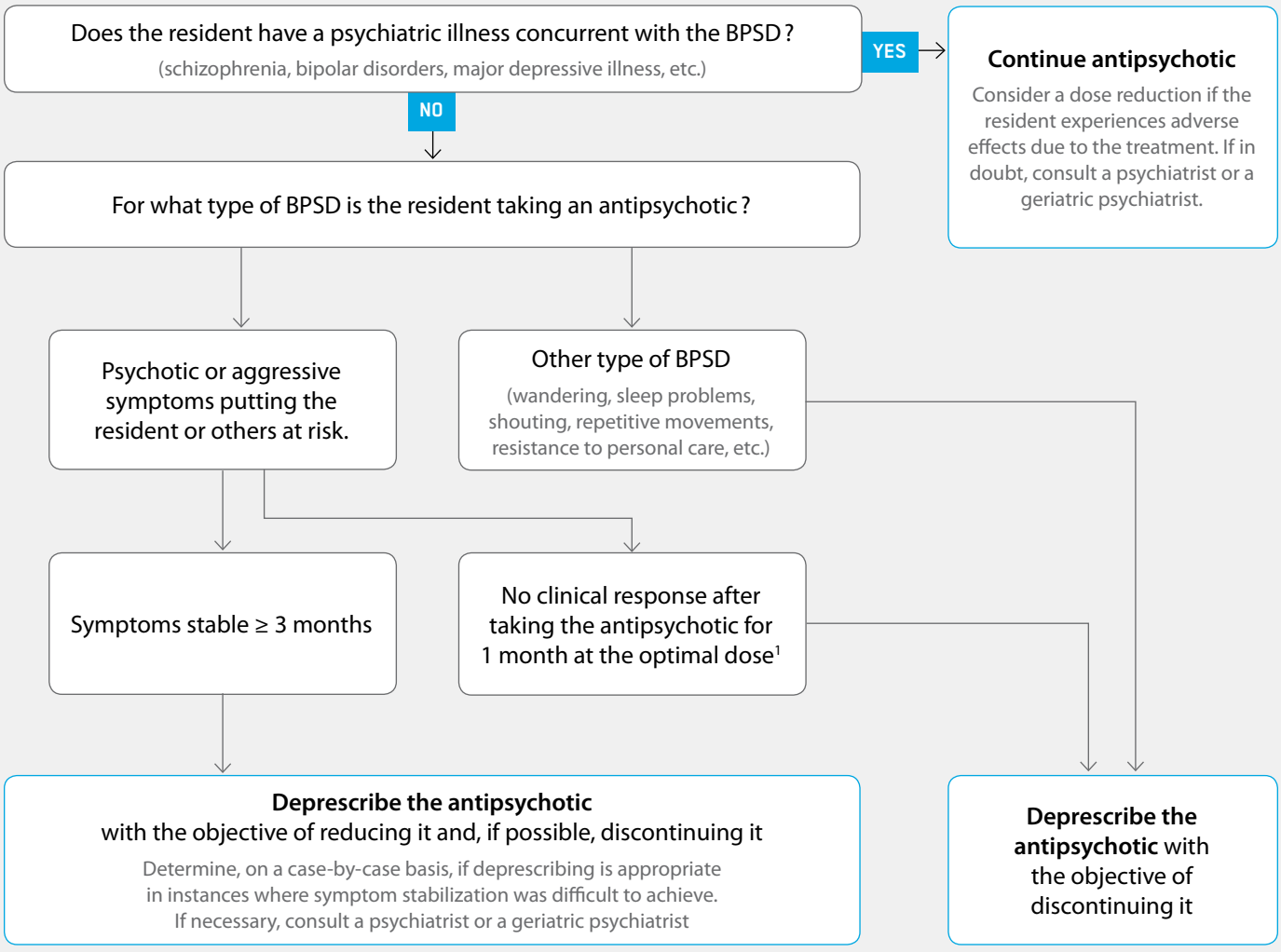
For further details, click on the underlined words.

This decision support tool is intended for physicians, pharmacists and nurses who practice in residential and long-term care centres. It is provided for information purposes only and should not replace clinical judgement. The recommendations were developed using a systematic approach and are supported by the scientific literature and the knowledge and experience of Québec clinicians and experts. For further details, go to inesss.qc.ca.

1. CAREFULLY SELECTING RESIDENTS

POPULATION CONCERNED

- Residents of residential and long-term care centres:
  - → who have major neurocognitive disorders;
  - → who have behavioural and psychological symptoms of dementia (BPSD); and
  - → who are on antipsychotic therapy.



⚠ **Class switch:** Be sure not to replace the deprescribed antipsychotic with a drug from another class, especially the benzodiazepines, given the risks associated with their use.

1. If psychotic or aggressive symptoms putting the resident or others at risk persist and the patient does not respond to individualized nonpharmacological interventions, consider a change of treatment, including a trial with a new antipsychotic (see the tool *Appropriate use of antipsychotics*…)

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2. DEPRESCRIBING THE ANTIPSYCHOTIC

INVOLVE THE RESIDENT, FAMILY, CAREGIVERS AND ENTIRE CARE TEAM
(include the nurse's aides)

- Before deprescribing the antipsychotic, make sure that they understand:
  - → The reason for and the expected benefits of deprescribing it;
  - → The basic approach and the individualized nonpharmacological interventions that will continue during and after deprescription;
  - → The risk of a recurrence of the BPSD and the monitoring that will be done for these symptoms;
  - → The symptoms that might occur due to the dose reduction or discontinuation of the antipsychotic;
- During deprescription, involve these people in the symptom monitoring.

DEPRESCRIBING THE ANTIPSYCHOTIC

- **Reduce** the antipsychotic doses gradually (e.g., by 25 % every 1 to 2 weeks).
- **Continue** with the basic approach and the individualized nonpharmacological interventions.
- **Avoid** adjusting the other medications (unless warranted by an acute illness or drug interactions).
- **Record** the deprescribing of the antipsychotic and its outcome in the resident's chart.

⚠ Dose reduction should proceed more slowly if the initial BPSD were serious[2]

Symptoms that may be due to a dose reduction or the discontinuation of the antipsychotic:

Nausea, vomiting, diarrhea, sweating, muscle pain, anxiety, insomnia, agitation, movement disorders, etc.

Reducing the doses gradually limits the occurrence of symptoms.

3. SYMPTOM MONITORING DURING DEPRESCRIPTION AND MANAGING RECURRENCES

- Record the course of the symptoms:
  - → If necessary, use an instrument for measuring BPSD.
- If a BPSD (re)appears:
  - → Do an evaluation to determine if this is a recurrence of the symptom originally treated with an antipsychotic;
  - → Eliminate or correct the reversible potential causes;
  - → Continue using the basic approach and individualized nonpharmacological interventions.
- In the event of a relapse characterized by psychotic or aggressive symptoms putting the resident or others at risk:
  - → Resume the antipsychotic, gradually titrating it up to the lowest effective dose;
  - → Consider deprescribing the antipsychotic again after 3 months of behavioural stability.

⚠ The follow-up should be conducted more closely if the initial BPSD were serious[2]

2. Serious BPSD: presence of a risk to the health and safety of the resident or others.

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BPSD: behavioural and psychological symptoms of dementia
CHSLD: residential and long-term care centre