NPS MEDICINEWISE

Management of changed behaviour in a person with dementia

A stepwise approach

IDENTIFY target behaviours AND ADDRESS possible triggers and unmet needs[1]

- Pain
- Dehydration
- Boredom
- Ambient temperature too hot or cold
- Fatigue
- Lack of personal belongings
- Infections (eg, skin or urinary tract)
- Overstimulation

IMPLEMENT non-pharmacological interventions and MONITOR response[2,3] MAINTAIN effective interventions long term

- Facilitate social contact
- Reduce excess noise, people or clutter
- Provide reminiscence therapy
- Facilitate physical activities
- Provide safe wandering areas
- Establish routines (eg, for dressing and bathing)

IF an antipsychotic is trialled to control severe symptoms (psychosis or aggression), MONITOR WEEKLY for changes in response and LOOK OUT for adverse effects[2,4]

- Observe patients closely for adverse effects including sedation, postural hypotension, and anticholinergic effects
- Antipsychotic use is associated with serious adverse effects, including cerebrovascular events and death[2,4]

Avoid prescribing antipsychotics for patients who have atrial fibrillation, hypertension, diabetes or have had a previous stroke[2]

REVIEW response to therapy weekly. Consider REDUCING dose AND STOPPING at no later than 12 WEEKS[2,5]

Discontinue treatment if symptoms do not improve within 1–2 weeks

For more information visit: www.nps.org.au/professionals/antipsychotic-medicines

References

1. Assessment and management of behavioural and psychological symptoms of dementia. BMJ 2015;350:h369.
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4. Australian Medicines Handbook Aged Care Companion. Adelaide: AMH Pty Ltd, 2019.
5. Clinical practice guidelines and principles of care for people with dementia. Sydney: Guideline Adaptation Committee, 2016.

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