

Antipsychotics



You May Be at Risk

You are currently taking an antipsychotic drug:

- Quetiapine (Seroquel®)
- Clozapine (Clozaril®, FazaClo®)
- Pimozide (Orap®)
- Ziprasidone (Zeldox®, Geodon®, Zipwell®)
- Perphenazine (Trilafon®)
- Haloperidol (Haldol®)
- Aripiprazole (Abilify®)
- Loxapine (Xylac®, Loxatine®)
- Chlorpromazine (Promapar®, Thorazine®)
- Prochlorperazine (Compazine®, Compro®, Procomp®)
- Risperidone (Risperdal®)
- Olanzapine (Zyprexa®)
- Fluphenazine (Modecate®, Permitil®, Prolixin®)

TEST YOUR KNOWLEDGE ABOUT THIS MEDICATION



QUIZ

ANTIPSYCHOTIC DRUGS

1. Antipsychotic medication is sometimes prescribed to treat sleep problems or disruptive behaviors in people with dementia. **TRUE** **FALSE**
2. The dose of antipsychotic medication is related to the occurrence of side effects. **TRUE** **FALSE**
3. Antipsychotics are the drug of choice for sleep problems. **TRUE** **FALSE**
4. Antipsychotic drugs are the best available option to treat disruptive behaviors in people with dementia. **TRUE** **FALSE**



ANSWERS



1. TRUE

Antipsychotic drugs are sometimes prescribed to treat insomnia or disruptive behaviors in people with dementia. However, new research shows that people who take antipsychotic drugs are putting themselves at:

- A higher risk of memory and concentration problems
- An increased risk of falls and fractures (hip, wrist)
- An increased risk of having a stroke
- A higher risk of dizziness, confusion, diabetes, weight gain and high cholesterol

2. TRUE

The dose of the drug is related to the occurrence of side effects. Even at small doses, all antipsychotic drugs slow your brain performance and reflexes.

3. FALSE

Antipsychotic medication was developed primarily to treat schizophrenia and bipolar disease. These medications were never intended to treat insomnia or disruptive behaviors in people with dementia.

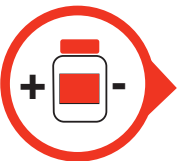
4. FALSE

Antipsychotic medication masks the symptoms of agitation in patients with dementia without addressing the underlying cause. The risks associated with these drugs are serious. This brochure gives you alternative solutions.

Did you know?



Antipsychotics are in a family of drugs used to treat mental health problems like schizophrenia and bipolar disease, or behavioral problems related to dementia. Antipsychotic drugs can also be prescribed to treat insomnia or anxiety, although this is not a recommended use.



Antipsychotics can cause multiple side effects, some of which can be quite serious. They should not be taken except under very special circumstances.



These drugs remain longer in your body as you age. This means they can remain in your body for up to several days and can make a person tired, sleepy and confused. They can impair your balance, cause a stroke or even lead to death. They also make you gain weight and may cause or exacerbate diabetes, high cholesterol and memory problems.



An antipsychotic's sedative properties can cause drowsiness during the day, which can lead to car accidents. Even if these symptoms are not apparent, speak to a doctor, nurse or pharmacist for prevention in the future.



Alternative therapies are available to relieve anxiety or improve sleep with fewer side effects and improved quality of life.

Please consult your doctor, nurse or pharmacist before stopping any medication.

So ask yourself...

YES OR NO?

Has it been a while since the antipsychotic drug was prescribed?

Y **N**

Could it be causing drowsiness and lethargy during the day?

Y **N**

Could it be causing memory or balance problems?

Y **N**

Might it be a good time to try non-drug therapy?

Y **N**

AS YOU AGE

Age-related changes take place in your body and modify the way you process medications. Drugs stay in your body longer and diminished liver function and poor blood flow to your kidneys may increase side effects. The chances you will take more than one medication increases as you age, as does your likelihood of having multiple chronic illnesses.

Unfortunately this is important information that is often not passed on to patients. Please consult a doctor, nurse or pharmacist to discuss this further. Alternative therapies can help relieve anxious or aggressive behaviours, or improve sleep with fewer side effects and improved quality of life.

Alternatives for insomnia

If an antipsychotic drug is being taken to improve sleep, there are lifestyle changes that can help.



Exercise. Physical activity helps people sleep better. However, avoid vigorous activity for several hours before bedtime.



Keep a routine. Try to go to bed and wake up at about the same time every day, even on weekends.



Try not to eat right before bedtime. Eat three hours or more before going to bed.



Avoid caffeine after 3 p.m. Some people need to avoid caffeine even earlier. Avoid consuming nicotine as it is a stimulant and might keep you awake.



Limit alcohol. Alcohol causes sleepiness at first, followed by wakefulness.



Create the right environment. Keep the bedroom peaceful and quiet. Avoid mental excitement before bedtime. Do not read or watch TV in bed. Do so in a chair or on a couch.

Useful resources:

- See our brochure, ***How to get a good night's sleep without medication***: www.criugm.qc.ca/fichier/pdf/Sleep_brochure.pdf
- Check out the website Sleepwell Nova Scotia (sleepwellns.ca), which offers online cognitive behavioural therapies to improve sleep.

Alternatives for dementia

If an antipsychotic drug is being used to treat disruptive behaviors in people with dementia, try these alternative solutions.

Each person with dementia is different and strategies for care need to be adapted as symptoms change.

Tips for dementia care

1. Keep a daily routine: A person with dementia will eventually need assistance to plan their day, and their abilities will change as the disease progresses.

- Experiment and adjust the routine based on the person's likes, dislikes, strengths and interests, and what times work best for certain activities.
- Plan activities that use more energy earlier in the day, such as bathing; keep in mind that people with dementia often become restless or irritable around dinnertime.
- Provide regular times for waking up and going to bed, and ample time for meals, bathing and dressing.
- Eat the biggest meal at midday.
- Balance activities and rest, and provide frequent breaks and varied tasks. Allow flexibility for spontaneous activities.
- Set a quiet mood in the evening, with soft lighting, less noise and soothing music.

For more information on planning a routine, visit:

www.alz.org/care/dementia-creating-a-plan.asp

Alternatives for dementia

(Cont'd)

2. Create meaningful activities and social time: Encouraging engagement and involvement in daily life can greatly enhance quality of life and reduce boredom, anxiety or agitation for someone living with dementia

- Find activities the person previously enjoyed and modify them to the person's ability.
- Help the person exercise everyday: physical activity helps use nervous energy. It improves mood and sleep.
- Adult daycare programs can also provide activities for older people and give caretakers a break.

For more information on activities, visit:

www.alz.org/care/alzheimers-dementia-activities.asp

3. Enhance communication: Dementia gradually reduces the ability to communicate yet the disease affects each person differently. Communication with someone with dementia requires patience, understanding and listening skills.

- Take the time to listen and give the person time to respond. Treat them with dignity and respect.
 - Speak slowly, calmly and directly with the person in a normal tone of voice, maintain eye contact and get to their height level.
 - Ask one question at a time.
 - Avoid arguing, criticizing, scolding, finger-pointing or threatening.
 - Take the time to listen to how the person feels, what they may need or what they are thinking.
-

Alternatives for dementia

(Cont'd)

Don't argue with a person who's distressed:

- Assess for the presence of pain or other physical problems.
- Validate that the person seems to be upset over something.
- Separate the person from what seems to be upsetting him or her.
- If you appear to be the cause of the problem, leave the room for a while.
- Distract the person with music, singing, dancing, soft blankets or other comforts.
- Ask the person to help with a simple task, such as setting the table or folding clothes.
- Take the person to another room or for a short walk.

For more information on communication, visit:

- www.alz.org/care/dementia-communication-tips.asp
- training.alz.org/products/4036/effective-communication-strategies

For more information about addressing aggressive behaviour, visit:

- www.alz.org/care/alzheimers-dementia-aggression-anger.asp

To learn how to prevent agitation and anxiety, visit:

- www.alz.org/care/alzheimers-dementia-agitation-anxiety.asp

Alternatives for dementia

(Cont'd)

4. Try sensory stimulation: In the later stages of dementia, it becomes more difficult to connect through language. Using the senses, such as hearing, touch and taste, can be a great way to connect. Playing familiar music, providing tactile objects such as soft fabrics or creating a soothing environment with dim lighting and sounds of running water can be calming, relaxing and highly beneficial.

- Remember what they used to enjoy: their favourite song or a lotion they really liked.
- Encourage them to touch pieces of fabric and tactile objects.
- Give them a hand massage with scented oil or a manicure.
- Watch fish swimming in a fish tank
- Take them for a short walk, if possible outside

For more information on sensory stimulation visit:

www.alzheimer.ca/en/Living-with-dementia/Day-to-day-living/Staying-active/Late-stage

Training and education for caregivers: these free training modules created by the Alzheimer's Association can help you find effective strategies to understand and care for someone living with dementia:
<http://training.alz.org/>

See the Alzheimer's Society of Canada for additional resources:

www.alzheimer.ca/en/We-can-help/Resources/Resources-for-the-caregiver

For the Alzheimer's Association 24/7 helpline, call 1-800-272-3900



MRS. ROBINSON'S STORY

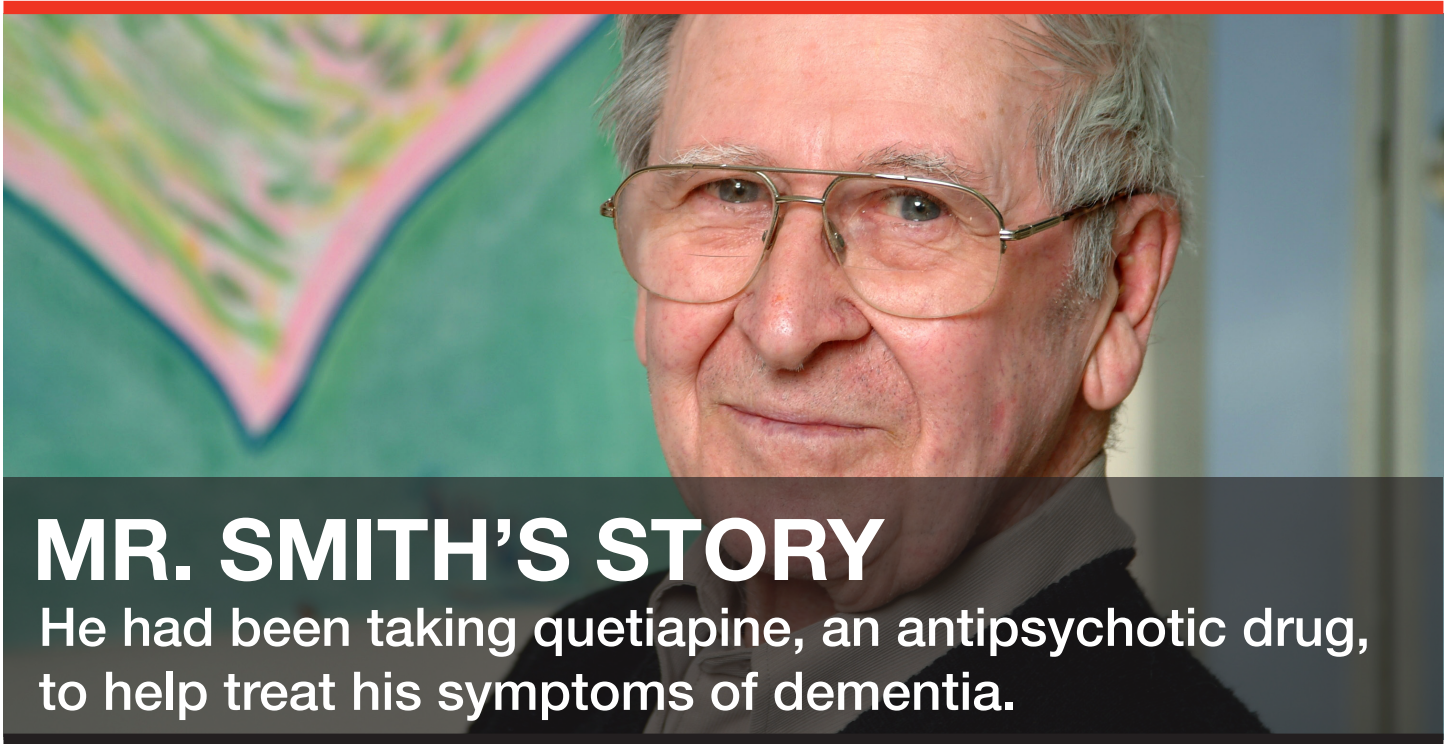
She had been taking Seroquel®, an antipsychotic drug, to treat her insomnia.

“I am 65 years old and took Seroquel® for 10 years. A few months ago, I fell in the middle of the night on my way to the bathroom and had to go to the hospital. I was lucky and, except for some bruises, I did not hurt myself. I read that Seroquel® puts me at risk for falls. I did not know if I could live without Seroquel® as I always have trouble falling asleep and sometimes wake up in the middle of the night.

I spoke to my doctor who told me that my body needs less sleep at my age – 6 hours of sleep per night is enough. That’s when I decided to try to taper off Seroquel®. I spoke to my pharmacist who suggested I follow the step-by-step tapering program (on the last page).

I also applied some new sleeping habits I discussed with my doctor. First I stopped exercising before bed, then I stopped reading in bed and finally, I got out of bed every morning at the same time whether or not I had a good night’s sleep.

I succeeded in getting off Seroquel®. I now realize that for the past 10 years I had not been living to my full potential. Stopping Seroquel® has lifted a veil, like I had been semi-sleeping my life. I have more energy and I don’t have so many ups and downs anymore. I am more alert: I don’t always sleep well at night, but I don’t feel as groggy in the morning. It was my decision! I am so proud of what I have accomplished. If I can do it, so can you!”



MR. SMITH'S STORY

He had been taking quetiapine, an antipsychotic drug, to help treat his symptoms of dementia.





























Three years ago Mr. Smith, 78 years old, was diagnosed with Alzheimer's disease. He lives with his wife. At first he had memory lapses, made mistakes paying the bills and got lost looking for where he parked the car. Last year, he began getting lost when he was out by himself. He physically resisted when his wife tried to bring him back inside. In the evenings, he would not go to bed, was restless and became verbally abusive when told to go back to sleep.

The doctor prescribed quetiapine to control Mr. Smith's aggressive and unpredictable behaviours. Quetiapine also helped him go to sleep at night. His daughter read that the side effects of antipsychotic medication can be serious for persons with dementia. She realized that her father was more drowsy and withdrawn since the quetiapine was started, and that his gait was unsteady, putting him at risk for falls. She and her mother decided to taper Mr. Smith off the quetiapine, under the supervision of their doctor and pharmacist.

They started keeping a daily routine, doing home exercises and balance training with Mr. Smith each morning. A big meal was given at mid-day and then his wife took him out most afternoons to keep him active. In the evening, she would put on music and ask him to help put away the dishes or fold the clothes. They extended bedtime to 11 p.m. After one month of tapering, Mr. Smith was less agitated and slept soundly. Both he, his wife and their children were happier with his interactions and involvement with the family.

TAPERING-OFF PROGRAM

We recommend that you follow this schedule under the supervision of your doctor, nurse or pharmacist to taper off your antipsychotic medication.

WEEKS	TAPERING SCHEDULE							✓
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
1 & 2								
3 & 4								
5 & 6								
7 & 8								

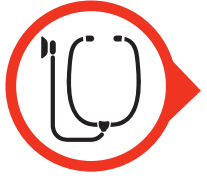
Explanations

 Full dose

 Half dose

 No dose

Please consult your doctor, nurse or pharmacist before stopping any medication.



5 QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

1. Do I need to continue my medication?
 2. How do I reduce my dose?
 3. Is there an alternative treatment?
 4. What symptoms should I look for when I stop my medication?
 5. With whom do I follow up and when?
-

Questions I want to ask my health care provider about my medication

Use this space to write down questions you may want to ask:

This brochure can be found online at:

www.deprescribingnetwork.ca/useful-resources