

How to Help Your Loved One: Improve Dementia Care by Reducing Unnecessary Antipsychotic Drugs



What is an antipsychotic drug?

An antipsychotic drug is a medication that works with the brain's chemistry to block symptoms of psychosis, among other things. Symptoms of psychosis includes things like delusions or hallucinations. Delusions are a persistent belief or idea about something that is not true. Hallucinations occur when someone hears or sees something that is not there. Persons with mental illnesses often have these symptoms and antipsychotic medications may provide relief. Some persons with dementia have hallucinations or delusions. If so, antipsychotic drugs may help these persons, too. However, most persons with dementia do not have hallucinations or delusions, and so antipsychotic medications will not help most persons with dementia.

Why is this an important issue?

As the disease progresses, persons with dementia may experience changes to their memory, ability to concentrate, being oriented to time and place, understanding and expressing language, being able to start and finish tasks, and other changes to how they see and interact with the environment and others. These many changes in how their brain works can lead to responses, often called behavioral disturbances, that have a negative effect on them and others. Some of the behaviors commonly seen in persons with dementia include hitting, yelling, refusing help from others, pacing, crying, repeating questions, or throwing things. These behaviors can cause distress for the person with dementia and be challenging for those caring for them. Antipsychotics have been prescribed at times to try to stop or reduce these behaviors. Studies now show that antipsychotics do not always reduce these behaviors for persons with dementia and that there are alternative strategies for managing such behaviors. Due to the many and extreme side effects of antipsychotic medications, they can be dangerous for people with dementia.

What are the common antipsychotic drugs?

Quetiapine (Seroquel)
Olanzapine (Zyprexa)

Aripiprazole (Abilify)
Haloperidol (Haldol)

Risperidone (Risperdal)

What are the risks from these drugs? Side effects of these medications are serious for persons with dementia. These side effects include involuntary muscle spasms, sleepiness, blurred vision, dehydration, headache, puckering of the mouth, abdominal pain, and chest pain. There is also an increased risk of stroke and death. People with dementia who are taking an antipsychotic medication are more likely to be sleepy or drowsy, unsteady when they walk, and/or have a tendency to fall, which can lead to serious injuries and decline. The US Food and Drug Administration (FDA) requires all antipsychotic drugs to have a warning label, called a "black box" warning. The FDA only requires black box warnings when the risks are serious and extreme. The black box warning on antipsychotic medications states: "Warning: Increased Mortality in Elderly Patients with Dementia-Related Psychosis. Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. [Name of antipsychotic] is not approved for the treatment of patients with dementia-related psychosis."

If drugs are not used, what can be done about challenging behaviors? Persons with dementia may have trouble expressing what they need. They may also be frightened, upset, or uncomfortable. They may be hungry, thirsty, tired, bored, or need to go to the bathroom and cannot tell someone. Antipsychotics do not make these feeling or needs go away or improve their ability to meet these needs. Persons caring for them need to figure out what is going on physically, emotionally, and in the environment that may be causing the person with dementia to react, always remembering that the need may not be obvious. People

who know the person well may be able to anticipate what they need or know how they react in certain situations and offer alternatives. It is always better to help the person by using approaches other than drugs.

What can I do as a family member?

- Realize that your loved one has a disease that has affected their brain. As the disease progresses, they cannot control how they respond. All persons caring for them want to help them have the best quality of life possible.
- See yourself as a team member, or partner, who works with others to provide the best care and quality of life for your loved one. Your concern, interest, and input are invaluable in providing the best possible care for your loved one.
- Work with others to explore alternative interventions for your loved ones behavioral responses rather than asking for an antipsychotic medication.
- Share your loved one's habits and routines with other partners in his/her care. What were their past interests, hobbies, previous work experiences, sleep patterns, routines, and preferences? What did they do when they were upset, uncomfortable, tired, and/or bored?
- If your loved one is not living at home, bring an item(s) from home that provides comfort to him or her. This might include a favorite picture, book, music, food, a blanket, or a favorite chair.
- Spend time with your loved one when possible. No one knows your loved one better than you do. You can provide a relationship with them that helps maintain their sense of identity and comfort.

If your loved one is taking an antipsychotic drug, ask:

- What type of drug is it?
- Why has it been prescribed?
- How can I and/or the care team solve my loved one's behavior responses without drugs?
- Is there a plan in place to decrease or stop the drug?
- How can I help?

This guide was developed by the Minnesota Partnership to Improve Dementia Care. Minnesota partners in this effort include representatives from:

Act on Alzheimer's
Aging Services of Minnesota
American Society of Consultant Pharmacists
– MN Chapter
The Alzheimer's Association
Care Providers of Minnesota
Ecumen

HealthEast Bethesda Hospital
Minnesota Board on Aging
Minnesota Department of Health
Minnesota Medical Directors Association
Minnesota Veterans Homes
Office of Ombudsmen for Long-Term Care
Stratis Health

