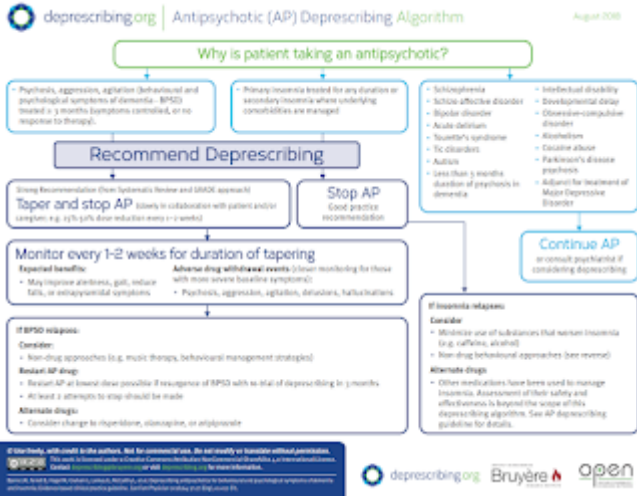




https://deprescribing.org/wp-content/uploads/2018/08/AP-deprescribing-algorithm-2018-English.pdf



deprescribing.org | Antipsychotic (AP) Deprescribing Notes August 2018

Commonly Prescribed Antipsychotics

Antipsychotic	Form	Strength
Chlorpromazine	50, 100 mg tablets	25, 50, 100 mg tablets
Haloperidol (Haldol®)	1, 2, 5, 10, 20, 50 mg tablets	1, 2, 5, 10, 20, 50 mg tablets
Lorazepam (Lorazepam®)	1, 2, 5 mg tablets	1, 2, 5 mg tablets
Aripiprazole (Aristada®)	5, 10, 15, 20, 30 mg tablets	5, 10, 15, 20, 30 mg tablets
Ziprasidone (Geodon®)	20, 40, 60 mg tablets	20, 40, 60 mg tablets
Quetiapine (Seroquel®)	50, 100, 150, 200 mg tablets	50, 100, 150, 200 mg tablets
Risperidone (Risperdal®)	1, 2, 3, 4 mg tablets	1, 2, 3, 4 mg tablets

Engaging patients and caregivers

Patients and caregivers should understand:

- The rationale for deprescribing (i.e. side effects of continued AP use)
- Behavioral symptoms, including BPSD (agitation, aggression)
- These are part of the tapering plan, and can control tapering rate and duration

Tapering doses

- As evidence for tapering approach is better than another
- Consider:
 - Reduce to 10%, 20%, 50% of original dose in a weekly or bi-weekly basis and then stop it
 - Consider slow tapering and frequent monitoring in those with severe baseline BPSD
 - Tapering may not be needed if low dose for insomnia only

Sleep management

Primary care:

- Go to bed only when sleepy
- Do not use alcohol or sedatives for sleeping (but sleep for insomnia)
- If you do not fall asleep within about 30-45 minutes at the beginning of the night or after an awakening, get the bed back
- If you do not fall asleep within 30-45 minutes on trying to bed, repeat #1
- Use your alarm to wake up at the same time every morning
- Do not nap
- Avoid caffeine after noon
- Avoid alcohol, tobacco, alcohol, and big meals within 2 hrs of bedtime

Nutritional care:

- Push up routine during the day to obtain sleep/light exposure
- Keep meals regular to stabilize digestive cleaning
- Increase daytime activity and decrease daytime sleeping
- Reduce number of naps (no more than 30 minutes and no naps after 4pm)
- Offer warm drink, coffee, warm milk at night
- Reduce food, caffeine, cooking before bedtime
- Have the bedroom cooler before going to bed
- Encourage regular bedtime and rising time
- Avoid waking at night to provide direct care (e.g. offer blanket, gentle massage)

Antipsychotic side effects

- APs associated with increased risk of:
 - Metabolic disturbances, weight gain, dry mouth, dizziness
 - Sedation, drowsiness, blurry or double vision, falls, hypotension, orthostatic hypotension, gait, urinary tract infections, cardiovascular adverse events, death
- High failure: higher dose, older age, Parkinson's, Long Body Dementia

BPSD management

- Consider interventions such as: medication, social contact, sensory breaks or sensory therapy, structured activities and behavioral therapy
- Address physical and other disease factors (e.g. pain, infection, constipation, depression)
- Consider environment (e.g. light, noise)
- Review medications that might be worsening symptoms