

WHEN CAN I STOP THESE MEDICATIONS IF I AM PRESCRIBED THEM BY MY DOCTOR?

Your healthcare team should monitor any side effects and conduct regular reviews of these medications to make sure they are helping you.

They should let you know if you need to continue with them, and why.

If you are currently taking medication that you are unsure about, talk to your health care provider.

WILL I BE ASKED FOR MY CONSENT TO TAKE THESE MEDICATIONS IF THEY ARE PRESCRIBED?

Yes. Your consent to treatment is not valid unless:

- You have received sufficient information **in a way that you can understand it**, which includes information on the benefits and risks of the treatment;
- You are not acting under duress;
- And, you have the capacity to make the particular decision.

No other person such as a family member, friend or carer can give or refuse consent on your behalf unless they have your authority to do so. However, it may be helpful to involve someone close to you in the treatment decision and discussion, who may help you with this process.

WHO CAN I ASK FOR MORE INFORMATION ABOUT THESE MEDICATIONS?



- your GP
- your specialist nurse therapist or psychologist
- your public health nurse
- your local dementia coordinator
- your local memory service
- your local pharmacist

The Understand Together
Freephone helpline number is
1800 341 341

Visit <http://www.understandtogether.ie/>
for more information and
to see the full guideline.

This leaflet was developed by adapting information from:

People with Dementia: A Guide for Residents, Families, and Caregivers. Available at:

https://cep.health/media/uploaded/CEP_AntDementia_ResFamCare_20190305_oSkextK.pdf

Centre for Effective Practice. (April 2016). Use of Antipsychotics in Behavioural and Psychological

Symptoms of Dementia (BPSD) Discussion Guide: Long-Term Care (LTC 2nd Ed.). Available at:

https://cep.health/media/uploaded/UseofAntipsychotics_LTC2016-2.pdf

Choosing Wisely Canada. Treating Disruptive Behaviour in People with Dementia: Antipsychotic drugs are usually not the best choice; Available at: <https://choosingwiselycanada.org/antipsychotic-for-disruptive-behaviour-dementia/>

The information in this leaflet is for information purposes only and should not be considered as medical advice.

You should seek assistance from a health care professional when interpreting this information.

APPROPRIATE PRESCRIBING OF PSYCHOTROPIC MEDICATION FOR NON-COGNITIVE SYMPTOMS IN PEOPLE WITH DEMENTIA

A Guide for People with Dementia, Families, and Caregivers

A **National Clinical Guideline** for the
*“Appropriate Prescribing of Psychotropic Medication
for non-cognitive symptoms in People with Dementia”*
was launched by the Department of Health in 2019

<https://www.gov.ie/en/collection/c9fa9a-national-clinical-guidelines/>

THIS LEAFLET HAS BEEN DEVELOPED TO PROVIDE KEY POINTS
FROM THE GUIDELINE FOR YOUR INFORMATION.



Non-cognitive symptoms refer to mood disturbances, personality changes, agitation, aggression, pacing, altered sexual behaviours, changed sleep patterns and appetite disturbances.

WHAT ARE THE TYPES OF PSYCHOTROPIC MEDICATION?

Psychotropic medications are drugs capable of affecting the mind, emotions, moods and behaviour.

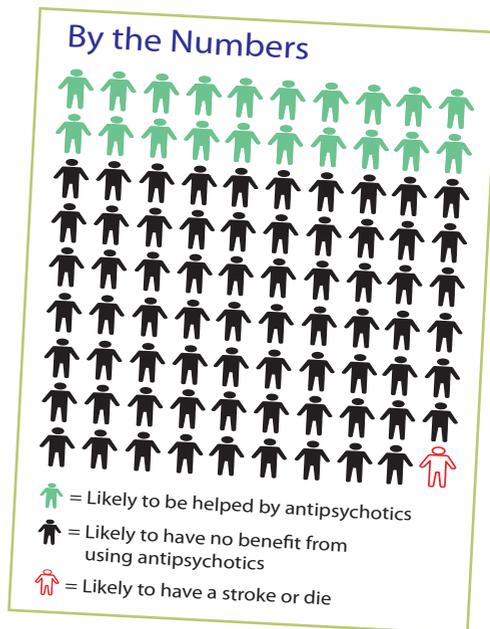
Antipsychotics include "risperidone", "olanzapine" and "quetiapine"

If you are uncertain if you or a loved one is taking one of these medications, please ask the health care team.

Antipsychotics can be helpful in treating some **psychotic symptoms** - these include delusions, where someone has a persistent false belief (e.g. that people are trying to harm them); and hallucinations, where someone feels or sees things that are not actually there, and gets upset by this.

Antipsychotics are also sometimes helpful in treating **severe aggression** and **severe agitation**.

Studies have shown that antipsychotics can increase the risk of stroke and dying.



WHAT OTHER TYPES OF PSYCHOTROPIC MEDICATIONS ARE THERE?

- **Antidepressants** such as sertraline, citalopram and trazodone.
- **Anticonvulsants** such as carbamazepine and valproate, occasionally used for mood problems.
- **Acetylcholinesterase Inhibitors** such as donepezil, rivastigmine and galantamine; and a related medication called **memantine**.
- **Benzodiazepines**, which are used for anxiety and sleep problems such as "Xanax".
- **Z type medications**, which are another form of sleeping tablet, such as zopiclone.

This list is not exhaustive.

If you are unsure about what medication you are taking, then **ASK** your healthcare provider (or visit The Health Products Regulatory Authority - www.hpra.ie for useful information).

WHAT ARE THE SIDE EFFECTS OF PSYCHOTROPIC MEDICATIONS?

All medications can cause side effects, and these will vary between the different types of psychotropic medications, and vary from person to person, but might include:

- Drowsiness and confusion
- Poor balance and falls
- Weight gain / Diabetes
- Constipation
- Shaking or tremors (which can be permanent)
- Increased risk of pneumonia and paralysis

WHEN SHOULD PSYCHOTROPIC MEDICATIONS BE PRESCRIBED?

Some feelings such as anxiety can be common in everyday life, and so these symptoms do not need to be treated in all cases. Non-cognitive symptoms must be explored to determine if they are a result of an unmet need or a common condition such as constipation, infection, vision or hearing problems, sleep problems, or pain.

The guideline recommends that psychotropic medication is only considered if:

- Other approaches have failed
- A person is severely distressed
- A person is likely to hurt themselves or others
- It is in the best interest of the person with dementia



Psychotropic medications do not always have to be continued long term, so it is important that your doctor **reviews these regularly** to see if you can stop taking them.

WHAT SHOULD HAPPEN BEFORE I AM PRESCRIBED PSYCHOTROPIC MEDICATION?

Medication should not usually be the first line of treatment for non-cognitive symptoms, so other approaches should have been tried before now. Your healthcare team can get guidance from the Dementia Pathways website, under "resources for practice; non-cognitive symptoms of dementia".

A **detailed assessment** must be carried out by your doctor or specialist nurse, including a detailed history of the type, frequency, pattern, and timing of symptoms, and other potential contributory factors. It can be useful to have a family member or a carer present with you to assist in providing information for the assessment. Visit <http://www.understandtogether.ie/> for a guide on 'what do I need to tell the doctor' in the case of non-cognitive symptoms. Your doctor may then advise that you should have a trial of these medications, or not.

SHOULD I SEE MY DOCTOR AGAIN IF I AM PRESCRIBED THIS MEDICATION?

Your doctor should reassess your condition **regularly** to check whether medication is still needed. Contact your doctor immediately if you think this medication is making you unwell.