6 STEPS FOR SAFE PRESCRIBING

antipsychotics and benzodiazepines in residential aged care

Best practice for managing the behaviours and psychological symptoms of dementia uses a person-centred approach.

Antipsychotics and benzodiazepines have a very limited role in this area. They only work for a small percentage of people with specific indications. They also increase the risk of patient harm.

If you're thinking of prescribing these medicines to manage the behaviours and psychological symptoms of dementia, follow these 6 steps.

1. Consult the team



Family and frontline workers know the person best.

Talk to them to understand the person's behaviours, triggers, likes and dislikes.



Assess the person

What triggers the behaviour?

Could the challenging behaviour be caused by pain, infection, delirium, depression, an event or recent change?



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What other interventions have been tried?

3.

Use other strategies

Use the care and services plan to understand their patterns and needs. Check the behaviours are documented.



For example, physical activity, reassurance, music therapy. What worked? What else might you try?

Help frontline workers and families with problem solving to understand and manage behaviours.

In most cases, symptoms can be managed successfully without medication.

Prescribing antipsychotics or benzodiazepines should be the exception, not the norm.





5.

Start low and go slow

Discuss the risks and benefits with the person/their decision maker.

Get their informed consent before prescribing.



4.

Get informed consent



Start on a low dose. Measure the response against the documented behaviours.

Increase very gradually if needed. If there is no improvement in 4 weeks, deprescribe. 6.

Plan a review

 Review regularly (every 4–12 weeks) and keep measuring the response.

Symptoms can change, so the need for medication can also change.



Try reducing the dose after a time. If the symptoms don't return, deprescribe.