

Prescribing Checklist Use of Antipsychotics in Dementia-related Behavioural Disturbances

Coventry & Warwickshire Area Prescribing Committee



Evidence shows that there is a clear **increased risk of stroke risk and death** when antipsychotics are used in patients with dementia.
A decision to prescribe an antipsychotic should be based on an evaluation of risks and benefits to the individual patient. This decision should be made in conjunction with the patient and significant others (e.g. relatives, carers)
Risperdal is the only antipsychotic which is licensed for the treatment of dementia-related behavioural disturbances. It is licensed for the short term treatment (up to 6 weeks) of persistent aggression in moderate to severe Alzheimer's dementia, which is unresponsive to non-pharmacological approaches and where there is a risk of harm to the patient or others.

Patient N^o. _____ Mr Mrs Miss Ms
NAME _____
 Address _____
 _____ Postcode _____
 Date of Birth / / GP _____
 Male Female *Attach Banda Label where available*

Ward/Home/Care Home: _____

 CONSULTANT:/ GP _____

ALLERGIES
 Suspected Confirmed
 Or, Tick if No Known Allergies

Mental Health Act
Status - TICK
 Informal Formal

Prescribing Checklist:

(Please document supporting notes in spaces provided as appropriate)

Tick as appropriate

Date of initial review

Prescribers/
MDT Staff reviewing patient:

◆ **Prescribing under recommendation of Psychiatrist?**

Psychiatrist -

Yes No

◆ **Patient's Diagnosis**

Baseline cognitive state
(e.g. MMSE, general impression)

◆ **Intention to prescribe an antipsychotic for the treatment of BPSD in dementia unresponsive to non-pharmacological approaches where there is a risk of harm to the patient or others.** Note - Extra caution required in vascular dementia or mixed dementias (possible increased risk of cerebrovascular adverse events and death) or mild to moderate dementia with Lewy bodies (particular risk of serious adverse effects).

Intention to prescribe *(state antipsychotic name)*

Dose

Start date

Select intended Treatment choice

Licensed risperidone
 Unlicensed risperidone
 Alternative

>Non-pharmacological approaches attempted (if relevant) (list) -

>Any comorbid conditions which could contribute to behaviour? -

◆ **Risk and benefit assessment:**

Consideration for increased **mortality rate** associated with APD use in patients with dementia.

Consideration of risk of **cerebrovascular events:**

- Previous history of stroke or transient ischaemic attack.
- Any cerebrovascular risk factors : e.g. hypertension, diabetes, smoking, atrial fibrillation. *(Circle or list:)*

Yes No

◆ **Full discussion with the patient/relatives/carers** about the risks and benefits?

List persons involved and outcomes agreed (continue on reverse of page if necessary).

If off-licence use, did discussion include reasons why this is considered appropriate?

Yes No

◆ **Identify target symptoms:**
(quantify and document:)

◆ **Review Date:** (within 3 to 6 wks). *Treatment should be **time-limited and regularly reviewed** - if there has been a deterioration in level of behavioural disturbances, consider whether this is attributable to the antipsychotic, or another cause. Also record in patient's notes. Subsequent reviews should also be recorded in notes. Indicate how review is to take place.*

Review Date

Phone? Face-to-face?

Name:

Date of Birth:

Review of Treatment

Date:

Response of target symptoms:

Quantification of symptoms (e.g. BEHAVE-AD or NPI score):

Cognitive state on review (e.g. MMSE, general impression):

Treatment plan:

Antipsychotic to continue? Yes No

Date of next review:

Review of Treatment

Date:

Response of target symptoms:

Quantification of symptoms (e.g. BEHAVE-AD or NPI score):

Cognitive state on review (e.g. MMSE, general impression):

Treatment plan:

Antipsychotic to continue? Yes No

Date of next review: