Prescribing Checklist
Use of Antipsychotics in Dementia-related Behavioural Disturbances

Coventry & Warwickshire Area Prescribing Committee

Evidence shows that there is a clear i**ncreased 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 Nº._____ 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?** Yes ☐ No ☐

  Psychiatrist -

- **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).

Select intended Treatment choice

Intention to prescribe *(state antipsychotic name)*	**Dose**	**Start date**

☐ 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).

Yes ☐ No ☐

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

- 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? ☐

File this original checklist in the Patient's notes. If treatment started in secondary care, please ensure a copy is included in the correspondence to primary care as appropriate.

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: