



# Antipsychotic medications and older patients

Nursing home residents are sometimes given powerful antipsychotic medications in an attempt to treat behavioral symptoms that commonly occur in dementia. These drugs are sometimes used even though they have significant side effects and limited benefit. As an alternative, non-drug approaches can often help to treat behavioral symptoms. These methods can be effective and do not have the risks of antipsychotic medications. This brochure will help you learn about these drugs and things you can do to help ensure that the best possible care is being delivered.



Balanced information for better care

## What are possible side effects of antipsychotic drugs?

- higher risk of death
- stroke
- irregular heart beat
- difficulty moving or walking
- high blood sugar levels
- high cholesterol levels
- weight gain
- dry mouth
- blurred vision
- constipation, urinary retention

Because of the serious side effects that antipsychotic medications may cause, it is best to try and address behavioral symptoms without prescribing one of these drugs first. These medications should only be used for patients at immediate risk of physically harming themselves or another person. Even in these circumstances, the patient and/or their family should be aware of the risks of using these medications.

Agitated behavior is often a way that nursing home residents communicate discomfort or pain, which can usually be treated without the use of antipsychotic medications.



## What are antipsychotic medications?

Antipsychotic medications are potent drugs that may cause serious side effects. They can be helpful for patients with serious mental illness but are not approved by the FDA to treat behavioral problems in older adults. However, nursing home residents are sometimes prescribed one of these drugs to treat common behavioral symptoms that occur in people with dementia such as agitation, depression, or aggression.

### **Some commonly prescribed antipsychotic medications include:**

- Abilify (aripiprazole)
- Geodon (ziprasidone)
- Haldol (haloperidol)
- Risperadal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)

### **Antipsychotics should NOT be used to treat these behaviors:**

- wandering
- restlessness
- poor self care
- shouting
- being uncooperative
- unsociability

**Ideally, providers should first consider and address reversible causes of behavioral symptoms, such as:**

- infections or other illness
- dehydration
- pain
- discomfort
- constipation
- loneliness
- frustration
- noise, temperature, or lighting
- drug side effects
- inability to communicate

**Whenever possible, non-drug treatments for behavioral symptoms should be tried, including:**

- Behavioral therapy
- Allowing more flexible meal times
- Reducing unnecessary stimulation, or providing more sensory input, depending on the resident
- Creating opportunities to walk or get exercise
- Improving sleep habits
- Eliminating unnecessary medications
- Providing access to meaningful activities on all shifts



## What types of questions should I be asking?

*Is this a reflection of an unmet need?*

*Is the resident trying to tell us something with a “problematic” behavior?*

If you have questions or concerns about the medications or other care that a resident is receiving, speak with the nursing facility staff or physician.

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## Additional resources

**Massachusetts Senior Care Association**

[www.maseniorcare.org/Consumers/Care\\_Options.aspx](http://www.maseniorcare.org/Consumers/Care_Options.aspx)

**Massachusetts Department of Public Health’s Nursing Home Consumer Information**

[www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/nursing-homes/](http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/nursing-homes/)

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**These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.**

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