Guidelines for screening patients prescribed ANY antipsychotic medication

What to assess	baseline	4 weeks	8 weeks	12 weeks	quarterly	annually
Metabolic effects						
Weight (BMI)	X	X	X	X	X	
Waist circumference	X					X
Blood pressure	X			X		X
Fasting plasma glucose, or A1c	X			X		X
Fasting lipid profile	X			X		X
FBC, urea, and electrolytes	X					X
Neurologic effects						
Extrapyramidal symptoms	every assessment					
Sedation	every assessment					
Cardiovascular effects						
QTc prolongation	X	with addition of other QT prolonging drugs				
Orthostatic hypotension	X	every assessment				
Anticholinergic effects						
Constipation, blurred vision, dry mouth, sedation, urinary retention	every assessment					

More information on the evidence behind these recommendations can be found at **alosafoundation.org**

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by funding from Massachusetts Department of Public Health. Links to references can be found at **alosafoundation.org**.

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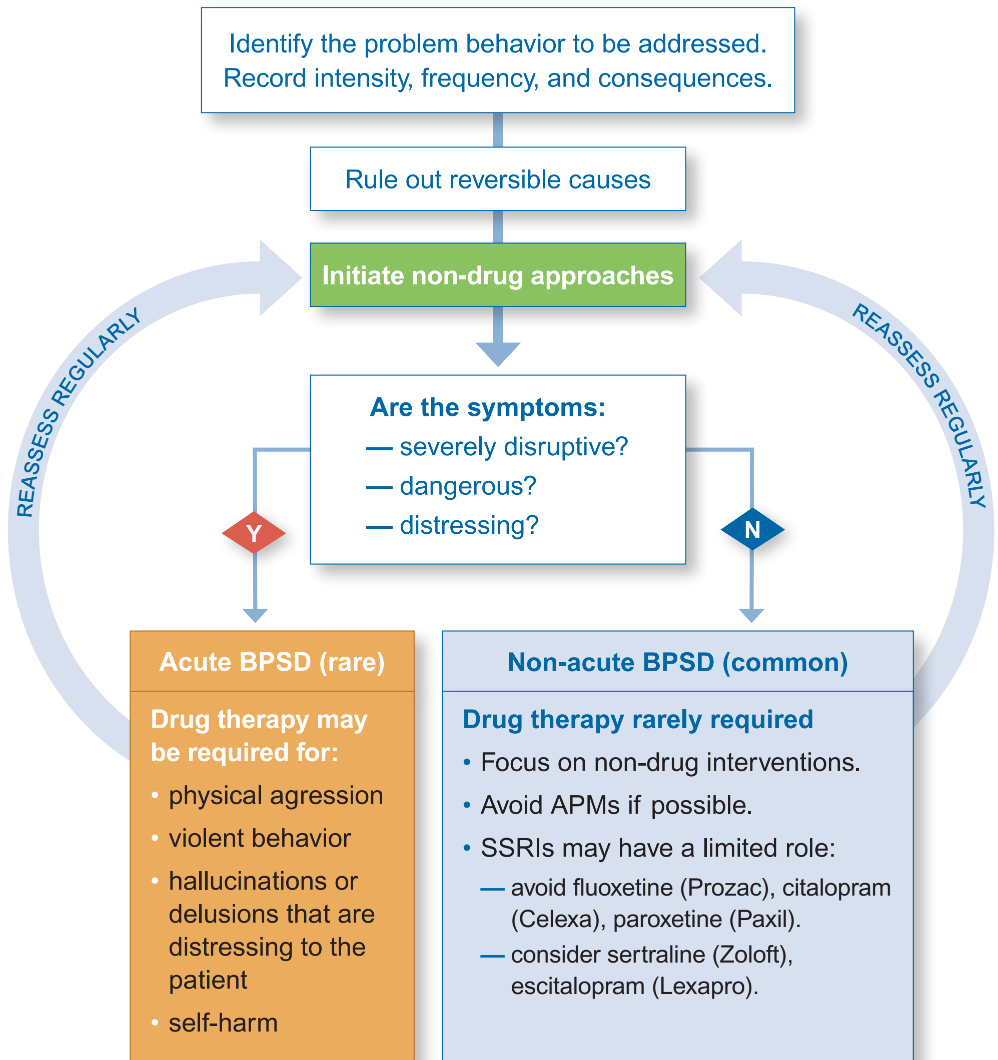
An algorithm for managing behavioral problems in older patients with dementia[1,2,3]



APMs may sometimes be appropriate to manage acute problems of severe BPSD, but are seldom appropriate for non-acute BPSD.

(1) Kapusta P RL, Bareham J, Jensen B. Behavior management in dementia. *Can Fam Physician*. 2011;57(12):1420-1422. **(2)** Centres for Medicare an Medicaid Services. State Operations Manual, Appendix PP-Guidance to Surveyors for Long Term Care Facilities. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. **(3)** The Royal Australian and New Zealand College of Psychiatrists Faculty of Psychiatry of Old Age. The Use of Antipsychotics in Residential Aged Care, Clinical Recommendations. www.bpac.org.nz/a4d/resources/docs/RANZCP_Clinical_recommendations.pdf. 2011.