Responsive Behaviours

Part 3: Prescriber Assessment and Medications

Consider pharmacologic treatment for target responsive behaviour(s) if behaviour is persistent and dangerous, distressing, disturbing, or damaging to social relationships and non-pharmacological strategies have been unsuccessful.

#1

Consider whether or not the behaviour is likely to respond to medication.

***Behaviours not likely to respond to medication:**

- Wandering or exit seeking
- Repetitive actions
- Resistance to care
- Calling out
- Dressing/undressing
- Hiding or hoarding
- Disinhibition

***These behaviours are best treated with approach strategies and non-pharmacological interventions. Look for the C.A.U.S.E. and build a multidisciplinary care plan.**

If assistance with medications is required, the prescriber can contact Rapid Access to Consultative Expertise (RACE) Psychiatry at 204-940-2573 Monday-Friday 8AM-8PM.

#2

If the behaviour(s) may respond to medication, consider if the benefits outweigh the risks. Discuss medication options with resident/family/substitute decision maker prior to initiation of pharmacological treatment. Continue to follow individualized care plan for responsive behaviours.

Tailor medication choice to target behaviour: Start at low dose and titrate up slowly as necessary and tolerated.

SLEEP DISTURBANCES
- Short-term sedatives e.g. zopiclone, benzodiazepines, trazodone
- Quetiapine not recommended
- Melatonin
- REM Sleep Behaviour Disorder – low dose clonazepam

PSYCHOSIS
- 2nd generation (atypical) antipsychotic**
- 1st generation antipsychotic
- Cholinesterase inhibitor for Lewy Body Dementia

PHYSICAL RESPONSIVE BEHAVIOUR
- 2nd generation (atypical) antipsychotic**

DEPRESSION
- 1st line: sertraline, duloxetine
- Alternatives: citalopram, escitalopram
- Other: mirtazapine, venlafaxine, bupropion

ANXIETY
- SSRI e.g. citalopram, escitalopram, sertraline
- Trazodone
- Mirtazapine
- PRN benzodiazepine

SEVERE AGITATION
- 2nd generation (atypical) antipsychotic**
- Trazodone
- Citalopram

***2nd generation (atypical) antipsychotics in order of evidence of effectiveness: risperidone, olanzapine, aripiprazole, quetiapine, clozapine. Quetiapine and clozapine should be reserved for Lewy Body Dementia. Oral paliperidone is not covered in PCH.*

#3

Monitoring & Reassessment

- Effectiveness of medication and adverse effects (have clear therapeutic goals)
- Assess response and tolerability over 1-3 weeks, adjust dose or taper/discontinue based on findings
- Consider dose reduction or discontinuation if the drug: a) Is not effective b) Has intolerable adverse effects or c) Behaviours have been manageable and stable for 3-6 months
- Reassess need quarterly using deprescribing algorithms
- Recommend consulting psychiatrist if considering deprescribing psychotropic medication prescribed for indications other than responsive behaviour associated with dementia e.g., schizophrenia, bipolar, major depression