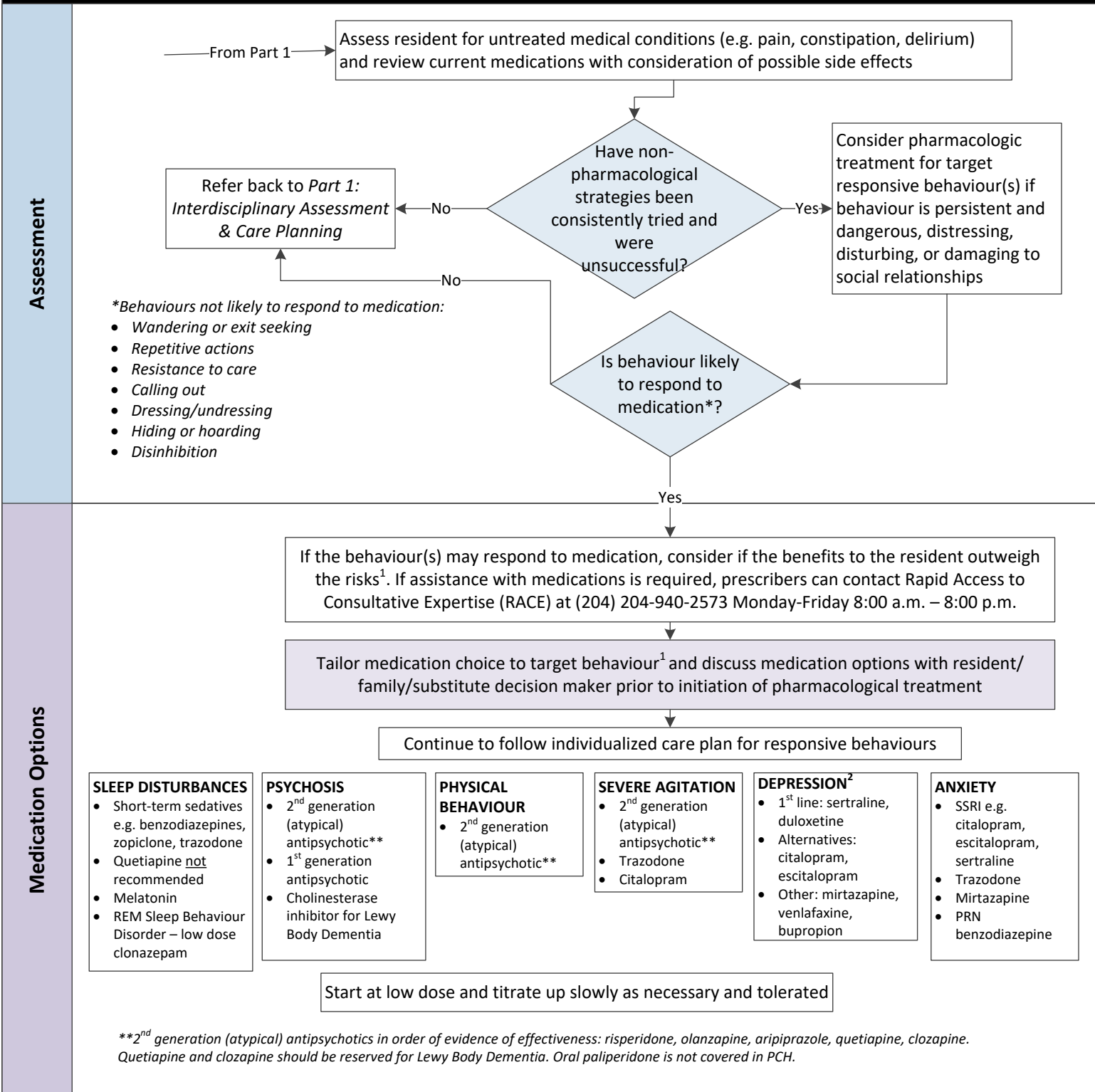


## Part 3: Prescriber Assessment and Medications



Adapted from: BC BPSD Algorithm June 2019 <https://bcbpsd.ca/> by the WRHA LTC Dementia Care Working Group November 2023

References:

1. Use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia (BPSD) Discussion Guide LTC 2<sup>nd</sup> edition. Centre for Effective Practice April 2016 [https://cep.health/media/uploaded/UseofAntipsychotics\\_LTC2016-2.pdf](https://cep.health/media/uploaded/UseofAntipsychotics_LTC2016-2.pdf)
2. Canadian Guidelines on Prevention, Assessment and Treatment of Depression Among Older Adults. 2021. [https://ccsmh.ca/wp-content/uploads/2021/06/CCSMH\\_Depression\\_Guidelines\\_FINAL\\_EN.pdf](https://ccsmh.ca/wp-content/uploads/2021/06/CCSMH_Depression_Guidelines_FINAL_EN.pdf)

## Part 3: Prescriber Assessment and Medications

### Monitoring & Reassessment

**Monitor:**

- Effectiveness of medication on target behaviours using DOS or ABC Behavior Mapping (e.g. frequency and severity of behaviours); quality of life; functional status
- Adverse effects: sedation, falls, postural hypotension, QT prolongation, confusion/delirium, extrapyramidal symptoms, tardive dyskinesia, diabetes, weight change

**Assess response over 1-3 weeks:**

- If lack of response and/or tolerability, adjust therapy
- Increase dose, if not at maximum or taper/discontinue
- If assistance with medications is required, contact RACE

Consider dose reduction or discontinuation if the drug:

- Is not effective
- Has intolerable adverse effects or
- Behaviours have been manageable and stable for 3-6 months

**Reassess the need for continued therapy at a minimum at each quarterly medication review and utilize any applicable deprescribing algorithms<sup>3</sup>**

In consultation with resident/family/substitute decision maker decide if therapeutic goals are met

Continue to follow individualized care plan for responsive behaviours

If reducing medication, taper medication by 25-50% every 1-2 weeks

Monitor for withdrawal effects and/or recurrence/ emergence of behaviours

Recommend consulting psychiatrist if considering deprescribing psychotropic medication prescribed for indications other than responsive behaviour associated with dementia e.g. schizophrenia, bipolar, major depression