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## How to Help Your Loved One: Improving Dementia Care by Reducing Unnecessary Antipsychotic Drugs

### What is an antipsychotic drug?

An antipsychotic drug is a medication that works with the brain's chemistry to block symptoms of psychosis, among other things. Symptoms of psychosis include delusions or hallucinations:

- Delusions are a persistent belief or idea about something that is not true.
- Hallucinations occur when someone hears or sees something that is not there.

Persons with mental illnesses often have these symptoms and antipsychotic medications may provide relief. Some persons with dementia have hallucinations or delusions. If so, antipsychotic drugs may help these persons, too. **Most** persons with dementia, however, do not have hallucinations or delusions, so antipsychotic medications may not help.

### Why is this important?

As the disease progresses, dementia may cause changes to your family member's memory, ability to concentrate, orientation to time and place, understanding and expression of language, ability to start and finish tasks, and interactions with the environment and others. These changes may lead to responses, often called behavioral disturbances, with negative effects on your loved one and others. Common behaviors in persons with dementia include:

- Hitting
- Refusing help from others
- Throwing things
- Yelling and/or crying
- Pacing

These behaviors can be distressing for the person with dementia and difficult for family members and caregivers. Antipsychotics have been prescribed at times to try to stop or reduce these behaviors. Studies now show that antipsychotics do not always reduce these behaviors for persons with dementia and that there are alternative strategies for managing such behaviors. Due to the many and extreme side effects of antipsychotic medications, they can be dangerous for people with dementia.

### What are the common antipsychotic drugs?

- Aripiprazole (Abilify)
- Olanzapine (Zyprexa)
- Risperidone (Risperdal)
- Haloperidol (Haldol)
- Quetiapine (Seroquel)

### What are the risks from these drugs?

- Serious side effects, including involuntary muscle spasms, sleepiness, blurred vision, dehydration, headache, puckering of the mouth, abdominal pain, and chest pain
- Increased risk of stroke and death
- Sleepiness and/or unsteady gait, which increases falls/injury risk

The US Food and Drug Administration (FDA) requires all antipsychotic drugs to have a warning label, called a “black box” warning. The FDA only requires black box warnings when the risks are serious and extreme. The black box warning on antipsychotic medications states, in part, [Name of antipsychotic] is not approved for the treatment of patients with dementia-related psychosis.”

## If drugs are not used, what can be done about challenging behaviors?

Persons with dementia may have trouble expressing their needs. They may also be frightened, upset, uncomfortable, or in pain. They may be hungry, thirsty, tired, bored, or need to go to the bathroom, and are not able to tell someone. Antipsychotics do not make these feeling or needs go away or improve the ability to meet these needs.

Family members/caregivers can help by trying to determine what is going on physically, emotionally, and in the environment that may be causing the person with dementia to react. **Remember: The person’s needs may not be obvious.** People who know the person well may be able to anticipate what they need or know how they react in certain situations and offer alternatives.

## What can I do as a family member?

- Realize that your loved one has a disease that has affected the brain and often cannot control responses to various situations.
- See yourself as a team member, or partner, who works with others to provide the best care and quality of life for your loved one. Your concern, interest, and input are invaluable.
- Explore alternatives to antipsychotic drugs for your loved one’s behavioral responses.
- Share your loved one’s habits and routines with other care partners. What were past interests, hobbies, work experiences, sleep patterns, routines, and preferences? What were responses to being upset, uncomfortable, tired, and/or bored?
- If your loved one is not living at home, he or she may enjoy items from home that provide comfort, such as a favorite picture, book, music, food, a blanket, or a favorite chair.
- Spend time with your loved one when possible. No one knows your loved one better than you do. You can provide a relationship with them that helps maintain their sense of identity and comfort.

## If your loved one is taking an antipsychotic drug, ask:

- What type of drug is it?
- Why has it been prescribed?
- How can I and/or the care team solve my loved one’s behavior responses without drugs?
- Is there a plan in place to decrease or stop the drug?
- How can I help?

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