Optimising medication management of behavioural and psychological symptoms of dementia (BPSD)

* This guide is not intended to be used for the management of patients with acute severe behavioural disturbance.

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**Stage One**

**Identify the target BPSD and liaise with the prescriber**

1. **Exclude delirium/depression, adverse drug effects or interactions, infection or pain by liaising with the prescriber.** Consider a medication review. Refer to appropriate guidelines to manage any identified causes.
2. **If available, contact your in-house dementia specialist for advice regarding first-line non-pharmacological interventions.** For further advice contact DBMAS on 1800 699 799.
3. **Review** and **amend** the current care plan, ensuring a focus on individualised, person-centred care strategies.
4. **Should these measures adequately manage the BPSD, maintain care provision using the amended care plan, with regular monitoring and review.**

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**Stage Two**

**Suggested Plan:** If an antipsychotic is to be trialled

1. **Commence antipsychotic medication using a regular low dose** (refer to FOR PRESCRIBERS: STARTING A REGULAR ANTIPSYCHOTIC card).
2. **Monitor** for ongoing response and **potential side-effects** (refer to POTENTIAL SIDE-EFFECTS card):
   a. If side-effects develop **at any stage**, immediately contact the prescriber.
   b. **Maintain non-pharmacological approaches.**
3. **Review** after 2 to 4 days for effectiveness:
   a. If no/inadequate response, contact prescriber and consider increasing the dose.
   b. If tolerated and effective, continue treatment.
4. At **1 to 2 weeks**, prescriber to **review** for response and **side-effects**:
   a. If the antipsychotic is ineffective/not tolerated, **cease** it. Should an alternative antipsychotic be trialled, return to Step 1.
   b. If the antipsychotic is tolerated and effective, continue treatment. **Monitor** for response and side-effects, **maintain non-pharmacological approaches.**
   c. Discuss and develop a **withdrawal** plan with the prescriber. Prescriber to initiate withdrawal plan; aiming to cease no later than 12 weeks (refer to WITHDRAWAL PLAN card).
5. At **6 weeks**, prescriber to **review** for response and side-effects. Repeat Step 4a and 4b. Consider withdrawal if not already initiated.
6. At **12 weeks**, prescriber to **review** suitability for resolution of the target BPSD.
7. If the target BPSD reoccurs after dose reduction or cessation refer to **WITHDRAWAL PLAN** card.

* **REMINDER STICKERS** are available to assist; place them in the Communication Book or Resident Notes as appropriate.

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Unresolved BPSD

If modification of care provision does not adequately manage the behaviour, **liaise with the prescriber.**

Whilst pharmacological management **may** be considered at this time; **non-pharmacological** approaches should be maintained throughout.

An antipsychotic medication should only be considered for use in a person with dementia for:

a. **Distressing psychosis or**

b. **A behaviour that is harmful/severely distressing to the individual or puts others at risk.**

Most other symptoms are unlikely to respond to treatment with an antipsychotic medication.

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