



SIDE EFFECTS OF ANTIPSYCHOTICS

Antipsychotic medicines are the mainstay of treatment for psychotic symptoms for people with mental illness. All antipsychotic medicines have potential side effects, which vary from person to person. Side effects can include those related to metabolism, weight gain, extrapyramidal motor function (restlessness, trembling in the limbs), muscle stiffness, dizziness, increased sweating, unusually dry or watery mouth, eyesight problems, nausea, constipation, pain or irregularity in menstruation and issues with sexual function. There are important interactions antipsychotic medicines have with other medicines. There has been a recent focus on the inappropriate and overuse of antipsychotics, particularly for people with behavioural and psychological symptoms of dementia (BPSD) or 'behaviours of concern'. Several problem areas for improvement have been identified:

- Multiple antipsychotic medicines
- Pro re nata (PRN or when required) medicines
- Monitoring the long-term side effects, including metabolic side effects

BPSD

It is estimated that BPSD affects up to 90% of all people with dementia over the course of their illness. BPSD is independently associated with poor outcomes, including distress among relatives. Ziprasidone (Zeldox)

Use of antipsychotics in people with BPSD should be limited to people showing intractable aggression and psychosis that has not responded to psychosocial interventions and who have low to moderate risk of stroke. Only a minority of residents with behavioural symptoms of dementia improve with antipsychotic treatment. For every five people with dementia only one will benefit from an antipsychotic.

Risperidone is the only oral antipsychotic approved by the Australian Therapeutic Goods Administration (TGA) for BPSD and listed on the PBS. Risperidone is to be used in people with dementia only of the Alzheimer type, who are unresponsive to non-pharmacological methods of treatment, and treatment duration is limited to twelve weeks. Commencing 1 January 2020 additional restrictions require approval from the Department of Human Services (DHS) to prescribe 'continuing' PBS subsidised treatment. Risperidone should be commenced at a dose of 0.25mg twice daily and increased if needed by 0.25mg every 2 or more days. Maximum dose is 2mg daily, including prn medication. Olanzapine is not approved by TGA for treatment of behavioural disturbance associated with dementia.

However, the Therapeutic Guidelines indicate olanzapine can be considered to control hallucinations, delusions or seriously disturbed behaviour at a starting dose of 2.5mg daily. Olanzapine may be increased if needed by 2.5mg every 2 or more days to a maximum of 10mg daily (including prn medication) in one or two

