

Antipsychotics

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- The Good, the Bad and the Ugly
- Antipsychotics often reduce paranoia, delusions and related behavior
- Antipsychotics will hasten decline and possibly death
- Used incorrectly they are dangerous



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□ Agitation Evaluation

Delirium

Infection

Pain- (Prostate and Teeth)

Constipation

Over- Understimulation (Hearing, Vision Loss)

MEDICATIONS



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- ❑ Goals of Care
- ❑ Agitation
 - Work to define particular symptoms
- ❑ Always include work on behavioral modification
- ❑ Start low, go slow if medications used
- ❑ Global assessment very is crucial



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Always look for delirium.....

- ◆ Is the patient delirious?
 Confusion Assessment Method
- ◆ 1-Acute onset and fluctuating course
- ◆ 2-Inattention
- 3-Disorganized thinking or
- ◆ 4-Altered level of consciousness

Inouye Ann Int Med 1990



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Goals of Care

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- ◆ 83 year old White Female with end-stage COPD is restrained to keep O2 mask on her. Patient is thrashing and confused.



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Behavioral and Psychological Symptoms of Dementia

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- ❑ **Delusions, psychosis and paranoia**
- ❑ **Mood lability**
easy tearfulness, sudden anger, hitting, spitting
- ❑ **Depression**
irritability, withdrawn
- ❑ Categories often overlap



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Psychosis, Delusions, Paranoia

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- ❑ Neuroleptics:
- ❑ Haldol, Risperdal, Olanzapine, Seroquel
- ❑ Side effects: 2% stroke, 1% sudden death incr.
- ❑ Stiffening (Parkinson's Disease)
- ❑ Slowing, Worsening Gait, ~ Swallow
- ❑ Worsening Diabetes (Olanzapine)
- ❑ Falls, sometimes more agitation



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- ❑ Dementia Parkinson's Disease
- ❑ Best are Aricept, Namenda, etc
- ❑ Avoid Haldol, Risperdal, Olanzapine
- ❑ Avoid anticholinergics (Detrol etc)
- ❑ If threatening psychotic behavior may try Seroquel or Clozapine

Kurtz AL Curr Tx Options Neuro 2011



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- ❑ Sundowning Syndrome
- ❑ Screaming, Delusional Thinking, Paranoia often later afternoon or evening
- ❑ Treatments: Engagement, Light Therapy, Aricept, Melatonin, Behavioral Interventions
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Khachiayants Psychiatry Investig 2011



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- ❑ Cochrane Database 2006
- ❑ Review of Antipsychotic Medications to treat Aggression, Agitation or Psychosis
- ❑ 16 Studies Randomized Placebo Controlled
- ❑ 9 sufficient data, 5 published in Peer Journals
- ❑ Significant improvement in aggression, psychosis with Risperdal, Olazepine compared to placebo



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- ❑ Cochrane Database 2006
- ❑ Risperdal and Olanzapine patients had significantly higher incidence of stroke, extrapyramidal symptoms and other adverse outcomes. (Doses Risperdal 2 mg and Olanzapine 5-10 mg).
- ❑ Odds Ratio 1.7



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Anxiolytics

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- ❑ **Benzodiazepines**
- ❑ **Ativan, Ambien, Halcion, Xanax**
- ❑ Have been shown to lead to falls and contribute to decreased cognition
- ❑ Fast withdraw often leads to delirium
- ❑ **NEVER USE XANAX**



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Medication effects

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- ◆ 72 year old Woman with hx dementia and recurrent pneumonias. Patient on zosyn for recent pneumonia, but patient is lethargic and oxygen decreases too much, but this responds to stimulation and suction. Meds: olanzipine 20 mg qd, metoprolol 25 mg q d, aspirin 81 mg.



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Medication effects

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- ◆ 80 year old WF seen by MD and felt to have AD with agitation, she also had shuffling gate and cogwheeling. She was placed on olanzepine and agitation decreased but patient became more unsteady on her feet and stayed mostly in bed. 6 months later daughter went for a 2nd opinion.



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Questions? Comments?

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