REDUCING INAPPROPRIATE USE OF ANTIPSYCHOTICS in people with behavioural and psychological symptoms of dementia (BPSD)

Antipsychotics are overused for BPSD

Antipsychotics are medicines that can reduce symptoms of psychosis but have limited benefit for BPSD

Inappropriate use of antipsychotics is a problem

For every five people with dementia given an antipsychotic, only one will benefit

Antipsychotics can cause harm and increase the risk of stroke, pneumonia and fractures

They are often used for too long and without proper consent or monitoring

Only one antipsychotic (risperidone) is approved for BPSD on the PBS, and only to be used:
• on authority script for 12 weeks
• for dementia of Alzheimer’s type with psychosis and aggression, and
• after non-pharmacological interventions have failed.

We can reduce inappropriate use

Provide person-centred care
Identify and treat possible causes of behaviour, such as pain
Consult carers on how to reduce the person’s distress
Seek informed consent
Prioritise non-pharmacological interventions
Don’t substitute antipsychotics for other sedating medicines
Develop a care plan to anticipate and provide an individual response to BPSD
Partner with consumers and carers
Undertake medication review after transitions of care
Review systems to improve prescribing and monitoring
Implement evidence-based models of care
Educate individuals* on risks vs benefits plus alternatives to antipsychotics
Use data to inform and improve treatment

For individuals
*Prescribers, healthcare managers and workforce, consumers and carers

At organisational and systems level