Antipsychotic Medicatons and Dementia Care

Within the long-term care setting, antipsychotics can be too heavily relied upon as a first-line response to the difficulties surrounding dementia care. Contradictions, complexities, and informational gaps are pervasive within the literature when examining the role antipsychotics should play in treating the behavioral and psychological symptoms of dementia (BPSD). When used for agitation, aggression, and the psychiatric symptoms of dementia, antipsychotics should be time-limited due to potential risk factors.

Antipsychotics in general have negative side effects and indirect consequences particularly in the elderly where age-related risk is greatest.

Sedation	Decreased glucose tolerance (insulin resistance)
Orthostatic hypotension	Cardiac arrhythmias
Decreased cognition	Increased falls
Confusion	Anticholinergic effects
Extrapyramidal symptoms (EPS)	Irreversible tardive dyskinesia
Weight gain	Hyperlipidemia/dyslipidemia
Worsening neuropathy	Complications of macular degeneration
Pressure ulcers	Complications with dysphagia
Increased risk for metabolic abnormalities	
Neuroleptic malignant syndrome (risk is rare, but significant)	
Cerebral vascular issues (leading to a possibility of death)	

In the 1990s, second-generation (atypical) antipsychotics were developed in response to the need for a more favorable side effect profile. Atypical antipsychotics have an advantage when compared to the older typical drugs, namely a lower incidence of extrapyramidal side effects (EPS) and tardive dyskinesia (TD). This can be explained by antagonism at the muscarinic R and 5-HT 2a receptor sites.

Where behavior is harmful and/or causing distress, an antipsychotic drug may be indicated. Generally, atypical antipsychotics are preferred over typical antipsychotics. The decision to prescribe an antipsychotic medication to a person with dementia should be based upon the severity, intensity, and duration of the behaviors.

Atypical antipsychotics have become widely used to treat the psychosis or agitation associated with dementia, because they are perceived to be safer and more effective than the older typical agents. Studies now indicate that they are associated with a higher risk of long-term co-morbidities (i.e., increased weight gain, higher risk for diabetes, secondary cardiovascular complications, cerebrovascular issues, and an increase of highly sensitive C-reactive protein: chronic inflammation), which can subsequently lead to an increase in healthcare costs.

The four most common atypical antipsychotics prescribed in the nursing home setting are aripiprazole, olanzapine, quetiapine, and risperidone

- Quetiapine and aripiprazole cause the least amount of extrapyramidyl side effects (EPS). As a result, quetiapine is often the choice in Parkinson's disease
- Quetiapine and risperidone have a higher risk of orthostatic hypotension
- Olanzapine has the highest risk factor for obesity, hyperglycemia, and dyslipidemia

- aripiprazole, quetiapine, and risperidone have a risk factor of QT prolongation