



What are antipsychotics?

Antipsychotics are a class of drugs used to treat behavioural and psychological symptoms of dementia (BPSD), such as hallucinations, aggression and agitation. They are also used to treat psychiatric conditions such as bipolar disorder and schizophrenia. More recently, they have started to be used to treat insomnia.

There are many different types of antipsychotic drugs:

- Chlorpromazine
- Haloperidol (Haldol®)
- Loxapine (Xylac®, Loxapac®)
- Aripiprazole (Abilify®)
- Clozapine (Clozaril®)
- Olanzapine (Zyprexa®)
- Paliperidone (Invega®)
- Quetiapine (Seroquel®)
- Risperidone (Risperdal®)

Why use less of, stop, or change antipsychotics?

Antipsychotics can cause dry mouth, dizziness, balance problems, spasms, tremors, jerky movements, falls, and fatigue. They may increase the risk of bladder infections, weight gain, diabetes, heart attacks, strokes and death. The chance of side effects may be higher the longer the antipsychotic is used and as people get older.

People need to weigh the benefits of continuing the antipsychotic with the risks of these side effects.

Reducing or stopping antipsychotics once BPSD has been treated for more than three months and symptoms are under control, or there has been no response to therapy, has been shown to be feasible and safe. There is little evidence that antipsychotics are useful or safe for insomnia.

Therefore, because antipsychotics can cause side effects, it is reasonable to try and reduce the dose or stop taking them if BPSD symptoms are under control, or if antipsychotics are prescribed for insomnia.

Stopping an antipsychotic is not for everyone

Some patients need to continue taking their antipsychotic drug for a very specific reason. Never reduce or stop an antipsychotic without your doctor's advice.

People who may need to continue an antipsychotic include those with any of the following:

- Schizophrenia
- Schizo-affective disorder
- Bipolar disorder
- Acute delirium
- Tourette's syndrome
- Tic disorders
- Autism
- Less than 3 months duration of psychosis in dementia
- Intellectual disability
- Developmental delay
- Obsessive-compulsive disorder
- Alcoholism
- Cocaine abuse
- Parkinson's disease psychosis
- Adjunct for treatment of Major Depressive disorder

How to safely reduce an antipsychotic

People who have been taking an antipsychotic for BPSD for at least 3 months, or people who have been taking an antipsychotic for insomnia, should talk to their health care provider about whether stopping the antipsychotic is the right choice for them.

Doctors, nurse practitioners or pharmacists can help to decide on the best approach to using less of an antipsychotic. They can advise on how to reduce the dose, change medications, or whether to stop it altogether. They can also give advice on how to use non-drug approaches that can help manage BPSD symptoms or insomnia.

For BPSD symptoms, slowly reducing the dose of an antipsychotic over several weeks is recommended. This allows health care providers to carefully monitor for any return of symptoms. If used in low doses for insomnia, antipsychotics can be stopped completely without first reducing the dose.

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What to monitor while reducing an antipsychotic

If used for BPSD, it's important to check for, and report signs of psychosis, aggression, agitation, delusions, and hallucinations.

If used for insomnia, there is no usual withdrawal reaction. Some people may feel less sedated and need help with sleeping strategies.

Reducing or stopping antipsychotics may improve alertness, movement or balance problems and lead to fewer falls. It may also lessen spasms, tremors, and jerky movements.

What to do if BPSD symptoms return

Consider non-drug approaches:

- Ask about relaxation therapy, more social contact and structured activities, music therapy, aromatherapy, or behavioral therapy
- Treat problems like pain, infection, constipation or depression that can cause or worsen BPSD
- Reduce environmental triggers like too much light or noise
- Ask your health care provider to review medications to see if any are worsening BPSD symptoms

If non-drug approaches are not effective to manage returning BPSD symptoms, some patients may need to have their antipsychotic restarted at the lowest effective dose or switched to a different drug. Another trial of deprescribing can be attempted in 3 months if symptoms are stable. At least 2 attempts to deprescribe antipsychotics should be made.

What to do if insomnia continues

Talk to a health care provider about treating underlying conditions that are affecting sleep. Avoid using other medications to treat insomnia. Most sedatives contribute to sedation and increase risk of falls. Ask about “cognitive behavioural therapy” – an educational approach that has been shown to treat insomnia successfully. Check out this resource for more information: <http://sleepwellns.ca/>

Consider these practical strategies for improving sleep behaviour:

For a person who lives in the community:

- Go to bed only when sleepy
- Do not use bed or bedroom for anything but sleep (or intimacy)
- If not asleep within 20-30 min on going/returning to bed, exit the bedroom
- Use alarm to awaken at the same time every morning
- Do not nap
- Avoid caffeine after noon
- Avoid exercise nicotine, alcohol, and big meals 2 hours before bedtime

For a person who lives in long-term care or hospital:

- Pull up curtains during the day for light exposure
- Keep alarm noises to a minimum
- Increase daytime activity
- Reduce the number of naps (no more than 30 min and no naps after 2 pm)
- Use toilet before going to bed
- Have regular bedtime and rising times
- Avoid waking at night for direct care
- Try backrubs, or gentle massages

Personalized antipsychotic dose reduction strategy

This pamphlet accompanies a deprescribing guideline and algorithm that can be used by doctors, nurse practitioners, or pharmacists to guide deprescribing.

Visit
deprescribing.org
for more information.

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