

Atypical Antipsychotics (AA)

Medication*	Initial Oral Dose (mg)	Dosing Frequency	Formulation	Titration Dose (mg) and Schedule	Average total per day (mg)	Common Side Effects	Medication Administration
risperidone (Risperdal)	0.25	daily to bid	<ul style="list-style-type: none"> • tablet • "M" Tablet • oral liquid 	0.25 q3 to 7 days	1	<ul style="list-style-type: none"> • sedation • confusion • postural hypotension • parkinsonian symptoms** • falls 	<ul style="list-style-type: none"> • Measure liquid doses carefully • M tablets – remove from package just prior to administration to avoid dissolving prematurely
olanzapine (Zyprexa)	1.25-2.5	daily at hs to bid	<ul style="list-style-type: none"> • tablet • oral dissolving tablet (Zydis) 	1.25-2.5 q3 to 7 days	5	<ul style="list-style-type: none"> • as above 	<ul style="list-style-type: none"> • Oral dissolving tablets – remove from package just prior to administration to avoid dissolving prematurely
quetiapine (Seroquel)	12.5-25	bid to tid hs if XR	<ul style="list-style-type: none"> • tablet • slow release (XR) 	12.5-25 q3 to 7 days	150	<ul style="list-style-type: none"> • as above 	<ul style="list-style-type: none"> • Do not crush XR tablets
aripiprazole (Abilify)	2	daily	<ul style="list-style-type: none"> • tablet 	2-5 qweekly	10	<ul style="list-style-type: none"> • as above with exception of sedation; • may cause restlessness early in treatment 	<ul style="list-style-type: none"> • Nil
Other							

*Please consult with the product monograph for more detailed information.

** Parkinsonian symptoms include rigidity, slow movements, shuffling gait, flat affect, and tremor.

1. **Key Messages/Considerations :**

- Start low and go slow;
- Strive for a good clinical trial - increase dose only until clinical effectiveness is achieved;
- **Caution for All Atypical Antipsychotics:** Tardive dyskinesia, akathisia, acute dystonia, QTc prolongation, metabolic syndrome (lipid increases, insulin resistance/increases in blood glucose, weight gain), stroke, increased mortality;
- Risperidone, olanzapine and aripiprazole are the best supported treatments for psychosis and aggression in Alzheimer's disease;
- Risperidone is the only medication approved by Health Canada for BPSD and is most likely of atypicals to cause EPS;
- Order of decreasing sedation: quetiapine>olanzapine>risperidone>aripiprazole;
- Monitor for adverse effects especially when combined with other CNS sedatives or alcohol;
- Olanzapine is most likely of these AA to cause metabolic side effects;
- Aripiprazole is associated with less weight gain than other AA;
- There is insufficient evidence to either support or negate the use of quetiapine for BPSD (CCCDTD4, 2012);
- The doses used to treat behavioral symptoms of dementia are lower than that used for schizophrenia and other mental illnesses;
- The selection of an AA may be guided by patient factors such as susceptibility to extrapyramidal symptoms (EPS), presence of sleep disturbance, medical comorbidity and other medications that the patient is taking;
- This is not an exhaustive list. Other antipsychotics are available, including clozapine for psychosis in Parkinson's Disease;
- If target behaviours are stable at 3 to 6 months then consider tapering medication. Attempt to decrease by ¼ to ½ dose monthly.

2. **References and other medication information:**

- Canadian Consensus Conference on Diagnosis and Treatment of Dementia (CCCDTD4), 2012, retrieved July 30th, 2013 online from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3516356/> .
- Clinical Handbook of Psychotropic Drugs, 18th Edition. (2009) Hogrefe and Huber.
- CPS - Compendium of Pharmaceutical and Specialities (2013).
- Lexicomp online drug information (www.online.lexi.com).
- P.I.E.C.E.S. Psychotropic Template (2009), retrieved online June 14th, 2013 from http://www.piecescanada.com/pdf/Psychotropic_Template_Jan09.pdf
- Stahl, Steven M (2007) Essential Psychopharmacology: The Prescriber's Guide. Cambridge University Press.
- Tool on Pharmacological Treatment of Behavioral Symptoms of Dementia in Long Term Care Facilities for Older Adults, based on: Canadian Coalition for Seniors' Mental Health (CCSMH) National Guidelines: The Assessment and Treatment of Mental Health Issues in Long Term Care Homes, retrieved online May 30th , 2013 from: http://www.ccsmh.ca/pdf/ccsmh_ltc_meds_front.pdf.