

Medication Examples for BPSD – Aggression/ Agitation

Medication*	Initial Oral Dose (mg)	Dosing Frequency	Formulation	Titration Dose (mg) & Schedule	Average Total Daily Dose (mg)	Common Side Effects	Medication Administration
Risperidone	0.25	daily to bid	<ul style="list-style-type: none"> tablet “M” Tablet oral liquid 	0.25 qweekly	1	<ul style="list-style-type: none"> parkinsonian symptoms** sedation postural hypotension peripheral edema see Key Messages for further side effects 	<ul style="list-style-type: none"> M tablets – remove from package just prior to administration to avoid dissolving prematurely caution use in those with renal and/or hepatic impairment
Aripiprazole	2	qam	<ul style="list-style-type: none"> tablet 	2 – 5 qweekly	10	<ul style="list-style-type: none"> parkinsonian symptoms** nausea insomnia dizziness headache postural hypotension may cause restlessness early in treatment see Key Messages for further side effects 	-
Quetiapine	12.5 – 25	bid to tid daily if XR	<ul style="list-style-type: none"> tablet slow release (XR) 	12.5 – 25 qweekly	100 – 200	<ul style="list-style-type: none"> parkinsonian symptoms** sedation postural hypotension see Key Messages for further side effects 	<ul style="list-style-type: none"> do not crush XR tablets may need to decrease dose if hepatic impairment
Carbamazepine	50	bid	<ul style="list-style-type: none"> tablets Controlled Release (CR) tablets chewable tablets liquid 	50 qweekly	300	<ul style="list-style-type: none"> sedation unsteadiness nausea blurred vision headache confusion see Key Messages for further side effects 	<ul style="list-style-type: none"> see Key Messages for rare but potentially life-threatening side effects monitor for rash monitor for signs of unusual bleeding caution use if renal and/or hepatic impairment
Citalopram	5 – 10	qam	<ul style="list-style-type: none"> tablet 	5 – 10 weekly	20	<ul style="list-style-type: none"> headache nausea diarrhea sweating insomnia see Key Messages for further side effects 	<ul style="list-style-type: none"> give with food to minimize GI upset tablets may be split decrease dose if hepatic impairment
Other							

* We recognize that some of the medications listed here could potentially be used for off-label use. Refer to Health Canada’s Drug Product Database for labelled indications at: <https://www.canada.ca/en/>.

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

Key Messages/Considerations

- Ensure comprehensive non-pharmacologic treatment plan has been tried.
- Rule out pain as a contributing factor for BPSD.
- Start low and go slow.
- Strive for a good clinical trial. Increase dose only until clinical effectiveness is achieved.
- Monitor for adverse effects especially when combining medications. Review potential for drug-drug interactions with the addition of any new medication.
- All of these medications may have a risk of falls.
- Risperidone, Aripiprazole, and Quetiapine are known as atypical antipsychotics.
 - **Caution for all atypical antipsychotics:** Extra-pyramidal symptoms (tardive dyskinesia, acute dystonia, parkinsonism, akathisia), Neuroleptic Malignant Syndrome, QTc prolongation, metabolic syndrome (lipid increases, insulin resistance/increases in blood glucose, weight gain), sexual dysfunction and increased risk of all-cause mortality and cerebrovascular adverse events.
- Risperidone is the only medication approved by Health Canada for the short-term management of aggression or psychotic symptoms in patients with severe dementia of the Alzheimer type unresponsive to non-pharmacological approaches and when there is a risk of harm to self or others.
- The doses used to treat behavioural and psychological symptoms of dementia are generally lower than that used for schizophrenia and other mental illnesses.
- If target behaviours are stable at 3 months, then consider tapering medication. (Antipsychotic Deprescribing Guideline and Algorithm 2018 <https://deprescribing.org/>).
- Carbamazepine is a glutamate, voltage-gated sodium and calcium channel blocker (Glu-CB).
 - Monitor for hyponatremia especially when used with a diuretic. Blood cell suppression may occur (possible benign leukopenia). Potentially fatal blood cell abnormalities have been reported (rare aplastic anemia/agranulocytosis). Stop use if serious dermatological reactions such as Steven-Johnson Syndrome. Risk of Syndrome of Inappropriate Anti-diuretic Hormone (SIADH) higher in older adults. Carbamazepine can induce its own metabolism and that of other drugs. Drug level monitoring can be done if toxicity is suspected or non-response to standard doses.
 - Side effects may be minimized with slow dose titration.
- Citalopram is known as Selective Serotonin Receptor Inhibitor (SSRI).
 - Additional less frequent side effects of SSRI antidepressants may include: hyponatremia (monitor for low sodium especially if also taking a diuretic), risk of Syndrome of Inappropriate Anti-diuretic Hormone (SIADH) higher in older adults, extrapyramidal side effects (EPS), risk of falls, risk of GI bleed, sexual dysfunction and QTc prolongation. (Health Canada Black Box warning for Citalopram. 2012. <https://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2012/14672a-eng.php>).
 - Monitor for signs of Serotonin Syndrome.

- Withdraw SSRI antidepressants gradually after prolonged use to avoid discontinuation syndrome.

References

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