

Other Medications for Aggression in BPSD

Medication*	Initial oral dose (mg)	Dosing Frequency	Formulation	Titration Dose (mg) and Schedule	Average Total per day (mg)	Common Side Effects	Medication Administration
carbamazepine (Tegretol)	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 • gait disturbance • nausea • blurred vision • rash • headache • confusion 	<ul style="list-style-type: none"> • CR release tablets cannot be crushed. 200mg scored tablets can be split. • Chewable tablets can also be crushed.
citalopram (Celexa)	5-10	daily in the am	<ul style="list-style-type: none"> • tablet 	5-10 qweekly	20	<ul style="list-style-type: none"> • headache • nausea • diarrhea • sweating • insomnia 	<ul style="list-style-type: none"> • Tablets may be split for titration doses • Give with food to minimise GI upset
trazodone (Desyrel)	12.5-25	bid to qid	<ul style="list-style-type: none"> • tablet 	12.5-25 q 3-7 days	200	<ul style="list-style-type: none"> • drowsiness • dizziness • mild headache • constipation • dry mouth • postural hypotension • falls 	<ul style="list-style-type: none"> • Tablets may be split for titration doses
Other							

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

1. Key Messages/Considerations:

- 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 psychotropic medications;
- Other adverse effects of citalopram – risk of falls and GI bleed, risk of QTc prolongation in higher doses which may preclude a therapeutic trial;
- Monitor for hyponatraemia (low serum sodium) with carbamazepine and citalopram especially when combined with a diuretic;
- Carbamazepine may rarely result in lower white blood cells, dermatological reactions (Steven-Johnson's Syndrome);
- Carbamazepine: enzyme inducer – high potential for drug interactions check with Pharmacist re: other medical treatments;
- Carbamazepine can induce its own metabolism and may require upward dose adjustment. Requires drug level monitoring if toxicity is suspected or non-response to standard doses;
- Regarding citalopram and trazodone: CCCDTD4 (2012) states “There is insufficient evidence for or against cholinesterase inhibitors, memantine, **SSRIs**, or **trazodone** as first-line therapy for neuropsychiatric symptoms”;
- Reassess the need for continued therapy;
- Discontinuation of medication requires a taper.

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.ccssmh.ca/pdf/ccsmh_ltc_meds_front.pdf.