

Typical Antipsychotics

Medication*	Initial oral dose (mg)	Dosing Frequency	Formulation	Titration Dose (mg) and Schedule	Average Total per day (mg)	Common Side Effects	Medication Administration
haloperidol (Haldol)	0.25-0.5	daily to bid	<input checked="" type="checkbox"/> oral <input checked="" type="checkbox"/> liquid (if available) <input checked="" type="checkbox"/> short-acting IM	0.25-0.5 q3 to 7 days	3	<input checked="" type="checkbox"/> sedation <input checked="" type="checkbox"/> anticholinergic side effects <input checked="" type="checkbox"/> tardive dyskinesia <input checked="" type="checkbox"/> dystonia (leaning) <input checked="" type="checkbox"/> drooling <input checked="" type="checkbox"/> akathisia (restlessness) <input checked="" type="checkbox"/> Parkinsonian symptoms** <input checked="" type="checkbox"/> falls	***caution do not confuse short acting IM with depot formulations***
loxapine (Loxapac)	2.5	bid	oral and intramuscular formulation	2.5-5	20	<input checked="" type="checkbox"/> as above	<input checked="" type="checkbox"/> nil

*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;
- For acute use, see following link in the algorithm:
http://bcbpsd.ca/docs/Pharmacological_Treatment_of_Responsive_Behaviours.pdf
- Avoid in Lewy Body Dementia or Parkinson's Disease if possible;
- The risk of adverse events including death and stroke associated with typical antipsychotics are equal or greater than the risks of atypical antipsychotics;

- Anticholinergic side-effects (e.g., confusion, dry mouth, constipation, urinary retention) may occur;
- Monitor for adverse effects especially when combined with other CNS sedatives or alcohol;
- Typical antipsychotics should not be routinely used as first-line treatment for BPSD psychosis and aggression;
- 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.