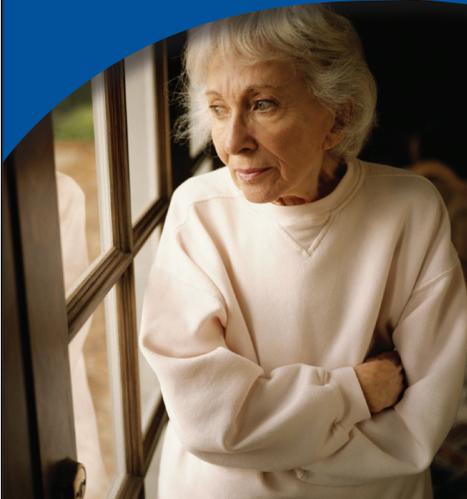


# Antipsychotic Medicines for People with Dementia



## Guide to Words Used Here

1. dementia (de-MEN-shuh)
2. Alzheimer's (ALTZ-hi-merz)
3. hallucinations (huh-loo-sin-AY-shuns)
4. delusion (duh-LOO-zhun)
5. antipsychotic (an-tee-sy-COT-ick)
6. suspicious (suh-SPI-shus)
7. paranoid (PAIR-uh-noyd)
8. Parkinsonism (PARK-in-sun-izm)

## What is dementia<sup>1</sup>?

Dementia is an illness that makes it harder and harder for a person to remember things and live normally. There are many kinds of dementia.

*Alzheimer's<sup>2</sup> is one kind. People with dementia may also:*

- See or hear things that are not there. These are called hallucinations<sup>3</sup>.
- Believe something that isn't true, even when told otherwise. This is called a delusion<sup>4</sup>.
- Get angry for no clear reason, or for a small problem. These things can be very upsetting for people with dementia and their caregivers. It's important to comfort and support people with dementia and medicines are needed sometimes.

## What are antipsychotic<sup>5</sup> medicines?

Deciding to use an antipsychotic medicine is hard. There are risks. Not everyone is helped. It's important to use them only when needed and only if they help. Other ways to handle dementia should be tried first.

We can't cure dementia. When it's getting worse, you can think about whether using an antipsychotic medicine makes a person's comfort and quality of life better, even if there are risks.

*What antipsychotic medicines can help:*

- Aggressive behavior – hitting, kicking or biting
- Hallucinations – hearing voices or seeing people who aren't there
- Delusions – being suspicious<sup>6</sup> or thinking people are trying to hurt them. This is called being paranoid.<sup>7</sup>
- Other things that can make it very hard to take care of the person

*What antipsychotic medicines do not help:*

- Not being social – when a person doesn't want to be friendly to others
- Not taking care of oneself
- Memory problems
- Not paying attention or caring about what's going on
- Yelling or repeating questions over and over
- Being restless – when it's hard for a person to sit still

## How do I decide if an antipsychotic medicine is right for my loved one?

First, check for other things that might be causing problems. Talk to the doctor or health care team to help figure this out. They might have other ways to help problem behaviors.

## What are the possible side effects of antipsychotic medicines?

They can cause a small increase in some side effects in people with dementia. Antipsychotics mainly sedate patients rather than treating the underlying causes of dementia.

**Death:** Research shows that if 100 people with dementia take an antipsychotic medicine, one of them may die sooner because of the medicine. The chance of this is small. There is no way to tell who might die while taking this medicine.

**Stroke:** Research shows that if 100 people take an antipsychotic medicine, one could suffer a stroke because of the medicine. Some kinds of these medicines might have a lower risk for stroke.

**Movement:** In some people, these medicines can affect the part of the brain that controls muscle movement. Most of the time this loss of movement can go away if the medicine is stopped or the dose is lowered. Tell the doctor right away if you see the following movement side effects:

*The person's muscles getting tight, as in Parkinson's disease. This is Parkinsonism.<sup>8</sup> It can cause short steps or a shuffle when walking. The person's hands or arms may shake. This is called a tremor.*

*Sometimes the face can twitch. Rarely, a person can get very stiff and ill, with a very high fever. If this happens, call a doctor or take the person to the emergency room right away!*

**Some things that affect overall health:** Some antipsychotic medicines cause weight gain, very low blood pressure, swelling, changes in thinking, high blood sugar and high cholesterol more than others. It might be OK to try a different kind of medicine.

## How do we know if antipsychotic medicines are helping?

*Get a clear picture of the problems:*

- Before starting the medicine, write down exactly what problems are happening and how often. Do this every week after the medicine starts.
- If the problems are not as bad or don't happen as often, the medicine might be helping.
- If the problem does not get better, talk to the person prescribing the medicine about a lower dose or stopping the medicine.

*Make the choice:*

Sometimes, no matter what you do, a person with dementia may be aggressive or have hallucinations or delusions. Medicine may be needed if the person is acting dangerous or is very upset and can't be helped in other ways. It may help the person feel better even if there are risks. Think about:

- What would the person have wanted before he/she got dementia?
- What would the person want if he/she knew they were biting, kicking or hitting people?
- If the person is having scary hallucinations or seeing people who aren't there, would he/she want it to stop if a medicine might help?