

1-131 Agitation Aggression

TIPS Question:

Is Risperidone widely used in treating agitation/aggression in the elderly as compared to the use of Haldol as an antipsychotic? Which sedatives (for h.s.) are generally used and recommended?

Response:

In treating agitation/aggression in the elderly demented population, Risperidone is perhaps the most studied atypical antipsychotic of all the available agents. The doses start at 0.25mg to 0.5mg daily or twice daily, while monitoring for side effects. The commonest side effects of Risperidone, as with all anti-psychotics, are the extra-pyramidal effects and sedation. The reason Risperidone is favoured over Haldol is primarily because these side effects are much less frequent in the newer anti-psychotics than in the traditional ones.

If the Risperidone dose goes higher than 2mg per day, side effects become much more pronounced (see reference below).

With respect to your question on night sedation, Risperidone is also effective for this indication. However, if no signs of agitation/aggression or psychosis, Trazodone 25-50mg as a starting dose is more favoured in the demented population with insomnia.

Reference: De Deyn P.P., et al. A randomized trial of risperidone, placebo and haloperidol for behavioural symptoms of dementia. *Neurology* 1999; 53; 946-955.

Reference: Katz, Ira R. et al. Comparison of risperidone and placebo for psychosis and behavioural disturbance associated with dementia: a randomized double-blind trial. *J. of Clinical Psychiatry*. 60:2; Feb. 1999.

Please note: TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.