

### 3-232 Medication effective but side effects increased

#### TIPS Question:

Mild Alzheimer resident on Risperidol 0.5 mg Q a.m. and 1.25 QHS became agitated daily – wanting to go home. She was given Ativan 1 mg for agitation & this seemed effective. Then she required an increase in medication – Risperidol increased to 0.5 mg @ 1700 for a total of 2.25 mg/day. No further Ativan required as agitation now decreased but resident now has shuffling gait. What is the better option here?

#### Response:

I wonder, what was the purpose of using the Risperidone from the onset? Agitation alone without irritability and aggression are not in itself an indication for using antipsychotic in the demented elderly.

It looks like the Risperidone near 3 mg daily have achieved enough sedation with extrapyramidal side effects (shuffling gait). There are certainly other options that can be considered, as Risperidone up to 2 mg daily is generally recommended for the demented elderly with agitated/aggressive or psychotic behaviours.

You may want to consider reducing the Risperidol to 2.0 mg/daily as the cumulative effect of the drug may have occurred, watching for i.e., emergence of symptoms and hopefully, a reduction of the EPS effects.

You may also want to consider a search for other drugs that may cause EPS; some stomach preparations can be culprits. If this doesn't work with the family doctor, a switch may be considered.

Olanzapine or Quetiapine are other atypical antipsychotics beside Risperidone that are recommended for dementia with behaviour and psychological symptoms. Olanzapine starting at a dose of 2.5 mg at hs or Quetiapine starting at a dose of 12.5 mg BID are reasonable options.

**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.