

3-87 Renal dysfunction and antipsychotic

TIPS Question:

We have a new resident who is 78-years old, cognitively impaired and mildly mentally challenged. He exhibits a great deal of anxiety & agitation – requesting frequent toileting & demands that his needs be met immediately. He was started on Respiradol 0.25 mg BID which had little effect and was increased to 0.5 mg BID. This, in conjunction with a toileting program, seems to be reducing his anxiety and demands most days. He also has renal problems thus Respiradol is contraindicated. In this case what could be used instead?

What are the significant factors you have learned as a result of working through the six-question template?

- How a behaviour can affect more than the person involved
- The importance of background information on a resident – physical, social, emotional, etc.

Response:

Risperidone is **not contraindicated** in residents with renal problems. Caution is to be exercised with renal dysfunction i.e. you may need to watch for accumulation of the drug as its secretion through the kidney may be slowed down. You also may need to use smaller doses than the one used when the renal function is intact.

Most of the psychotropic agents are excreted in the urine and therefore caution in their use in residents with renal dysfunction, much like Risperidone is recommended. Other agents used in developmentally delayed individuals with behaviour problems include Tegretol and Epival. However they too need to be used cautiously in residents with renal dysfunction.

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.