Pharmacological Management of behavioural and psychological symptoms of dementia (BPSD) in primary care: This document is intended to offer guidance and to facilitate timely management as part of Old Age Psychiatry CMHT’s response to COVID-19. GPs are encouraged to contact their Old Age Psychiatry CMHT’s for advice and assessment at the earliest opportunity.

Patient has BPSD (e.g. psychosis, agitation, depression, insomnia, wandering, aggression, sexual disinhibition)

Do they have delirium?

Treat underlying cause - admit if necessary – Verbal de-escalation - Olanzapine 2.5-5mg

Yes

No


Review side effects of current meds/polypharmacy

Are BPSD severely distressing to patient or potentially dangerous to patient or others?

Yes

No

Consider person centred intervention (e.g. massage, meaningful activity, music) - What need is the person trying to communicate?

Behavioral problems resolved?

No

Medication causing side effects or ineffective?

Yes

Medication causing side effects or ineffective?

No

Are BPSD severely distressing to patient or potentially dangerous to patient or others?

Yes

No

Is the patient taking psychotropic medication for BPSD?

Yes

No

Medication causing side effects or ineffective?

Yes

No

Is medication dose at max. tolerated or recommended?

Yes

No

Titrage as tolerated

Review every 2-4 weeks to consider if medication still required

Call Old Age Psychiatry CMHT duty desk for advice

IDENTIFY AND TREAT SPECIFIC BPSD SYMPTOM/SYNDROME
IN ALL CASES CONSIDER REDUCING MEDS ↔ REGULAR ANALGESIA
DO NOT USE OLDER ANTIPSYCHOTICS IN DEMENTIA WITHOUT ADVICE

**Alzheimer’s/Vascular/FTD**

First Line

Moderate agitation

Depression

Anxiety

Psychosis or severe agitation/aggression

Citalopram 10 mg

Risperidone 0.5mg

Olanzapine 2.5-5mg (Stop Risperidone)

Sertraline 50 mg (Stop Citalopram)

**Dementia with Lewy Bodies (DLB) Parkinsons (PDD)**

First Line

Moderate agitation

Depression

Anxiety

Psychosis or severe agitation/aggression

Citalopram 10mg Or Sertraline 50mg

Donepezil 5mg

Quetiapine 12.5-25mg BD

Donepezil 5mg (Increase to 10mg)

**All Dementias**

First Line

Insomnia

REM Sleep Disorder

Emergency ONLY: Consider Lorazepam 0.5-1mg BD PRN

Zopiclone 3.75-7.5mg

Clonazepam 500mcg-1mg

Zolpidem 5-10mg

In all cases consider reducing meds ↔ regular analgesia. Do not use older antipsychotics in dementia without advice.

IN ALL CASES: Obtain informed consent where possible, dose appropriately (start low, go slow), consider covert care plan, monitor outcomes, continue non-pharmacological interventions, consider discontinuing meds, document any decisions in patient’s Best Interest (involving family, other professionals, etc where practicable) if lacking capacity.

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