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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? www.the4at.com

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

No → History (Severity. Risks. Timing. Cause. Consequence). Address medical and environmental causes.

Behavioural problems resolved?

No → Review side effects of current meds/ polypharmacy

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

No → Consider person centred intervention (e.g. massage, meaningful activity, music) - What need is the person trying to communicate?

Yes → Is the patient taking psychotropic medication for BPSD?

No → IDENTIFY AND TREAT SPECIFIC BPSD SYMPTOM/SYNDROME
IN ALL CASES CONSIDER REDUCING MEDS +/- REGULAR ANALGESIA
DO NOT USE OLDER ANTIPSYCHOTICS IN DEMENTIA WITHOUT ADVICE

Yes → Medication causing side effects or ineffective?

Yes → IDENTIFY AND TREAT SPECIFIC BPSD SYMPTOM/SYNDROME

No → Is medication dose at max. tolerated or recommended?

No → Titrate as tolerated → Behavioural problems resolved?

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

No → Call Old Age Psychiatry CMHT duty desk for advice

Alzheimer's/Vascular/FTD

First Line	Second Line
Moderate agitation, Depression, Anxiety → Citalopram 10 mg	Sertraline 50 mg (Stop Citalopram)
Psychosis or severe agitation/aggression → Risperidone 0.5mg	Olanzapine 2.5-5mg (Stop Risperidone)

Dementia with Lewy Bodies (DLB) Parkinsons (PDD)

First Line	Second Line
Moderate agitation, Depression, Anxiety → Citalopram 10 mg Or Sertraline 50mg	Donepezil 5mg (Increase to 10mg)
Psychosis or severe agitation/aggression → Donepezil 5mg (increase to 10mg)	Quetiapine 12.5-25mg BD

All Dementias

First line	Second Line
Insomnia → Zopiclone 3.75-7.5mg	Zolpidem 5-10mg
REM Sleep Disorder → Clonazepam 500mcg-1mg	

Emergency ONLY: Consider Lorazepam 0.5-1mg BD PRN

Please consider contacting the Old Age Psychiatry CMHT for advice at any stage

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

Dr Sally Thomas, Clinical Director, CC&D Service, Cornwall Partnership NHS FT Dr Henry Cameron, Consultant in Old Age Psychiatry, CC&D, Cornwall Partnership NHS FT Dr Simon Vann Jones, Consultant in Old Age Psychiatry, CC&D, Cornwall Partnership NHS FT, 4th April 2020