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 CCD’s response to COVID-19. GPs are encouraged to contact our CCD CMHTs 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)

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

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History (Severity, Risks, Timing, Cause, Consequence). Address medical and environmental causes.

Review side effects of current meds/polypharmacy

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

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

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)

Second Line

Dementia with Lewy Bodies (DLB) Parkinsons (PDD)

First Line

Moderate agitation
Depression
Anxiety
Psychosis or severe agitation/aggression

Citalopram 10 mg

Sertraline 50 mg (Stop Citalopram)

Donepezil 5mg (Increase to 10mg)

Quetiapine 12.5-25mg BD

Second Line

All Dementias

First line

Insomnia
REM Sleep Disorder

Zopiclone 3.75-7.5mg
Clonazepam 500mcg-1mg

Zolpidem 5-10mg

Emergency ONLY: Consider Lorazepam 0.5-1mg BD PRN

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

Call Complex care and Dementia duty desk for 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