

Resident name:

Referring health professional:

Reviewing GP:

Section 1: Current management

Completed by the referring health professional on / /

Concerning behaviours		Non-pharmacological interventions		
<input type="text"/>		<input type="text"/>		
Behaviour targeted by pharmacotherapy				
Antipsychotic medicine	Dose/frequency	Duration	Prescriber	Last reviewed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Reason for review

- Antipsychotic medicine has been used for at least 12 weeks without improvement in target behaviours.
- Behaviour appears stable and it is 12 weeks or more since last GP/specialist review of antipsychotic medicine.
- Resident may be experiencing adverse effects from antipsychotic medicine.
Adverse effect details:
- Resident is using more than one antipsychotic medicine.
- Other reason (eg, suspected drug interaction, behaviour worsening, PRN use).
Details:

Section 2: Review and recommendations

(see over) Completed by the reviewing GP on / /

Recommendations (tick all that apply)	Plan (provide details)
<input type="checkbox"/> Trial dose reduction of antipsychotic medicine.	<input type="text"/>
<input type="checkbox"/> Trial withdrawal of antipsychotic medicine.	
<input type="checkbox"/> No change at this time - document reason.	
<input type="checkbox"/> Referred for residential medication management review (RMMR).	
<input type="checkbox"/> Referred to allied health professional.	
<input type="checkbox"/> Other - please specify: <input type="text"/>	

Section 3: Outcomes

Completed by the reviewing health professional 2-3 weeks after recommendations actioned on / /

Outcomes		
<input type="text"/>		
Reviewing health professional sign off	GP sign off	Next review date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Reviewing response to therapy^{1,2}

- ▶ Where appropriate, use behaviour charting and validated tools* to measure the impact of antipsychotic medicines on target behaviours.
- ▶ Use the same tools at each review to document behaviour changes in response to therapy. For example, Neuropsychiatric Inventory (NPI) clinician and nursing home subscales may be useful.
- ▶ Utilise monitoring tools currently available at your facility.
- ▶ Keep records of review including this form and any completed tools in the patient's file.

*For more information on appropriate tools for monitoring BPSD including the NPI, visit the Dementia Outcomes Measurement Suite (DOMS) on the DementiaKT website at www.dementiakt.com.au/doms

Tapering an antipsychotic medicine^{1,3}



To begin tapering, reduce the dose by 25-50% every 2 weeks.



Monitor weekly while tapering and record observed changes in behaviour.



If the target behaviours recur at any point during tapering, consider increasing to the previous lowest effective dose.



Stop the medicine after 2 weeks on the minimum dose.



After stopping:

- ▶ If the target behaviours are no worse when the antipsychotic medicine is stopped, maintain non-pharmacological approaches.
- ▶ If the target behaviours recur, reassess for potential causes and review non-pharmacological approaches.

References

1. Clinical practice guidelines and principles of care for people with dementia. Sydney: Guideline Adaptation Committee, 2016.
2. Behaviour management. A guide to good practice. Sydney: Dementia Collaborative Research Centre, 2012.
3. Bjerre LM et al. Can Fam Physician 2018;64:17-27

nps.org.au

Level 7/418A Elizabeth Street Surry Hills NSW 2010
PO Box 1147 Strawberry Hills NSW 2012
☎ 02 8217 8700 📠 02 9211 7578 @ info@nps.org.au

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