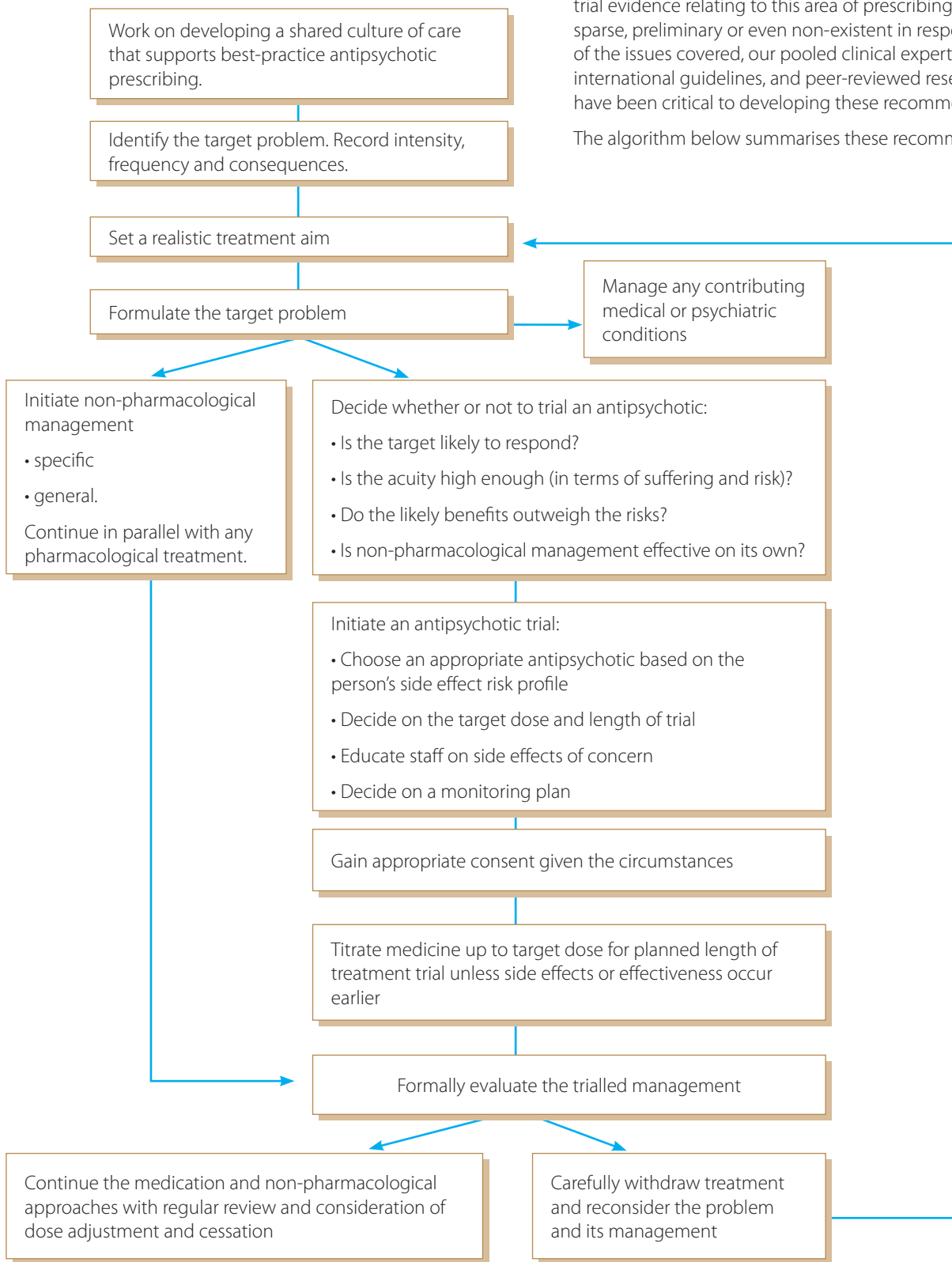


# Best-practice prescribing of antipsychotics for Elders in residential care (algorithm):

These recommendations represent the expert opinion and evidence-based knowledge of the RANZCP Faculty of Psychiatry of Old Age (New Zealand). As published clinical trial evidence relating to this area of prescribing is sometimes sparse, preliminary or even non-existent in respect of many of the issues covered, our pooled clinical expertise, relevant international guidelines, and peer-reviewed research literature have been critical to developing these recommendations.

The algorithm below summarises these recommendations.



Initiate non-pharmacological management

- specific
- general.

Continue in parallel with any pharmacological treatment.

Decide whether or not to trial an antipsychotic:

- Is the target likely to respond?
- Is the acuity high enough (in terms of suffering and risk)?
- Do the likely benefits outweigh the risks?
- Is non-pharmacological management effective on its own?

Initiate an antipsychotic trial:

- Choose an appropriate antipsychotic based on the person's side effect risk profile
- Decide on the target dose and length of trial
- Educate staff on side effects of concern
- Decide on a monitoring plan

Gain appropriate consent given the circumstances

Titrate medicine up to target dose for planned length of treatment trial unless side effects or effectiveness occur earlier

Formally evaluate the trialled management

Continue the medication and non-pharmacological approaches with regular review and consideration of dose adjustment and cessation

Carefully withdraw treatment and reconsider the problem and its management