



ALGORITHM TO GUIDE APPROPRIATE PRESCRIBING OF PSYCHOTROPIC MEDICATION FOR NON-COGNITIVE SYMPTOMS IN A PERSON WITH DEMENTIA

This algorithm is for use in conjunction with "Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia" (NCEC National Clinical Guideline No. 21; <https://www.gov.ie/en/collection/c9fa9a-national-clinical-guidelines>). Only persons with suitable expertise in treating people with non-cognitive symptoms of dementia should use this tool. NCEC National Clinical Guidelines and this algorithm do not replace professional judgment on particular cases, whereby the clinician decides that individual recommendations are not appropriate in the circumstances presented by an individual person with dementia, or whereby the person with dementia declines a recommendation as a course of action in their care or treatment plan. In these circumstances, the decision not to follow a recommendation should be appropriately recorded in the person with dementia's healthcare record. © Guideline Development Group October 2019

Has a comprehensive assessment* been performed, in an appropriate environment, with any support that the person may require, by a nurse or doctor who is competent in assessing a person with dementia who may be distressed?

YES

NO

Perform a comprehensive assessment*

* A comprehensive assessment aims to clarify **exact symptoms** and any **modifiable causes** of these. It should include: review of medical history and mental health history (including depression) and medication history; physical examination, including consideration of possible delirium, or undetected pain or discomfort (with an appropriate assessment of same); assessment of the severity, type, frequency, pattern, and timing of symptoms, and other potentially contributory or comorbid factors.

Is the person with dementia in severe distress, or is there an identifiable (i.e. evident, real or substantial) risk of harm to the person and/or others?

NO

YES

Refer to Guidance for Healthcare Professionals on non-pharmacological interventions for non-cognitive symptoms of dementia: <https://dementiaphathways.ie/publications>

Trial of non-pharmacological interventions

Have the symptoms improved?

NO

Perform a risk / benefit assessment (Refer to recommendations below)

YES

Does the risk / benefit assessment favour the use of a psychotropic medication for the specific symptom(s)?

Refer to the National Clinical Guideline for recommendations on the use of acetylcholinesterases and memantine (<https://www.gov.ie/en/collection/c9fa9a-national-clinical-guidelines>)

NO

YES

Do not use psychotropic medication

Use the psychotropic medication with caution

Antipsychotics

Antidepressants

Benzodiazepines

Z-drugs

Use with caution, especially in Dementia with Lewy Bodies (risk of serious adverse events). Indication is strictly limited to: **Aggression, agitation or psychosis AND** either **severe distress** (person with dementia) or **risk of harm** (person with dementia or others). Needs risk / benefit discussion with person with dementia/ Decision Supporter/family. Initiate treatment at lowest possible dose and titrate slowly, with close monitoring.

May be considered for **severe** comorbid depressive episodes in people with dementia, or **moderate** depressive episodes unresponsive to psychological treatment. [Possible evidence for non-cognitive symptoms such as **severe** agitation, but use with caution, with close monitoring].

Very limited evidence to support their use in the management of non-cognitive symptoms, AND significant adverse effects. Therefore should be avoided for the treatment of non-cognitive symptoms. Usage is strictly limited to **short term use for severe anxiety episodes** in exceptional circumstances.

No studies of Z type hypnotics for sleep disorders in people with dementia AND significant adverse effects. If **considered** to treat sleep disorders, they should be used for the **shortest period possible**, in addition to a personalized sleep management regimen.

Taper or stop

Promptly if no benefit.

Within 3 months of symptoms resolving.

Please see also: **Medicine Management Programme guidance on appropriate prescribing of benzodiazepines and z-drugs** (2018) (<https://www.hse.ie/yourmedicines>)

