Antipsychotic Medicine
Responsive Behaviours

Examples:
Seroquel (quetiapine)
Risperdal (risperidone)
Zyprexa (olanzapine)
Haldol (haloperidol)

Responsive Behaviours NOT Helped by Antipsychotic Medicine
- Wanders or tries to go out
- Has trouble sleeping
- Seems unhappy, grumpy
- Hoards or hides things
- Calls out, screams, yells
- Makes noises such as clapping and tapping
- Can’t sit still, needs to walk
- Uses wrong place as toilet
- Takes clothes off in public
- Eats things that aren’t food

Person-centred care is usually more helpful than medicine

REASONS for behaviours
- Unmet needs (hunger, thirst, tired, looking for toilet)
- Surroundings (too much noise, too many people, bad smells, caregivers are rushed)
- Social and emotional needs (lonely, bored, afraid)
- Medical problems (medicine side effects, pain, illness)
- Sensory problems (trouble hearing or seeing)

STRATEGIES that can help
- Work with families to learn routines, history, likes/dislikes
- Reduce noise (e.g. from television and alarms)
- Have a daily routine with familiar people
- Offer choices, don’t argue
- Use fewer words, give them time to answer
- Use fewer medicines (ask for a medicine review)
- Treat their pain
- Make sure they wear their glasses and hearing aides

Antipsychotics can make responsive behaviours worse. Only use them for a short time when other strategies haven’t worked and there’s a risk of someone being hurt. Keep looking for reasons for behaviours.

For more information: See AUA Toolkit website

Seniors Health Strategic Clinical Network (SCN) in collaboration with Addiction & Mental Health SCN