

## ANTIPSYCHOTICS

# You May Be at Risk For a Fall

If you are taking one of these medications:

### Chlorpromazine

- Promapar
- Thorazine

### Clozapine

- Clozaril
- FazaClo
- Versacloz

### Fluphenazine

- Modecate
- Permitil
- Prolixin

### Loxapine

- Adasuve

### Olanzapine

- Zyprexa

### Perphenazine

- Trilafon

### Pimozide

- Orap

### Prochlorperazine

- Compro

### Quetiapine

- Seroquel
- SeroquelXR

### Thioridazine

- Mellaril

### Thiothixene

- Navane

### Trifluoperazine

- Stelazine



## Test Your Knowledge About Antipsychotics

1. Antipsychotic medications are sometimes prescribed to treat sleep problems or disruptive behaviors in people with dementia.
2. Only high doses of antipsychotic medications cause side effects.
3. Antipsychotics are the medication of choice for sleep problems.
4. Antipsychotic medications are the best available option to treat disruptive behaviors in people with dementia.

TRUE

FALSE

## Did you know?

Antipsychotic medications are used for a variety of health conditions, including agitation, sleep disturbances, anxiety, conditions such as depression that affect mood, and more. If you are taking one of these medications for any psychiatric condition, please consult your psychiatrist about whether it is appropriate to stop or change your current medication.

## Answers

**1 TRUE: Antipsychotic medications are sometimes prescribed to treat sleep problems or disruptive behaviors in people with dementia.**

Antipsychotic medications are sometimes prescribed to treat insomnia or disruptive behaviors in people with dementia. However, new research shows that people who take antipsychotic medications are at:

- A higher risk of memory and concentration problems.
- An increased risk of falls and fractures, especially in the wrist and hip.
- An increased risk of having a stroke or death.
- A higher risk of dizziness, confusion, diabetes, weight gain, and high cholesterol.

**2 FALSE: Only high doses of antipsychotic medications cause side effects.**

Antipsychotic medications can cause side effects at any dose. Even at small doses, all antipsychotic medicines can slow your brain performance and reflexes which increases your risk of falls and injuries.

**3 FALSE: Antipsychotics are the medication of choice for sleep problems.**

Antipsychotic medications were approved primarily to treat schizophrenia and bipolar disorder. These medications are used as off-label to help treat insomnia. However, alternate treatments are available for sleep problems that have a lower risk of falls and injuries.

**4 FALSE: Antipsychotic medications are the best available option to treat disruptive behaviors in people with dementia.**

Antipsychotic medications were developed to treat schizophrenia and bipolar disorder. These medications are used as off-label to help treat disruptive behavior in people with dementia. However, while these medications may treat the symptoms, they do not address the underlying cause and can increase your risk of stroke, falls and injuries.



## Did you know?

- ▶ As you age, antipsychotic medications remain in your body for longer periods of time. This means they can remain in your body for up to several days and can make you feel tired, sleepy, and confused. This happens because our liver and kidneys take more time to remove medications from our bodies. They can impair your balance, cause a stroke, or even lead to death. They can also make you gain weight and may cause high cholesterol and memory problems or make diabetes symptoms worse.
- ▶ Antipsychotics are in a family of medications used to treat mental health problems like schizophrenia and bipolar disorder, or behavioral problems related to dementia. Antipsychotics can cause multiple side effects, some of which can be quite serious. It is not recommended to take antipsychotics unless medically necessary.
- ▶ An antipsychotic's sedative properties can cause drowsiness during the day, which can lead to falls or car crashes.
- ▶ Alternative therapies are available to relieve anxiety or improve sleep with lower risk of falls and injuries.

**Please consult your doctor, nurse, or pharmacist before stopping any medication.**



### So ask yourself

	YES	NO
• Have you been taking the antipsychotic medicine longer than 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
• Could it be causing drowsiness and lethargy during the day?	<input type="checkbox"/>	<input type="checkbox"/>
• Could it be causing memory or balance problems?	<input type="checkbox"/>	<input type="checkbox"/>
• Could it be a good time to try another type of therapy?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered “yes” to any of these questions, talk to your doctor or pharmacist to see if this medicine is causing your symptoms.**

## Did you know?

Some antipsychotics can cause a movement disorder called tardive dyskinesia. Tapering long-term antipsychotics can reveal symptoms of tardive dyskinesia. Talk to your healthcare professional if you experience any new or unusual movement disorders.

## Alternatives for antipsychotics used for sleep

Insomnia is when you have trouble falling or staying asleep. There are strategies you can try at home to help with insomnia:

- Do not read or watch TV in bed. Watching TV or reading in bed might make it harder for you to fall asleep.
- Go to bed at the same time every night, even on the weekends.
- Avoid caffeine, chocolate, and nicotine at least 5 hours before bedtime.
- Avoid alcohol or heavy meals close to bedtime.
- Keep your room quiet, relaxing, and at a cool temperature when sleeping.
- Stop using electronics at least 30 minutes before bedtime.
- Ask your doctor or nurse about using a sleep diary, which can help you understand disruptive sleep patterns.
- Discuss alternative treatments with your doctor or pharmacist.

### Useful resource

Check out the CDC resource for [Tips for Better Sleep](#).

## Mr Smith's Story

**Mr. Smith is 81 and lives with his wife. He has Alzheimer's disease and is taking an antipsychotic medicine called quetiapine to help treat his symptoms of dementia.**

When he was first diagnosed, he had memory lapses, made mistakes paying the bills and got lost looking for where he parked the car. Last year, he began getting lost when he was out by himself. He physically resisted when his wife tried to bring him back inside. In the evenings, he would not go to bed, was restless and became verbally abusive when told to go back to sleep.

The doctor prescribed quetiapine to control Mr. Smith's aggressive and unpredictable behaviors. Quetiapine also helped him go to sleep at night. His daughter read that the side effects of antipsychotic medication can be serious for persons with dementia. She realized that her father was more drowsy and withdrawn since he started taking quetiapine. His walking was unsteady, putting him at risk for falls. She and her mother talked to his doctor about taking him off this medicine. They decided together to slowly reduce the dose over time.

They started keeping a daily routine, doing home exercises and balance training with Mr. Smith each morning. A big meal was given at mid-day and then his wife took him out most afternoons to keep him active. In the evening, she would put on music and ask him to help put away the dishes or fold the clothes. They extended bedtime to 11 p.m. After one month of lowering the medicine, Mr. Smith was less agitated and slept soundly. He, his wife and their children were happier with his improvement and how much more engaged he seemed with family activities.

## Tapering-off program

Following a schedule directed by your doctor or pharmacist to slowly lower your antipsychotic medication dose, also called tapering, can help reduce the risk of withdrawal symptoms.

Tapering schedules often take longer than five weeks and you may need to use multiple copies of this page for a full taper. A typical tapering schedule for antipsychotics may take 3-6 months.

**Ask your doctor to complete the chart below for your own tapering schedule:**

TAPER SCHEDULE								
Week	Time of day	MON	TUES	WED	THURS	FRI	SAT	SUN
Week	Morning							
	Noon							
	Afternoon							
	Evening							
Week	Morning							
	Noon							
	Afternoon							
	Evening							
Week	Morning							
	Noon							
	Afternoon							
	Evening							
Week	Morning							
	Noon							
	Afternoon							
	Evening							

Please consult your doctor, nurse, or pharmacist before stopping any medication.

