Care Practitioner's Short Guide to Reduce Antipsychotic Prescribing for Behavioural and Psychological Symptoms of Dementia (BPSD)

Step 1: Recognise signs and symptoms of BPSD: agitation, aggression, wandering, hoarding, shouting, depression, anxiety, distress during care, sleep disturbance, hallucinations, apathy, delusions, and psychosis

Step 2: **Identify any underlying cause of acute symptoms**. These causes include acute infection, pain, unmet needs,constipation, side effects and other undiagnosed diseases.

Step 3: Refer resident to GP for the treatment of the acute condition identified (where needed). Behavioural issue may resolve and antipsychotic can be reviewed and deprescribed accordingly.

Step 4: Non-drug measures is the first choice of treatment. Consider resident's needs, abilities and interests. Refer to appendix -1

Step 5: **Behavioural records (ABC chart) will help prescriber to make a decision.** Antipsychotic should be the last choice and when there is a risk of harm to resident or carer.

Step 6: Continue non-drug measures and monitoring for any withdrawal symptoms after deprescribing.

Antipsychotic reviews must be person centred. Reviews need to be carried out regularly. Antipsychotic medicines should be used for short term (maximum 6 weeks). Make a list of residents on antipsychotics and prompt reviews.

Appendix 1: Refer to Hertfordshire and West Essex (HWE) ICB Guidance for tips to manage BPSD symptoms.

- **Use a behavioural chart**- Completed **ABC charts** / diaries must be reviewed along with the person-centred care plan at regular intervals, including at medication review, to help decide further action.

Date and Time	**Antecedent** (What triggered or came before the behaviour?)	Describe the **behaviour** (include location and other aspects of the environment (e.g., lighting, noise)	**Consequence** (What did you do, or what happened to the behaviour? How severe was it?)	**Outcome** (What did the observed person do after the incident was over?)
1.1.2025 11 am	***Staff preparing for activity in lounge. Pacing inside the room.***	***Irritated, aggressive, shouting. Too much noise outside the room.***	***Approached calmly offered to go to quieter part of home.***	***watched favourite tv programme in quieter part of home, slept earlier than usual.***

- **Underlying conditions** Always think about other causes of behavioural issues and record them in the behavioural chart for the prescribers. These causes can include pain, acute infection, hunger, thirst, dehydration, constipation, physical limitation (hearing, eyesight or mobility), sleep disturbance, under stimulation, over stimulation, new environment, inability to communicate needs and other mental health conditions.
- **Nondrug therapies** like relaxation, social contact, sensory (aroma, music) therapy, behavioural therapy, gentle massages, previously liked hobbies. Encourage and enable to follow exercise routines, provide safe spaces to wander around. Make sure care plans are updated with preferences as 'how I like my medication and daily routines important to residents.
- **Sleep management** Open curtains in the day for bright light exposure, increase daytime activity and discourage daytime sleeping, offer warm decaffeinated drinks of choice, restrict food / caffeine /smoking before bedtime, encourage using toilet before bedtime, avoid waking at night to give direct care.
- **Pain management** Pain could be the root cause of depression, anxiety, agitation and unusual behaviour. Use a pain assessment tool i.e. Resource from British pain society– this can guide you to the cause of the pain, severity, when it occurs and what helps to make the pain better or worse. Make sure pain relief is offered in a person-centred manner, do not limit the offers of when required medicines to medicines rounds. Refer to NICE Guidance NG97 for more information.
- **Management of constipation** is challenging in older people where multiple conditions and medications are very common. Undiagnosed constipation can lead to behavioural changes in elderly residents. Refer to HWE ICB good practice Guidance to care for these residents in care homes.
- **Staff training** -Make sure staff have been trained to care for residents diagnosed with dementia, staff's knowledge and understanding of the disease and symptoms can have great impact on the care provided.

Version:	1.0
Developed By:	Anu Walia, Pharmacy Technician, Social Care Integration, with input from Badrul Hyder, Pharmaceutical Advisor, Social Care Integration - Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board.
Date Ratified:	July 2025 (Medicines Optimisation Delivery and Implementation Group)