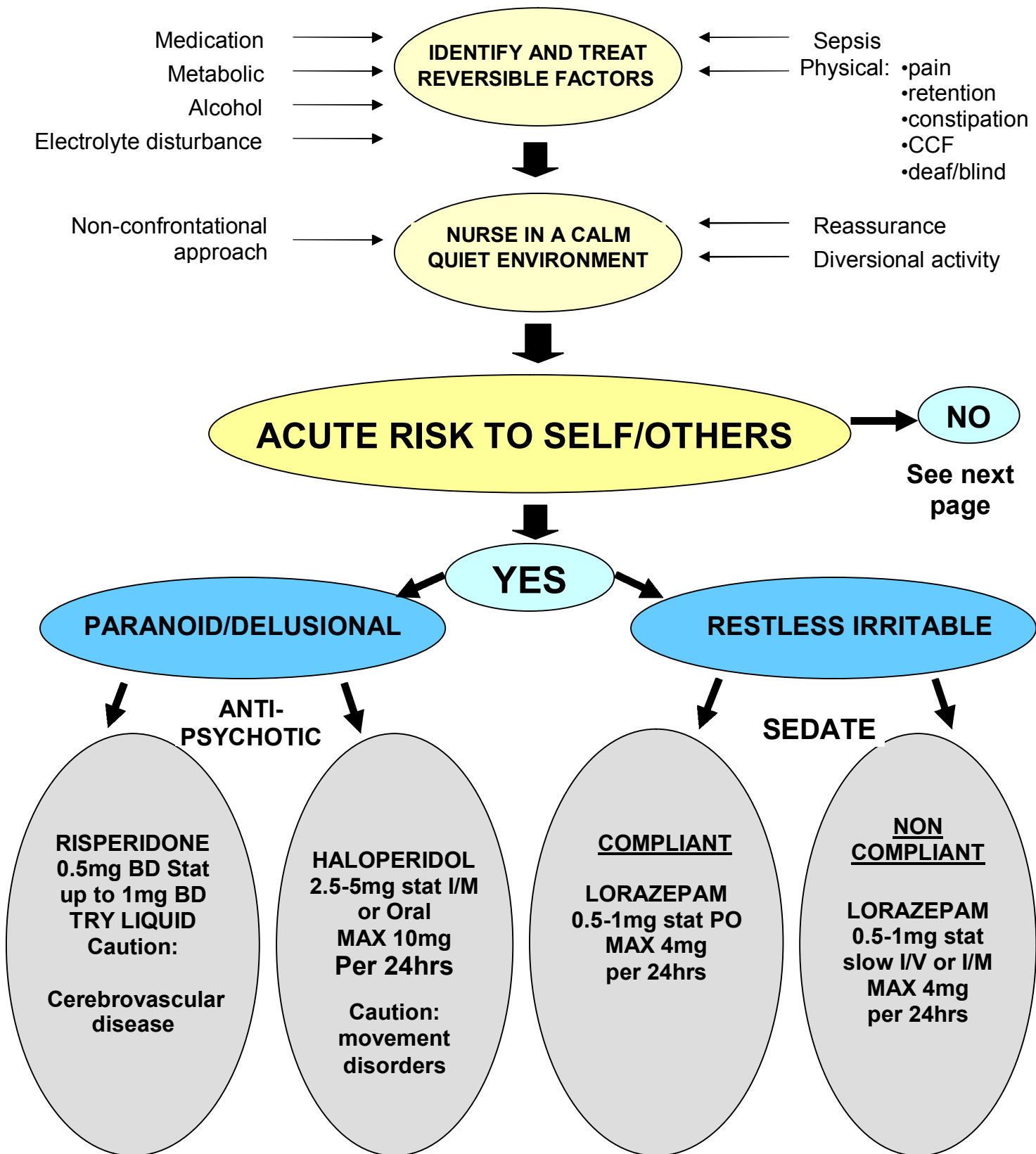


Short Term Treatment of Agitation and Aggression in the Elderly Patient



MINIMUM REVIEW – 24HOURS; MAXIMUM USE – 48 HOURS

Symptomatic Treatment of Agitation and Aggression in the Elderly Patient

CONTINUED LOWER LEVEL SYMPTOMS

Risperidone and Olanzapine are reported to increase the incidence of stroke in the behavioural symptoms in dementia. They should not be prescribed without very clear benefit in an individual assessment.

NIGHT TIME DISTURBANCE

Prescribe Trazodone 50mg nocte (may increase to 100mg after 2-3 days), can be used with sodium valproate.

Alternatively Zopiclone 3.75mg nocte may be used short term

DELUSIONS /HALLUCINATIONS

Consider using an antipsychotic.
BEWARE POSSIBILITY OF DEMENTIA WITH LEWY BODIES - MAY REACT ADVERSELY TO ANTIPSYCHOTICS.
Refer to Specialist for further advice.

IMPORTANT POINTS TO REMEMBER

1. Review medication every 48hrs minimum.
2. Start low, discontinue a.s.a.p.
3. Cognition will NOT be improved by psychotropic medication, and may even deteriorate.
4. RECHECK PHYSICAL HEALTH IF NOT IMPROVING.
5. Adjust dose according to body mass, renal function etc.
6. If symptoms remain problematic contact specialist or pharmacist for advice or refer.