

UNDERSTANDING ANTIPSYCHOTIC MEDICATIONS

A Guide for Residents & Families

What are antipsychotic medications?

Antipsychotic medication help reduce or relieve symptoms of psychosis, such as delusions, hallucinations, and serve confusion. They are sometimes used to treat conditions such as:

- Schizophrenia
- Bipolar disorder
(during psychotic episodes)
- Major depression
(with psychotic features)
- Severe agitation in Alzheimer's disease.

These medications may also help stabilize mood, reduce anxiety, and control tics in Tourette syndrome.

Antipsychotic medications can help to calm and clear confusion in a person with acute psychosis within hours or days, but they can take up to 4 to 6 weeks to reach their full effect. While these medications can help some people with psychosis and mood disorders, these drugs can have serious side effects.

It is important when you are decreasing or discontinuing these medications that the resident is weaned off slowly and not discontinued abruptly.

When is the use of antipsychotic medication appropriate?

- Confirmed mental health diagnosis (e.g. schizophrenia, delusional disorder, major depression, etc.)
- Distressing hallucinations and delusions (after non-pharmacologic strategies are tried)
- Behaviour that places self/others at risk for injury (short term use may be appropriate while person-centered approaches are explored)

When is the use of antipsychotic medication inappropriate?

- Pacing, restless, wanders
- Sleep disturbances (e.g. insomnia), sun downing
- Verbal outbursts (shouting, screaming, calling out or cursing)
- Repetitive actions or questions
- Social or sexual disinhibitions (e.g. spitting, masturbation)
- Resistance to personal care
- Protective of territory, hoarding

In these cases, we prioritize non-pharmacological interventions such as redirection, music therapy, or environmental changes.

Types of antipsychotic medications:

Typical (first generation) and **Atypical (second generation)** antipsychotics work differently:

- **First generation** medications mainly affect dopamine levels
- **Second generation** medications affect both dopamine and serotonin and may have fewer movement-related side effects

Forms include tablets, liquids, and injections.

Consent & Monitoring

If a resident does not have a diagnosis like schizophrenia or psychosis, antipsychotic use may be considered a chemical restraint. In such cases:

- Written consent is required
- Ongoing monitoring is done to ensure safety and effectiveness

Our goal is to always decrease or discontinue antipsychotic medication usage to minimize side effects of prolonged usage.

Possible side effects of antipsychotic medication:

- **Movement effects:** Tremors, stiffness, tics and increased fall risk
- **Dizziness:** When getting up quickly from a sitting or lying position
- **Weight gain:** Can lead to diabetes or heart issues
- **Agitation and sedation:** Some people feel “wired” and unable to stop moving. This can be mistaken for worsening of the illness rather than a side effect. Or these drugs could have the opposite side effect, making people tired. Some people may feel both at the same time.
- **Tardive Dyskinesia (TD):** Involuntary movements that may be permanent

If these side effects are seen, speak to a member of the care team.

For more information, please contact the Program Manager or Director of Care.