1-119 Dosing and disorders and Atypcials

TIPS Question:

Why is Zyprexa used for patients with Alzheimer's Disease when it is considered an antipsychotic? The resident's at my facility that are on it just become lethargic and appear drugged and they have Alzheimer's with restive and somewhat aggressive behaviours. But when given to a schizophrenic resident, it worked wonderfully. So why then would it be given to Alzheimer's patients when it has such effects as above

Response:

Zyprexa (Olanzapine) is one of the newer antipsychotics. These so-called atypicals which include Risperdal, Seroquel, and Clozapine appear to have less problems in terms of causing Parkinson's symptoms, Tardive dyskinesia and cognitive decline.

There are indeed studies in which Olanzapine has been used for behavioural problems in dementia with some reported benefit. Interestingly, they found at least in one study doses between 2.5 and 7.5 showed improvement in behavioural difficulties and some improvement in cognition, while higher doses appear to cause a decline in cognition.

One issue that may be going on with your particular resident is a common issue of finding the right dose for the right person for the right reason. In people with dementia in contrast to those without, (with psychotic disorders with no frailty or cognitive decline,) higher doses are tolerated such as in your patient with schizophrenia, while in dementia or the frail elderly, lower doses are required and the tolerance to side effects is much less.

Also, in some cases the sedation may wear off over time.

Many are finding the use of the DOS to monitor behaviour and at the same time side effects such as sedation helps better target the right dose, for the right person, at the right time in a much more effective manner.

Please note: *TIPS information should be used similar to the way you would use information from a textbook! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*