1-120 Yelling and Psychotropics

TIPS Question:

As for clarification regarding "what antipsychotic is best for reduction of noisy behaviours?" I would like to specify what has been prescribed unsuccessfully for two residents. Both have yelling and crying behaviours. If you talk to either one of them when they are going through their spells, they may or may not stop momentarily. Once you walk away, they start over again. Usually this occurs when family members are not present, and behaviours are related to "missing them."

For resident 'A' we have her on Seroquel 150mg daily, Oxazepam 15mg daily, and Risperdal 1mg daily. In addition she gets Haldol 1mg prn.

Resident 'B' gets Zyprexa 10mg, Trazodone 25mg, Lorazepam 1mg, and Paxil 20mg. On prn basis, she also gets Ativan and Haldol when needed.

We are not great fans of Haldol as it only puts residents in a stupor. The psychiatric consultant has tried different dosages and combinations, but the noisy behaviours continue to disrupt the unit.

Any suggestions??

Response:

Thank you for your question. Noisy behaviour is clearly one of the most challenging behaviours. Often psychotropics may not have a major impact unless a clearly identified disorder is established, i.e. panic disorder depression, reaction to delusions. Medication use should always be considered a "clinical trial" and done in conjunction with other strategies.

In resident A you have clearly defined at least one of the triggers "missing them." Behaviours should always be considered a symptom due to a resident's disorder or a way of expressing "need" as in your resident's situation.

Assessment - I have found it always useful to use the P.I.E.C.E.S. 6-question template to review the possible triggers – eg, pain, drugs, and seizures – also remembering severity, frequency, and context. It is also very important to do the ABC's and DOS and have a clear consensus of your goals from everyone's perspective, "partners in care."

In terms of psychotropics:

- if you have a definable illness an antidepressant maybe warranted eg. depression, panic disorder.
- yelling, secondary to fear associated with delusions, consider an atypical antipsychotic.

In circumstances where a definable co-existing illness in dementia is not present, strategies that help include environmental changes, matching the emotional needs with the environment both social and physical. Rule out physical causes (medication in this situation) because they are often adjuncts and sometimes can make things worse.

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.*