1-122 Injectable antipsychotic – long acting to atypical

TIPS Question:

When attempting to switch a resident from a long-acting injectable antipsychotic such as modecate to one of the newer oral drugs such as risperidone, what is the best approach to prevent unnecessary symptoms or side effects?

Response:

It will be important to:

1. be very clear on why the medication was initiated initially
2. get a good baseline on the 4 C's
3. obtain a baseline on the common side effects of the new drug ie if an atypical somnolence hypotension/ dizziness.

- You should also get a good handle on the symptoms the medication was being used for and what is the present state of the person in relation to the symptoms.

- A baseline of the 7Ds and a DOS (Dementia Observation System) may be of help.

In switching, the best thing to do is add the new atypical until you are in the appropriate range then slowly decrease the injectable by incremental doses.

Please note: *TIPS information should be used similar to the way you would use information from a text book! 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.*