1-130 Withdrawl of Antipsychotics

TIPS Question:

Is there an organized structured way or formula to use when a resident must be withdrawn from antipsychotics due to side effects?

Response:

There is no clear formula.

If the side effects are severe or life-threatening it might be necessary to withdraw the medication immediately.

Generally, however, it is better to withdraw over 2 to 8 weeks, depending on the dosage and length of time on the medication.

If the person is being switched to an atypical antipsychotic, the new medication can be started as the other antipsychotic is being reduced (see reference, Kinnon et al).

It is important to monitor for worsening of psychosis or behaviour.

In some people, you might see the emergence of dyskinetic movements (TD) as the medication is withdrawn.

Reference: Kinnon et al.:Strategies for switching from conventional antipsychotic drugs or risperidone to olanzapine. J Clin Psychiatry. 2000 Nov;61(11):833-40.

Reference: Cohen-Mansfield J.: Withdrawal of haloperidol, thioridazine, and lorazepam in the nursing home: a controlled, double-blind study. Arch Intern Med. 1999 Aug 9-23;159(15):1733-40.

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.*