1-132 Oral dissolving medication

TIPS Question:

For those clients with dementia and agitation to the point of aggressiveness: When is it appropriate to consider using Olanzepine in sub-lingual form? From information I received in November, I thought that it might be an alternative to Loxapine or Haldol to de-escalate agitated behaviour before an incident occurs.

Ruling out various causes of behaviour using a P.I.E.C.E.S. assessment may still show a need for regular psychotropic medication with an atypical agent recommended

I have found only one person who used Olanzepine with S/L administration. They stated that it was effective. Some doctors I have spoken to have been reluctant to consider an Olanzepine order. Titrating with Seroquel is much more common after treating the immediate aggressiveness with Loxapine or Haldol.

Generally, would it be the placebo effect that has been observed or is this drug in this form recommended for the situation?

Response:

The availability of Olanzapine sub-lingual form, Zydis, was introduced recently for its rapid dissolving action in patients who are unable to manage with the regular oral form or who are acutely agitated in their presentation that may need several doses in a span of few hours. The availability of intramuscular form of the drug is underway.

It is my understanding that primary care physicians are becoming more comfortable with the use of Zydis in various settings that I provide consultation to. You are quite right to indicate that Zydis is considered an alternative to other conventional antipsychotics such as Loxapine or Haldol. It is certainly not viewed as a placebo effect.

A recent publication in the J. of clinical psychiatry 2001:62 suppl 2:12-6 where rapid tranquilization with Olanzapine in acute psychosis was studied {the Canadian Acute Setting Agitation Program (ASAP)}. The studied population showed a significant improvement in the level of agitation on successive doses of sublingual Olanzapine (Zydis).

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.*